

PLACING EMERGENCY REFERRALS IN CARDIOTHORACIC SURGERY

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on behalf of the Society for Cardiothoracic Surgery (SCTS)

Following the debate at the March 2005 SCTS Annual Business Meeting, the SCTS Executive was asked to issue advice on situations when a cardiothoracic surgical unit is unable to accept an emergency referral. Following further discussion at the meeting of the SCTS Executive in June 2005, the following guidelines were agreed:

1. Emergency referrals should normally be handled at consultant level, both at the referring hospital and at the cardiothoracic surgical unit.
2. Cardiothoracic surgical units should make every effort to accept emergency referrals from their normal referral sources.
3. When an emergency cannot be accepted, a consultant-to-consultant discussion should take place.
4. The decision to refuse an emergency admission can only be made by the on-call consultant cardiothoracic surgeon.
5. If the cardiothoracic surgical unit is unable to accept an emergency referral from a usual referral source, the consultant and the unit will help in finding an alternative placement for the patient.
6. If there is difficulty in finding an alternative placement, the local critical care network should be involved.