

Sub-specialty Service (“Team D”)

Allergy/Immunology

Will admit their established patients with angioedema and high risk asthma. Routine asthma will continue to be admitted to General Peds. Probably a good idea to call them if wanting to admit an asthmatic to their service.

Cardiology

All cardiac kids (CHD, surgical kids, Cardiomyopathy, etc.) are admitted to Cards. Any new diagnosis (new onset CHF) or diagnostic dilemma (is this kid’s resp distress due to a previously unknown heart condition?) should be admitted to the General Peds service initially.

Endocrinology, GI, Hematology, Nephrology

Do not expect any issues with these services. They will often accept patients they’ve not seen before with new diagnoses. Let us know if you have any problems.

Neurology

Established seizure disorder or other known neurologic disease/disorder will be admitted to Neuro (UT & private). Febrile and new onset seizures go to General Peds.

Pulmonology

Should be a no-brainer, but all CF patients and patients with chronic BPD if admitted for pulmonary issue.

Rheumatology

The obvious: JRA, SLE (although if they have renal involvement, will likely be better served on Nephrology). Again, any diagnostic dilemma (r/o JRA, SLE etc.) goes to General Peds.

Consulting Services Only:

Genetics, Infectious Disease

Continue to admit these patients to General Peds.