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.
**Required Signatures**
This document requires signatures from specific personnel. Please note that we require signatures from **ALL** 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**
Please upload any documentation or examples of the above policy to the “additional files” section of your application.

**Section I: Inpatient Services.** These documents should be labeled with “I1” **only** in the title so that each policy/plan can be easily identified.