

**Table 1. Message Priority and Response Guidelines**

<p><b>High Priority</b>  <b>= emergent</b></p>	<p><b>Call back <b>Immediately</b></b></p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• ED Physician wishing to page Medicine (<b>NEW ER Consults</b>)</li> <li>• <b>Critical change*</b> in patient status (e.g.) seizure, significant drop in blood pressure, decreased LOC, desaturation</li> </ul> <p><b>This option should only be used in situations where immediate attention by MD required.</b></p>
<p><b>Medium Priority</b>  <b>= urgent</b></p>	<p><b>Text or Telephone Response within <b>10 minutes</b></b> <b>(*specify if you want MD to text or callback*)</b></p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Change in patient status (e.g.) new fever (hemodynamically stable), patient confused/agitated, chest pain</li> <li>• Critical Lab Results (e.g.) any critical alerts phoned to ward by core lab: Potassium &gt;5.5, Blood sugar &lt;4, positive blood cultures</li> <li>• Order requiring <b>immediate</b> clarification (e.g. –“Ceftriaxone ordered but patient states anaphylaxis to penicillin” or “Blood transfusion ordered but no consent on chart”)</li> </ul>
<p><b>Low Priority</b>  <b>= routine</b></p>	<p><b>Routine = Text Response within <b>one hour</b></b></p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• CPOE problem, non-urgent order clarifications</li> <li>• Medication requests: “patient constipated, laxative request”</li> <li>• Patient / Family Communication - “Patient’s son requesting update, call son John Smith 416-555-5555.”</li> <li>• Order co-signatures - “Please see Neurology and Infectious Disease suggests orders in chart.”</li> <li>• Clinical Update - “Patient refused to take lactulose this morning.”</li> <li>• Non-critical lab results (anything the core lab doesn’t call about)</li> </ul>