

Tip sheet for transfer center calls for advanced/biliary

General Tips:

1. If a bed is available for transfer, please see below re: general guidelines for acceptance criteria. After you have accepted someone when you have a moment please add the patient to the advanced endoscopy Epic list and/or discuss with advanced fellow first thing in the morning.
2. If there are no beds available for transfer, let the referring provider know that upfront.
 - a. If there are no beds available and the admitting facility does not have capacity to perform endoscopic procedure, in many instances we can arrange day trips for patients (typically within 1-3 days-*please never make any promises*).
 - i. In general, the patient must be: **admitted to the outside hospital** (not an ER patient), **stable for transfer in ambulance to GI Procedures** (i.e. can they even tolerate the ambulance ride, would anesthesia allow them to come to GI procedures if they were inpatient at UNC, etc.)
 - ii. Indications for day trip are similar to those that would meet acceptance criteria as per below.
 - b. If the admitting physician from outside hospital would like to discuss case to see if daytrip indicated/feasible please give them Natalie Lappas NP number: 984-974-0126 and main scheduling number 984-974-5050 as back up. They can be instructed to **keep patient NPO, order a COVID test, and call Natalie at 8 am to discuss further.**

Patients/Conditions which meet criteria for transfer acceptance: *in general, we should accept most patients in transfer as we can offer all advanced endoscopic procedures aside from two exceptions below!!!*

1. Cholangitis or choledocolithiasis from facility with no ERCP capacity. Note: patients with altered upper GI anatomy (RYGB, Whipple) are often referred specifically for EUS-guided biliary drainage.
2. Bile leak from facility with no ERCP capacity
3. Walled off *symptomatic* pancreatic necrosis or pseudocyst (usually >4 weeks old with mature wall) from facility with no interventional EUS capacity
4. Esophageal perforation requiring esophageal stent (these will typically go to thoracic surgery if emergent)
5. Recent interventional procedure at UNC admitted elsewhere with possible complication from our interventional procedure

Patients/Conditions which generally do not require transfer:

1. New diagnosis pancreatic cancer (or other lesion that needs biopsy): If the patient has scan revealing pancreatic mass but has no evidence of infection, **regardless of level of jaundice**, inform referring that this is an **outpatient** evaluation, and they can call GI scheduling at main number 984-974-5050 to initiate referral for outpatient work up after 8 am. Request COVID test be done so that expedited scheduling can be done. If possible, send the UNC GI schedulers pool with copy to Adv fellow an inbasket message with patient's name and MRN as heads up.

2. If patient has acute pancreatitis, recommend supportive care. Also not all elevated amylase/lipase is acute pancreatitis so inquire about imaging confirmation. In general, fluid collections take about 4 weeks to mature prior to consideration of endoscopic drainage.

Patients/Conditions which should NOT be accepted in transfer:

1. Patients requiring double balloon enteroscopy- if lesions on VCE are not within the first 40% of the small bowel, these patients should be referred to Duke
2. Patients requiring retrograde balloon enteroscopy—also should be referred to Duke