Purpose: Subspecialty consultations are an important part of inpatient medical management. Gastrointestinal consultations (GIC) are procedure-intensive, and some of the most requested in the inpatient setting. Recent studies suggest a lack of knowledge on the part of those requesting consultations. Therefore, we sought to determine the most common indication for inpatient GI, and procedures/imaging that might result thereafter in a large academic teaching hospital.

Methods: We conducted a retrospective review of all GIC from January 1, 2009, until December 31st, 2009 at a single institution. We reviewed the reason for the GIC as determined by the requesting provider and the GI physician of record. All consultations were seen within 24 hours of being called, by GI Fellows and Attending. A review of all procedures/imaging that resulted in the subsequent 7 days was noted. We recorded demographic information on the consult population. All procedures performed within seven days following the GIC. The most common procedure was an EGD (27.1%) followed by Colonoscopy (11%), EGD/Colonoscopy (8%), ERCP (3.8%), and EUS (2.4%).

Results: A total of 1,733 GIC were requested, 1,720 which had complete demographic information. The distribution of the gender of male and female patients was 52% and 48% respectively. Patient ethnicity was 82.6% Caucasian, 12.8% African American, 0.3% Asian, and other 0.6%. The most frequent reason for GIC was GI bleeding (25.3%), followed by abdominal pain (20.7%), anemia (12.8%), abnormal liver enzymes (11.6%), abnormal imaging (7.9%) nausea/vomiting (7.9%), diarrhea (6.1%), cirrhosis (5%), odynophagia/dysphagia (4.6%), pancreatitis (3.6%), and inflammatory bowel disease (3.6%). An average of 4.75 consultations were requested each day, with the average age of the patients being 57.2 years. A large proportion of these patients, 59.8%, underwent a GI procedure within 7 days following the GIC. The most common procedure was an EGD (27.1%) followed by Colonoscopy (11%), EGD/Colonoscopy (9%), ERCP (8.9%) and ERCP (8.9)%.

Conclusion: Recent studies suggest requesting providers have poor knowledge regarding the GIC being requested, despite GI evaluations being one of the most commonly requested. We sought to evaluate our experience on the indications for GIC being requested, and if it would result in an immediate intervention/procedure. We determined that a majority of patients undergoing a GI consult had a procedure within the following 7 days, and that the most common indications for GI consultation were for GI blood loss/anemia, abnormal liver enzymes, and abnormal imaging. Further investigations are needed in evaluating the utilization, knowledge, and appropriateness of GIC in the inpatient setting in today's changing health care environment.

Discussion

* A total of 1,733 consultations were performed, with 1,720 with complete data sets included in the data analysis.
* Patient race demographics were an accurate representation of the local population.
* Most common indication for GI consultation was GI bleeding, followed by abdominal pain, anemia and abnormal liver enzymes.
* Most common procedure as a result of GI consultation was EGD followed by colonoscopy, and a combination of EGD/colonoscopy.

Conclusion

* The majority of GI consultations resulted in a procedure within seven days of the initial consultation.
* Further investigation is needed to determine the appropriate utilization of the GI consult service, and how procedures impact on patient quality measures.

References: