

Memorandum on Small Bowel Obstructions (SBOs): Who to admit to?

In the absence of a Medical Officer of the Day (MOD), there has been some confusion regarding the admission of patients SBOs. To expedite patient care and optimize patient safety, the following guidelines have been developed to assist with appropriate disposition of patients presenting with bowel obstructions.

General Guidelines for when no MOD is Present:

- Patients presenting with SBO who have peritonitis, signs/concerns for bowel ischemia who are not 'attached' to any other surgical service (i.e. no recent abdomino-pelvic surgery) should be admitted to EGS.
- Patients presenting with SBO who have a recent history of abdomino-pelvic surgery should be admitted to the surgical service that performed the initial surgery with consult to EGS as they deem fit.
- Patients presenting from Hospice or with diffuse abdominal metastasis who do not warrant acute surgical intervention, or for which it is contraindicated, should be admitted to the Department of Internal Medicine.
- Patients presenting with acute medical conditions that could result in decreased GI motility, and that otherwise would warrant inpatient medical management, should be admitted to the Department of Internal Medicine service with EGS consult.
- Patients presenting with imaging/radiology reads suggestive of bowel obstruction, but with no exam findings to suggest obstruction on evaluation by the appropriate service's Surgery Attending (as delineated above), can be evaluated by the Department of Internal Medicine if there is concern for a medical cause of GI dysmotility, or if there is another acute medical condition warranting admission.
- Finally, if the above guide does not apply to the patient, and the most appropriate admission service is not clear, there should be a direct discussion between the respective attendings on-call surgical/medical attendings.