

[Official Institution Logo]

**Adult
Congenital
Heart 
Association**

Policy for ACHD Consultation within 24 Hours of Admission to the Hospital for all ACHD patients

***Please provide policy for ACHD consultation within 24 hours of admission to the hospital for all ACHD patients for both the pediatric and adult facilities if applicable.*

Date Effective: MM/DD/YYYY

Type of Policy: Please indicate if this document is hospital policy or ACHD program policy/clinical guideline.

Purpose

Indicate why this policy is in place and the population it benefits.

Policy Statement

State the actual policy for ACHD Consultation within 24 Hours of Admission to the Hospital for all ACHD patients. This statement can be a brief overview of your inpatient consultation policy for ACHD patients. Please reference:

- Personnel involved in the consultation
- Timeframe of consultation (within 24 hours)
- Age restrictions (i.e. at what year a patient is considered an adult)

Procedures

Describe the consultation procedure in more detail including specific steps of the process. Details should include:

- Specific personnel involved throughout the consultation process
- Timeline of consultation process
- Location of consultation (i.e. on-site or at another facility)
- Whether the policy applies to pediatric or adult hospitals (need separate documentation for Adult and Pediatric Hospital)
- Referral processes for specialty care
- Policy/procedure if the admitting hospital cannot perform the procedure
- Relationship with other institutions

References

If applicable, please list any articles or other resources utilized to develop your institution's consultation policy within 24 hours of admission to the hospital for ACHD patients.

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Required Signatures

This document requires signatures from specific personnel. Please note that we require signatures from **ALL** of the individuals listed below in order for the document to be valid:

- Medical Program Director of ACHD
- Chief of Pediatric Cardiology
- Chief of Cardiology

Helpful Tips

If you would like, please upload any documentation or examples of the above policy to the additional files section of Inpatient Services. It is not a requirement. Please save the document with I1 in the title so that we know which policy/procedure the uploaded document references.