

Specialists involved with eConsults

RE: Guidance, suggestions from Specialists involved with eConsults re: scenarios and questions that lend themselves to eConsults

DATE: December 16, 2014

The consult platform is intended to facilitate clarification and short questions that assist to enhance management of care of the patient, and avoid or facilitate appropriate referrals.

- To facilitate efficient responses by the specialist, you are encouraged to be specific with respect to your question and context as it relates to the patient. Structure your consult with the necessary information succinctly and attach additional information as and when necessary. This will avoid unnecessary back and forth communication and facilitate a prompt and appropriate response.
- Do not use this platform to replace the need for an actual referral as this could delay the referral process.
- Consults involving multiple, complex issues need a lot of patient information to be shared and may be as best served with a telephone conversation or other means (including a referral).

Specialty and Specialists (in alphabetical order)	eConsult appropriate scenarios and questions
Endocrinology Dr. Ruth McManus Dr. Deric Morrison Dr. Terri Paul	1. thyroid nodules 2. - osteoporosis
Gastroenterology Dr. Jamie Gregor	1. Refractory inflammatory bowel disease 2. Obscured GI bleeding
General Internal Medicine Dr. Kathy Myers Dr. Marko Mrkobrada	1. Perioperative and periprocedural medication consults: <ol style="list-style-type: none"> Management of anticoagulation and antiplatelet medications around the time of outpatient medical (e.g. colonoscopy requiring biopsy) and dental (e.g. tooth extraction) Management of periprocedural medications – e.g. antihypertensive medications, steroids, immunosuppressive medications perioperative medication consults (esp. anticoagulation) 2. Perioperative anticoagulation: when to stop and restart warfarin and the novel oral anticoagulants perioperatively 3. Perioperative medications: when to stop and restart medications (other than anticoagulants) perioperatively 4. Perioperative risk: What is my patient's risk for surgery and can this be lowered through preoperative optimization? 5. Our group is also willing to review cases of fluid and electrolyte problems like hyponatremia and hypokalemia.
Geriatric Medicine Dr. Michael Borrie Dr. Jennie Wells Dr. Sheri-Lynn Kane	1. Mild Cognitive Impairment (MCI)/Dementia <ol style="list-style-type: none"> For family physicians not confident managing patients with cognitive impairment: What are the indications for starting/stopping a cholinesterase inhibitor? For family physicians confident managing patients with cognitive impairment: In addition to dementia standard of care management, http://www.bcguidelines.ca/pdf/cogimp-full-guideline.pdf what else could I offer my patient, including participation in research? 2. Falls - Am I missing reversible risk factors for falls in my patient?

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Hematology Dr. Ian Chin-Yee Dr. Alan Gob	<ol style="list-style-type: none"> 1. mild anemia/thrombocytopenia/leukopenia 2. mild erythrocytosis/thrombocytosis/leukocytosis 3. new diagnosis of clinically significant hemoglobinopathy 4. - management of hereditary hemochromatosis & iron deficiency anemia
Nephrology Dr. Faisal Rehman Dr. Norman Muirhead	<ol style="list-style-type: none"> 1. mild acute kidney injury with a rise in serum creatinine of less than 30% 2. chronic kidney disease 3. management of hypertension 4. assessment of hematuria/proteinuria/abnormal urinalysis 5. mild electrolyte abnormalities 6. mild acid base abnormalities 7. medication dosing in abnormal renal function patients 8. Assessment of patient with first kidney stone
Neurology Dr. Seyed Mirsattari Dr. Marcelo Kremenchutzky	<ol style="list-style-type: none"> 1. Is it syncope or seizure? 2. How to interpret an EEG, CT or MRI report within a clinical context. 3. What to do with an abnormal serum level of an anticonvulsant. 4. Which anticonvulsant to select and how to start a patient on a given anticonvulsant. 5. How to manage a given patient with headache (chronic or new onset). 6. TIA-related queries for patients seen and managed in the TIA clinic. 7. Patient has known Parkinson's disease or Alzheimer's Disease but won't be seeing their neurologist for another 3 or 6 months. How to optimize therapy while waiting for FU. 8. what to do in the case of incidental non diagnostic findings on MRI scans done on patients without any MS symptoms [i.e. white matter lesions in the brain scan of somebody who had an MRI because of migraines, etc.]? 9. what is a relapse of MS? What is a pseudo-relapse? When to send a referral for possible relapse of MS? 10. what to do in MS patients in terms of infections? [i.e. UTI] 11. what is the correct dose of steroids to treat a relapse of MS? 12. can people with MS have vaccinations? 13. there is a myriad of questions about symptom management, choice of medications, referral to specialist, etc., for people with MS – this is a case by case scenario but most can be managed without a trip to the clinic
Pediatric Cardiology Dr. Herschel Rosenberg	<ol style="list-style-type: none"> 1. Interpretation of abnormal pediatric ECG findings 2. Interpretation of abnormal echo findings 3. Palpitations with normal ECG not associated with syncope 4. Concerns about stimulant medication with minor ECG or physical exam findings

Specialty and Specialists (in alphabetical order)	eConsult appropriate scenarios and questions
Pediatric Neurology Dr. Asuri Prasad Dr. Simon Levin	<ol style="list-style-type: none"> 1. Is it syncope or seizure? Which investigations and consults to order? 2. Acuity of care, what decisions could be made to expedite care at the primary point of contact. 2. How to interpret an EEG, CT or MRI report within a clinical context. 3. Epilepsy management issues- when to start treatment, which drug to choose, What to do with an abnormal serum level of an anticonvulsant. 5. How to manage a given patient with headache (chronic or new onset). 6. Unusual spells in children- non epileptic events? 7. When to suspect a conversion disorder, how to deal with 8. Newborn neurological issues

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Psychiatry Dr. Richard Owen	<ol style="list-style-type: none"> 1. Diagnostic Clarification particularly unipolar vs bipolar depression. 2. Medication dosing advice particularly with regards upper limit of doses, switching medications, combination therapy. 3. Safety concerns. 4. Mental Health Act with regards Form 1 suitability 5. Questions re: allied health, psychotherapies community supports.
Respirology Dr. Rob McFadden Dr. David McCormack	<ol style="list-style-type: none"> 1. abnormal spirometry 2. CT/CXR abnormality (esp. incidental)
Urology Dr. John Denstedt	<ol style="list-style-type: none"> 1. Non obstructive renal stones 2. Microscopic hematuria 3. Recurrent UTI's 4. Benign prostatic hypertrophy