



How to Request a Consult

Pediatricians and pediatric residents are primary care managers. Effective use of subspecialty consultants is a goal of residency training, especially in military medicine where a subspecialty referral often means taking a Soldier, Airman, Sailor or Marine off station. In consulting subspecialty services it is important that you:

- Carefully consider why you are consulting the subspecialist.
- State the issue why you're consulting up front, just like one would present the chief complaint of an acute visit. Examples are: "I have a patient whom I think has long QTc and I would like you help managing it"; "One of your patients, Joey X, who has pulmonary hypertension, was admitted with RSV, and I'd you're your advice on how to manage his respiratory issues in the face of the pulmonary hypertension."
- Have specific questions or advice you are seeking from the subspecialist
- Provide the subspecialist with as much information as you can about your patient.
- Indicate how the subspecialist can reach you after the evaluation
- Ask for explanation of why tests, procedures, treatments are recommended if you do not understand.

The mnemonic below, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4507900/>, is an excellent resource.

FRONT

C	ontact the Consultant Courteously Caller's name, training level, team, "I am requesting a CONSULT please."
O	rient Patient name, medical record number (MRN), floor, and bed
N	arrow Question Ask a focused question regarding diagnosis (workup, procedures) and/or management (treatments, pre-op)
S	tory Patient age, sex, <i>pertinent</i> history (HPI), hospital course, relevant labs, radiology, anticipated plan
U	rgency When should the patient be evaluated? 30 minutes to 1 hour (emergent), 2 to 3 hours (very urgent), 8 hours (urgent), 24 hours (routine)
L	ater Make a follow-up plan with the consultant (how and by when?) and give your pager/cell number
T	hank you!

BACK

Other Tips for Calling a Consult:

- Orient the listener to each component of the call.
- Be courteous and polite (even if they are not).
- Avoid calling a consult just to be "on board" with no particular question for that service to address.
- For diagnostic questions, have a differential in mind.
- For diagnostic questions, begin and anticipate the workup.
- For therapeutic questions, have an anticipated management plan in mind.
- Have pertinent information available (either written) or open on EPIC.
- Follow up with the consultant after the initial recommendations to: ask questions and discuss the outcomes of the case (it's your time to learn!).