How to refer to the ER to make everyone happy—by Dr. Jennifer Merlo

I have worked in GP practices since 2007 and ER practices since 2011 – during that time I have been able to see both sides of the referral equation. I know that things can be done to ease frustration for doctors and clients, as well as enable the best possible case outcome for the pet.

From the ER doctor to the GP practitioner…

1. **Please talk to your clients about cost.**

   Naturally, things cost more at the ER, because our hospital is open 24 hours a day, 365 days a year—our inventory costs, staffing costs, facility management costs are all higher. For those hospitals also housing a specialty center, we must provide equipment and medications for those specialty services as well. Clients often present to the ER with no preparation for the cost of treatment and, unfortunately, are not prepared to pay for the type of treatment we can offer. None of us like to have that discussion with clients or want to send home an animal without treatment, or worse, euthanize a pet due to lack of finances. Often these situations can be avoided if the referring veterinarian has the discussion with the client *prior* to referral—these clients often trust their referring vets more than they trust the ER vet because we are an unfamiliar face.

   If you are unsure of the cost of treatment, give us a call—often we can give you a generic idea of cost so that you can have a frame of reference to give the client. Please don't send a client to us with the idea that it is our job to discuss the cost of treatment with them – yes, we will go over it again but if they cannot afford the exam fee with the ER then it is better for them, the patient (and ultimately *you* as their primary doctor) to deal with the case at your hospital.

2. **Please do not guarantee that any particular test will be run, or even worse, a particular specialty department will be standing/waiting for the patient to arrive.**

   Often, patients are referred for further diagnostics or procedures to be performed at the ER/specialty hospital because the GP is uncomfortable or unable to provide these services. Many many times on ER, I was referred cases (particularly for things like a 'down' dog or a pet needing an abdominal ultrasound) and the client was told by the referring veterinarian that the neurologist would be waiting for them on arrival, or that the abdominal ultrasound MUST be performed immediately on presentation. Are the specialists *sometimes* there when these cases arrive? Yes, *sometimes* there are (if they're working-up something emergent) but more times than not, they are not in the building. Contrary to what some people believe, they don't actually *live* in the building.

   Cases all come through the *ER service* and need to be assessed by an *ER doctor*—not because we don't believe the assessment you performed, but because things can change during transport and because the case now becomes our responsibility. The only emergency abdominal ultrasounds are generally those involving hemoabdomens or maybe, a gall bladder mucocele—this means that the dog or cat that has been intermittently vomiting for 4 weeks, is probably not going to receive an ultrasound at 5 pm on a Friday. Please do not promise your client this will happen. Nor, is the "down" dog that has motor responses going to be rushed into an MRI as soon as it arrives—our job as ER doctors is to assess, triage and stabilize. We contact the specialty team to discuss the case and, generally, it is up to them to decide if the case is emergent enough to workup on presentation or wait until the next day (when everyone is well rested and the hospital Is fully staffed)—again, most ERs do not have the same staffing during the 2nd and 3rd shifts as the daytime staffing. Additionally, keep in mind that an ER may have more emergent cases in-process when your patient presents—we triage based on severity, so your 'down' dog with motor, or yorkie with a tummy-ache, may not be as critical as the hit by car with the femoral fracture and hemoabdomen.

3. **When performing diagnostics at your hospital prior to referral, be sure to send the results.**

If you cannot obtain results from lab work prior to the time you send the patient, please realize that in order for us to make the best assessment of your patient, we will likely have to repeat those diagnostics. Nothing frustrates a client and doctor more than having to repeat tests—so please, don't send out lab work on a Friday and then refer the pet, especially if you won't get the results until Monday. That lab work will not help us, and trust me, we will repeat it and trust me, your client will be angry. The same for radiographs—if you take them, please send us a copy (either through email or on a disc) and if you have a radiologist review them, please send us that report too. I personally hate to repeat diagnostics that have already been done because, invariably, the client will ask me why the diagnostics were done if I, as the ER doctor, cannot access them—it's tough to come up with a reason why.

4. **On that note, feel free to start the workup at your hospital if you can!**

   If you think it's a foreign body feel free to do the radiographs and the lab work—it saves us time and may save your client some money. It is not an "all or nothing scenario". Often, GP doctors assume we are going to automatically repeat everything you do so there's no point for you to do a workup. While I cannot speak for all ER doctors, I myself do not repeat things if not necessary—if your diagnostics help me then I'm not going to repeat them (unless I am concerned there is a spurious result). As an ER doctor, I treat the *referring vet* as a client as much as I treat the *pet owner* as a client.

