



Specialty Consult Time and Documentation Expectations

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The American College of Emergency Physicians (ACEP) affirms that consultations in the emergency department (ED) should be conducted in a timely, patient-centered, and collaborative manner to optimize patient care, reduce delays, and support the efficient functioning of the ED. When appropriate, virtual consultations should be utilized to enhance accessibility, expedite decision-making, and improve resource allocation.

Key Principles

1. Emergency Physician Authority:

- The emergency physician has primary responsibility for the evaluation, stabilization, and initial management of all patients presenting to the ED.
- The decision to request a consultation rests solely with the emergency physician, based on the clinical needs of the patient and the expertise required.

2. Timeliness of Consultations:

- Consulting services should respond to ED consultation requests within a reasonable and institutionally defined time frame, generally within 30 minutes for urgent cases and 60 minutes for non-urgent cases.
- In-person evaluations or definitive management plans should be provided promptly, with clear communication regarding expected arrival

times and recommendations

FEEDBACK: (<https://webapps.acep.org/membership/account/#/messageus?org=ACEP&url=https://www.acep.org/patient-care/policy-statements/specialty-consult-time-and-documentation-expectations>)

3. Use of Virtual Consultation:

- When clinically appropriate and in accordance with institutional policies, virtual consultations (eg, telehealth, secure video calls) may be used to provide timely specialty input, particularly in cases where an in-person evaluation is not immediately necessary.
- Virtual consults should be prioritized in settings where in-person specialists are not readily available, during off-hours, or when rapid decision-making can improve patient flow and outcomes.
- Institutions should ensure that virtual consultation platforms comply with regulatory and privacy standards and that emergency physicians have access to necessary technology to facilitate these interactions.

4. Escalation Process for Delays:

- If a consulting service does not respond within the expected time frame, an escalation process should be employed to ensure timely patient care.
- The emergency physician has the authority to escalate concerns to department leadership or hospital administration when delays may potentially compromise patient safety.

5. Clear and Collaborative Communication:

- Consultation requests should include a concise summary of the patient's presentation, relevant findings, and the specific reason for consultation.
- Consultants should provide clear, specialty-specific recommendations, including whether further workup is needed, and--considering the organ-system relevant to the consulting service--if the patient requires admission or if they can be safely discharged.

6. Ownership of Patient Care:

- The emergency physician retains primary responsibility for the patient until a formal handoff occurs.
- If a patient requires admission, the admitting team assumes responsibility upon acceptance of the patient, and appropriate coordination should take place to ensure continuity of care.

7. Documentation of Consultations:

- All consultation requests, responses, and recommendations, whether in-person or virtual, should be documented in the medical record.
- Any disagreement regarding patient disposition should be escalated through an established chain of command and documented appropriately.

8. Institutional Support for Efficient Consultations:

- Hospitals should develop clear policies to ensure timely specialty consultations in the ED, including guidelines for the appropriate use of virtual consults.
- Institutions should support a culture of interdepartmental collaboration to reduce delays, improve efficiency, and enhance patient outcomes.

Conclusion

ACEP strongly supports the establishment of standardized processes for ED consultations to promote patient safety, reduce ED length of stay, and enhance interdepartmental collaboration. Virtual consultations can be integrated as a viable option when appropriate, ensuring timely specialty input while maintaining high-quality patient care.



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