



# E-Consult Clinical Guidance

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Monday, January 9, 2022

*updated August 27, 2025*

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## Dos and Don'ts

### Do's:

- Choose the referral E-Consult appropriately – BE SURE YOU HAVE DONE YOUR RESEARCH, APPROPRIATE INITIAL WORKUP.
- Add the /econsult\* auto test – this should be in the office note pertaining to why you are referring for an E-Consult. Fill out completely and thoroughly.
- Please take a moment to watch this video for more information:
  - <http://ci.emhs.org/ClinicalInformaticsEducation/media/CI-Videos/Econsult-Into-Video-1.mp4>

### Don'ts:

- Do not send anything via E-Consult that is urgent (<3 days).
- If the patient has new findings, symptomatic, medically complex. Not E-Consult appropriate.
- Do not send a referral to a specialist for an E-Consult if you have not done background workup, research, and have a question that is pertinent for them to answer.
- Do not send a referral for an E-Consult if the patient is already established with a specialist, see below for examples:

- They saw Gastroenterology six months ago and you want to know what to do with a medication – that needs to be a message not an E-Consult.
- If they saw Cardiology three months ago, you ordered a test with new findings, that needs to be a message (or call depending on the findings and symptoms) not an E-Consult.

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## E-Consults

### Anemia Management E-Consult

#### **NL EMMC**

➤ **As per Dr. Mikesell, content appropriate for E-Consults include:**

- Iron deficiency
- B12 deficiency
- Folate deficiency
- Anemia of chronic kidney disease
- Bloodless medicine (i.e., Jehovah's Witness) patients
- Pregnant women

➤ **Not appropriate for E-Consult:**

- Urgent consults
- Question of bone marrow dysplasia
- Platelet and/or White cell dyscrasias
- Cancer/tumor
- Coagulation questions

### Cardiology E-Consult

#### **NL EMMC and NL Mercy**

➤ **As per Dr. Jansujwicz and Dr. Brett, potential clinical situations include:**

- Resistant Hypertension (Advanced Medication management questions).
- CAD with persistently elevated lipids despite Statin.
- Heart Failure with LV systolic dysfunction = Med management with entresto or empagliflozin.
- Abnormal test results but very low risk for disease and/or very mild to no symptoms (for example, abnormal stress test, history PVD but no symptoms...what is the next step).

## Endocrine (non-Diabetes) E-Consult

### **NL Mercy**

- **As per Dr. Fairfield, potential endocrinologic issues amenable to E-Consult include:**
  - Review of abnormal blood testing or imaging (e.g., thyroid, calcium/bone, reproductive, adrenal, pituitary related) for advice regarding treatment, diagnosis, management, or referral.
  - Management of hypothyroidism.
  - Evaluation of thyroid incidentalomas detected on imaging studies with review of relevant lab testing and ultrasound images.
  - Review of DXA images and whether to treat low bone density or to determine if additional workup is recommended.
- **Not appropriate for E-Consult with Dr. Fairfield**
  - Diabetes related issues.

## Gastroenterology E-Consult

### **NL EMMC**

- **As per Dr. Agrawal, some ideas of diagnoses that may be a good option for E-Consults include:**
  - Heartburn/epigastric discomfort
  - Fatty liver
  - Rectal bleeding
  - Irritable bowel

## GYN/ONC E-Consult

### **NL Inland and NL SVH**

- **As per Dr. Chobanian appropriate Gynecology/Oncology E-Consults include:**
  - Endometrial cancer
  - E N/complex atypical hyperplasia
  - Ovarian masses
  - Ovarian cancer
  - Vulvar cancer
  - Pre-invasive cervical/vulvar disease
  - Cervical cancer
  - Adenocarcinoma in situ cervix

## Hematology E-Consult

### **NL EMMC**

➤ **As per Dr. Bhandari, content appropriate for E-Consults include:**

- High ferritin: what work up is needed?
- Venous thromboembolism – recommendation on duration of anticoagulation, type of anti-coagulation, thrombophilia work if needed etc.
- Isolated mild chronic (present >1 year) leukocytosis or mild leukopenia, like WBC <15K or WBC 3-4K with normal differential.
- Isolated mild thrombocytopenia/thrombocytosis – that is platelet 100-150K or platelet 400-500K.
- Mild Iron deficiency anemia – not yet on oral iron –further work up, what formulation/how much oral iron?

➤ **NOT appropriate for E-Consults:**

- Severe isolated cytopenia – example Hemoglobin <9, ANC <500, Plt <50 Pancytopenia/Bicytopenia – multiple cell lines involved.
- Iron deficiency anemia in need for IV iron – not responding to oral iron after 3 months or not tolerating oral iron.
- Monoclonal gammopathy – that is Serum electrophoresis positive with M-protein.

## Infectious Disease E-Consult

### **NL EMMC**

➤ **As per Dr. Gass, appropriate E-Consults include:**

- Questions on interpretation and workup of serologic testing for:
  - Viral hepatitis
  - Syphilis
  - Lyme disease
  - Herpes viruses
- Assistance in the evaluation and management of positive TB tests including PPD and IGRAs.
- Questions concerning STI treatment and EPT (expedited partner therapy).
- Assistance in approaching indeterminate HIV tests.
- Assistance with the initial workup of FUO (prior to formal ID referral).
- Assistance with antibiotic choice for simple infections based on cultures i.e., UTI.

### Neurosurgery E-Consult (Spine Pain & SI Pain Only)

#### **NL EMMC**

➤ **As per Dr. Waterman, appropriate E-Consults include:**

- Patient with LBP or leg pain or a combination and your exam make you think it might be neurosurgical and you want suggestions on appropriate studies to evaluate.
- Patient with buttock pain with sciatica and need help with management or workup suggestions for SI / piriformis pain and or sciatica.
- Patient with MRI brain or spine with a finding and you are not sure it warrants a consult and want a “film evaluation,” i.e., you want to send for conservative management for a pain issue and want an okay.

➤ **NOT appropriate for Neurosurgery E-Consults:**

- Weakness on leg or foot (warrants an MRI study).
- Patients that have weakness or myelopathy (warrants a formal Neurosurgery consult).
- Spinal/Neuro Fractures and tumors.

### Pediatric Behavioral Health E-Consult

#### **NL Acadia**

➤ **Do not hesitate to ask any questions regarding a patient’s mental health. Examples of types of questions, topics may include:**

- Screening, diagnosis, and treatment plans of common behavioral health disorders for patients’ birth through 25 years old.
- Med management
- Substance use
- Assistance finding community resources for families including, but not limited to:
  - Community based behavioral health services
  - Childcare services
  - Food programs
  - Parenting support
  - Employment/ job-seeking training
  - School based services

### Pediatric Endocrinology E-Consult:

#### **NL EMMC**

➤ **As per Ahmed and Dr. Ilaka-Chibuluzo, appropriate Pediatric E-consults include:**

- Borderline abnormal thyroid tests
- Abnormal blood glucose (that is clearly not diabetes)
- Any growth/bone ages that would previously be curbside.
- Borderline abnormal newborn screens (from the NICU)

### Pediatric Hematology/Oncology E-Consult

#### **NL EMMC**

➤ **As per Dr. SantaCruz, appropriate E-Consults include:**

- Recommendations for evaluation of a bleeding diathesis or interpretation of results.
- Recommendations for evaluation and management of mild anemia/iron deficiency.
- To help evaluate the need for further work up with mild abnormalities on CBC.
- Hypercoagulable work -up in person with family history of thrombophilia.
- Interpretation of abnormal Hgb electrophoresis on newborn screen.

➤ **Not appropriate for E-Consults**

- Severe cytopenia (ANC less than 500, Hgb less than 8, platelets less than 50)
- Newly identified blasts
- Newly identified mass
- New clot
- Surgical clearance/procedural clearance
- Questions on patients with diagnosed bleeding disorders or undergoing active treatments (please call us).

### Pediatric Infectious Disease E-Consult:

#### **NL EMMC**

➤ **As per Dr. Zahlanie, appropriate E-Consults include:**

- Patient has reactive Lyme titers, but symptoms are nonspecific for Lyme disease. The Peds ID physician is contacted to figure out whether patient needs doxycycline.
- Patient has fevers with unknown origin. The Peds ID physician is contacted for infectious disease workup.

- Patient has non-specific symptoms which might be due to infectious disease. The Peds ID physician is contacted to give input about differential diagnosis.
- Patient has an uncommon infection. The Peds ID physician is contacted to figure out choice, route, and duration of antimicrobial.
- Patient has had immunoglobulin and/or blood transfusion. The Peds ID physician is contacted to figure out when live attenuated vaccine(s) can be given.

### **Rheumatology E-Consult: Service Temporarily Suspended (updated 11/07/2023)**

#### **NL EMMC**

- **As per Dr. Baliog, appropriate E-Consults include:**
  - **Abnormal lab work** (ANA, CRP/ESR) with history suggestive of a rheumatic disease: Is this a false positive test or should more testing be done?
  - **Polymyalgia Rheumatica v. Giant Cell Arteritis** – Advice on further workup, to expedite care (Rheum will provide guidance on what to do next immediately in terms of work up as well as treatment; treatment recommendations prevent unpredictable sequelae (sudden onset blindness) until we can accommodate the patient in Rheumatology clinic).
  - **R/o Vasculitis** – Guidance on additional workup, and support for additional referrals (Dermatology, etc.).

### **Substance Use E-Consult**

#### **NL Acadia**

- **As per Jacquelyn Cyr RN, MS< NPc, an appropriate E-Consult must include:**
  - History of Substance Use Disorder
  - Diagnosis of Opioid Use Disorder of Moderate/Severe
  - Clinical Opiate Withdrawal Scale (COWS)
- **If available, please include additional information:**
  - Urine Drug Screen
  - Hepatic Function
  - EKG
  - Any other interventions and effectiveness of those interventions



## Surgical Endocrinology E-Consult

### **NL EMMC**

- As per Dr. Waddell, some ideas of diagnoses that may be a good option for E-Consults include:
- Asymptomatic primary hyperparathyroidism with scan showing adenoma:
    - Should patient see Endocrinology or go straight to surgery?
  - Solitary thyroid nodule in euthyroid patient:
    - US guided biopsy vs Endocrinology referral vs Surgery referral vs Observation.

**This list may grow as we gain more comfort with E-Consults.**