5. **Go ahead and place an IV catheter and start fluids if you feel they are necessary.**

   Please try to use the biggest gauge catheter you can (i.e. please do NOT place a 25 ga. catheter in a 75 lb Labrador retriever). Go Big or Go Home! And help us out (clinic hack moment)—when you tape in the catheter and place your vet wrap, mark the tape with the date and time the IVC was placed and the gauge. That saves us from unwrapping the IVC to check and prevents the possibility of it pulling out during that process. On that same note—please, please, please clip and prep for your IVC placement – clipping the hair all the way around the leg is so nice for the patient, it makes removing the catheter later so much more pleasant. We also realize, you may not have 18 ga. catheters in your hospital at all times, just go for the biggest gauge you have. It makes a big difference for us when having to administer large volumes of fluids.

6. **If you are transferring a post-op case to us for observation, go ahead and send your discharges and any "to-go-home" medications you want the pet on.**

   Also, please be clear as to whether you want that pet to go home after their overnight stay with us or if they are going back to you in the morning. It helps us plan and also, often we are busy with true emergencies overnight, so we may not have time to put together *your* spay discharges or figure out what medications you want them on. The more you provide to us, the easier the transition for the client will be.

7. **Please support your emergency doctors.**

   Trust me when I say, we do not say anything negative about our referring veterinarians to the clients—no matter what they tell you. Please show us the same respect. We all make decisions based on the patient and information in front of us. Hindsight is 20/20…we all know that.

8. **Please call before you send something.**

   This may seem trivial, but it is hugely helpful. In some cases, the ER doctor may be in surgery and it may be hours before they are due back out. If you have something needing critical assessment we may direct you to a different ER to ensure that patient gets seen right away; in the case of the specialty centers, sometimes the service your patient needs is not available on that particular day or weekend so we need to direct your patient elsewhere. It also allows the referring vet and the ER vet to discuss the case *before* it presents—we get a feel for what to expect, what has been done, what expectations you have set forth with the client, etc. and we can

discuss financials (see point #1). Side note, as the doctor, please do not have your staff call these referrals in—reception staff often do not know the answers to my questions. Do us (and your client) a favor and make the call yourself; and do it BEFORE the client leaves the building. Sometimes we may have recommendations for you and for them (i.e. a parvo pup—we will recommend they call from their car and not bring the puppy into our building).

9. **If you are not familiar with a particular emergency case and don't have access to any resources, please call us.**

   Often, we can guide you through a case or procedure over the phone. One of my fondest memories as an early GP doctor was calling my local ER to help walk me through a dog in cardiac tamponade—from diagnosing it to doing a pericardiocentesis, the ER doctor was so thorough and helpful. He never once made me feel dumb or less of a doctor. I just hadn't seen pericardial effusion before and he helped me. I would rather take some time walking you through a case than be presented with a case with a suboptimal outcome because the referring vet wasn't sure how to proceed.

<u>From the GP practitioner to the ER doctor:</u>

1. **Understand we may not have all the bells/whistles etc.**

   Often in GP practice, we are in the midst of routine appointments, elective surgeries, etc. when the hit by car or blocked cat presents. We may not have access to an ultrasound machine, or have staff that feel comfortable anesthetizing a cat with a mildly elevated potassium or even enough staff to sit with a shocky dog while it receives fluids.

   We do our best to assess and triage and then make a decision to refer—sometimes that may mean a well worked-up patient but other times, that means having a frank discussion with the client and saying "this is more than my team and I can handle right now. It is going to cost you xyz to go to the ER down the road and have them assess and treat your patient"….if something needs to be done urgently we will do it, but sometimes that is all we can do before we send it to you. Remember, you don't know how our day was going nor do we know how your day has been going.

2. **Please send an updated report ASAP.**

   If the patient is hospitalized, please send us a report so we are brought up to speed on how it is doing etc. It helps us to stay in the loop and often our clients call us for our opinion on the situation. We are not checking up on you or questioning what you have done. We are just curious about our patient and often, we want to see if we were on the right track with our thought process. This is ESPECIALLY important for anything you euthanize—*please, please, please* make sure you let us know about that – email, fax, call, carrier pigeon…*something*….we have to know this!!

3. **Call us before sending a pet to an outside specialist.**

   Most of us don't mind if you make a recommendation for our patient to see a specialist in your hospital (if you work in specialty) however some of us do—if you aren't sure, and it isn't emergent, it may make for a better referring vet/ER doctor relationship to have that communication *before* making the referral. This seems to be most true for nonemergent things like cystotomy surgery, some orthopedic surgeries, etc. We may feel comfortable doing the procedure ourselves or managing the case in our hospital. If in-doubt, ask us!

4. **If you think we made a mistake, made a dosage error, or want to discuss what we did, please call us.**

   Do not insinuate to our clients that we made an error, etc. I would rather discuss *with you* my thought process and hear your thoughts, than find out about It through my clients. As GP's we may not be as up to date on critical care medicine as you are—we can benefit from your knowledge; discuss these things with us. Please!