

# Examples of Tier 3a and 3b cases

## ENT:

1. Incision and drainage of abscess
2. Control of nasal or post-tonsillectomy hemorrhage
3. Repair of fracture
4. Removal of foreign body, throat
5. Mastoidectomy
6. Endoscopic sinus surgery for meningitis

## General Surgery:

1. Appendectomy for Acute Appendicitis
2. Cholecystectomy for Acute Cholecystitis
3. Laparoscopy or exploratory laparotomy for Acute abdomen
4. Laparoscopy or exploratory laparotomy for Perforated viscus
5. Laparoscopy or exploratory laparotomy Bowel obstruction
6. Laparoscopy or exploratory laparotomy Gastrointestinal hemorrhage
7. Laparoscopy or exploratory laparotomy Ischemic bowel
8. Laparoscopy or exploratory laparotomy Strangulated hernia
9. Debridement of Necrotizing Soft Tissue Infection
10. Debridement of Fournier's Gangrene
11. Drainage of Abscesses that cannot be performed on floor
12. Resection of Aggressive Malignancies
13. Enteral Access for patients without functioning Dobhoff or nasogastric tube
14. Central Venous Access when peripheral IV or PICC is inadequate
15. Trauma
16. Control of Hemorrhage from any source
17. Tracheostomy for non-COVID or PUI patients
18. Foreign Body Removal
19. Colon Resection for volvulus
20. Cholecystectomy for Gallstone Pancreatitis

## GI:

1. Upper and lower GI bleeding
2. Suspected GI bleeding
3. Dysphagia significantly impacting oral intake
4. Cholangitis or impending cholangitis
5. Symptomatic pancreaticobiliary disease (stones, stricture, etc.)
6. Palliation for gastrointestinal obstruction (luminal or pancreaticobiliary)

7. Foreign body removal or removal of device (stent, etc.)
8. Endoscopy that will significantly change the patient's management

### **Neurosurgery:**

#### **Emergent:**

1. Craniotomy
  - a. Traumatic/spontaneous intracranial hemorrhage
2. Spine Decompression/Fusion
  - a. Unstable fractures and declining exam
  - b. Cauda equina

#### **Urgent:**

1. Spine Decompression/Fusion
  - a. Infection
    - i. Progressing neurologic deficits
  - b. Intolerable pain (i.e. unable to discharge from hospital)
2. Craniotomy
  - a. Shunt malfunction revision/placement
  - b. Tumor with mass effect/worsening neurological deficits

### **Ob/Gun:**

#### **Emergent/Urgent**

1. Uncontrolled bleeding with risk of end-organ damage or requiring transfusion
2. Acute Abdomen
3. Ovarian Torsion
4. Ectopic Pregnancies – not candidates for medical management
5. Infection or Abscess not responding to IV antibiotics or necrotizing fasciitis

#### **Medically Time Sensitive:**

1. Diagnosed malignancy or probable malignancy where a 4-week delay
2. Other diseases where a 4-week delay in surgical management would reduce functional status.
3. Abnormal Uterine Bleeding (Menorrhagia) with severe anemia
4. Abortion – missed, incomplete, septic, etc.

### **OMS:**

1. Incision and drainage/debridement procedures mouth face and neck.
2. Maxillo-facial fractures

### **Ophthalmology**

1. Globe rupture/ corneal, scleral laceration

2. Corneal perforation, impending corneal perforation
3. Intraocular foreign body
4. Retinal detachment
5. Glaucoma with uncontrolled intraocular pressure
6. Cataracts causing phacomorphic glaucoma or phacolytic uveitis
7. Orbital/ subperiosteal/ eyelid abscess
8. Lid laceration preventing adequate globe coverage
9. Hyphema complicated by glaucoma or corneal blood staining (amblyogenic age)

### **Orthopedic Surgery:**

1. Acute Fracture requiring stabilization to preserve life or limb
2. Total Joint Arthroplasty with acute dislocation, infection requiring surgery
3. Acute Trauma whose condition would significantly worsen without surgery
4. Infections
5. Potential malignancy
6. Total Joint Arthroplasty with acute dislocation
7. Post-operative complications that include hardware issues

### **Plastic Surgery:**

1. Wound Debridement
2. Infections of any type
3. Removal of infected hardware
4. Skin Grafts in special circumstances
5. Flaps to cover exposed bone, joint, hardware etc.
6. Aggressive breast cancer – reconstruction delayed/selective
7. Facial trauma

### **Podiatry:**

1. Necrotizing Fasciitis with elevated temperature and white blood cell count
2. Acute Osteomyelitis with high fever and white blood cell count
3. Open fractures requiring reduction and debridement
4. Crush injuries with possible compartment syndrome
5. Open wound with uncontrolled hemorrhage in the ER

### **Urology**

1. Infected stone
2. Fournier's
3. Testicular Torsion

