Clinical Cardiac Electrophysiology (EP) service – UW Hospital

- Start date: 11/11/2013
- Staffed by the EP attending physician of the week and the dedicated EP mid-level providers: Mandi Adams, NP (M/Tue/W) and Sarah Williamson, PA (W/Th/F)
- EP Consult phone: (608) 225-2470 (Covered M-F from 7 am – 5 pm by mid-level providers for inpatient service and consults; after hour calls should be directed to the EP attending on call via the UW Access Center)

Admission Criteria:

The EP service is designed to care for patients who need invasive EP management (diagnostic EP studies, catheter ablation procedures, device implants, etc.) for the treatment of a primary arrhythmia-related clinical disorder and/or patients requiring complex anti-arrhythmic drug management.

Examples:

1. Anti-arrhythmic drug “loading” (dofetilide/sotalol)
2. Device-related issues, such as lead infection/dislodgement or other device-related procedural complications
3. Complete heart block (hemodynamically stable), awaiting pacemaker placement
4. Select VT/VF cases undergoing optimization of medical therapy and/or patients awaiting VT ablation, with no hemodynamic instability or other acute care needs
5. Select Faint & Fall Clinic patients
6. Scheduled admissions per EP MDs & post-procedure patients

- The admitting resident will continue to field calls from the ED for admissions and triage to the EP service if appropriate (i.e., the EP service will not receive direct calls from the ED for admissions)
- Admissions that go through the Access Center will be directed to the EP service

Admissions:

M-F Day 7 am - 5 pm: Handled by the NP/PA and EP attendings/fellows

M-F Evenings 5 pm - 10 pm: Handled by EP attendings/fellows

Weekends 7 am - 10 pm: Handled by EP attendings/fellows

Nights 10 pm - 7 am: It is anticipated that most admissions to the EP service will be elective with no planned patients admitted overnight to the EP service. If a float team admission is stable by AM and the clinical management plan falls within the admission criteria listed above, a transfer to the EP service may be appropriate (e.g., the otherwise stable bradycardic patient that needs a pacemaker)
Weekend & Night Shift Coverage:

7 am – 10 pm:Handled by the EP mid-levels/attendings/fellows

10 pm - 7 am: Covered by the on-call general cardiology fellow

• The senior resident covering cardiology admissions is available to assess any acute changes/issues

Transfers to/from EP service:

• EP service patients that need frequent overnight assessments and/or ICU level of care are appropriate for transfer to the house staff teams

• Stable patients initially admitted to one of the house staff teams whose plan of care is primarily managed by the EP team can be transferred to the EP service

• Transfers will be accepted on a case-by-case basis after discussion between the service attendings involved