ER survival tips

by Diana_Rossetti

It is the first warm day of spring and your daughter ventures outside barefoot. In a few minutes, she's back, her foot gushing blood from a cut she suffered by stepping on broken glass.

You wrap a towel around her foot and head for the emergency room.

SURVIVING THE ER - Experts say annual emergency room visits in the United States have reached an all-time high of 114 million, a 26 percent increase from 1993. CNS Illustration by Eri Hashimoto.

There, you barely take notice that someone is being unloaded from an ambulance. The waiting room is nearly full of worried-looking people. You give your child's medical and insurance information to the registrar and she is assigned a bed behind the double doors.

Now what? First of all, take a deep breath. You're in the right place.

And you are one of millions. A recent report from the Centers for Disease Control and Prevention revealed that annual emergency room visits in the United States have reached an all-time high of 114 million, a 26 percent increase from 1993.

Amid your confusion and concern, you may not know exactly what emergency room protocol is, but the staff does.

Two emergency room physicians - Dr. Frank Kaeberlein, chairman of the Mercy Medical Center emergency department in Canton, Ohio, and Dr. Dominic Bagnoli Jr., chief executive officer of Emergency Medicine Physicians, a Canton-based organization managing 58 hospitals with 700 physicians in 11 states, agreed to answer the questions that puzzle many patients.

Q: So many people are coming in to see my daughter and I'm not sure how to address them. Can you tell if they are nurses or doctors or paramedics by their uniforms?

Dr. Kaeberlein: No, you really can't. Especially nowadays, there are lots of male nurses and lots of female physicians. But it is a reasonable expectation to have those caregivers identify themselves when they walk in.

Most hospitals have a policy to have the staff wear name badges, too. But you probably can't tell just from their clothing.

Dr. Bagnoli: Once you get back to the ED (emergency department) typically you'll see a nurse who will take information and put you on a monitor. Then the physician comes in. It could be physician's assistant, nurse practitioner or resident. If they have a resident, he or she will come in first, then the attending physician will come in. This is part of medical education.

Q: If I'm in a teaching hospital's emergency room, how do I know I'm getting treated by an experienced doctor or just a resident in training?

Dr. Bagnoli: If you have the doctor in training, he or she sees the patient then talks with the attending physician who is managing your care. If you are unsure, just ask, "Are you the attending physician?" Most of the major teaching institutions in the country that have residents, the care's not any worse. It's part of how physicians are trained. So don't think of it as a bad thing to have a resident involved in the case.

Dr. Kaeberlein: There are residents here at Mercy and also at Aultman who, as part of their training, typically do a rotation in the ER department in their first year. In the vast majority of cases, you will not be seen by a resident but by the attending physician. They also employ physician assistants. Just like the name sounds, they work with the physician directly and can do histories, physicals and order tests and do procedures. But they are supervised by a physician. They typically will see the patient, do the history and discuss with the physician who will then decide and say, "I agree we have to do this particular test." They allow the public to get through the ED quicker and are an extender of the physician's care. They can do time-consuming procedures, the most common of which is suturing a laceration.

You'd want your physician see the major trauma and heart attacks rather than suturing for half an hour. But, by Ohio law, every patient seen by a physician assistant must also be reviewed by and seen by the physician. It may be a brief encounter, maybe taking a look at the wound. If you have something more complicated, you get more direct time with the physician.

Q: Will my primary care doctor come to the emergency room? Should I ask for her or him?

Dr. Kaeberlein: If the primary care doctor calls ahead, we actually document that - "My patient is coming in. Here's what I think they have." Many times, primary care doctors don't know the patient's going to show up.

In many cases we call their physician if they are admitted or there is something complex. We want to keep the primary care physician aware of what they're doing in the ER. And they need to know about the ones that have to be seen in follow-up quickly.

Dr. Bagnoli: ER doctors are trained to take care of the initial part of any illness or injury. Your ob-gyn may know everything about that specialty but we know everything about the first hour. We're better trained to deal with emergency conditions. In any specialty, we communicate with the primary care doctors and we are concerned with your physician. We send documentation after we're done to your physician. You, as a patient, may ask, "Have you spoken to my physician?" and if there's a question of whether or not to admit, the primary care doctor is frequently involved. If it's something that can be treated, you can be released and you'll get follow-up instructions and a copy of the chart will be faxed, e-mailed or sent to the primary care doctor.

Q: What if I need a procedure that may require a plastic surgeon, for example. What if my child has a big cut on her face? What do I do?

Dr. Bagnoli: That's the age-old question. Should I have a plastic surgeon sew up lacerations all the time? If you're a model and worried about a scar or if it's a major laceration with lots of cuts involving the eye or lips or nose, sometimes a plastic surgeon is a better choice. But ER physicians are well trained. I'd rather have an ER physician do it 99 percent of the time because I know that he does those every day.

Q: If I were in the medical profession, I would know what to expect or what to ask in the emergency room? As a lay person, what am I missing?

Dr. Bagnoli: In Stark County, all the emergency departments are staffed with good physicians. You have nothing to worry about. It's more about how things can be more patient friendly. Here, hospitals are focusing on how to improve the experience. In the old days, if the physician said it, it was so. Nowadays, it is more of a consumer mentality. Patients are demanding better service and the key thing is to ask the physician to explain what he's done and what follow-up there should be. They're there to answer any questions you have prior to the time you leave. The really good physicians will spend as much time as you need to understand. We're lucky in this area, we don't have to worry about quality, we just focus on service.

Dr. Kaeberlein: We try to accommodate patients' requests. If you need an orthopedic surgeon, there is one on call. Your doctor of choice might not be available but we can try to get in touch with him. But if they're not on call that day, we can't guarantee he or she will be there.

We have an area set aside just to deal with patients with relatively minor emergencies, a fast track. But even despite that, sometimes the department can get overwhelmed with really sick or complex patients and they have to take priority. If you were that sick person or a family member, you would want that.

BEING READY

How can the average person be better prepared for a medical emergency? Physicians offer these suggestions:

Always keep the address and telephone number of the nearest hospitals on your emergency phone list.

Maintain in your wallet or purse a written list of medications you and your loved ones are taking. Be sure to list any allergies, drug or otherwise.

Know what restrictions your health insurance maintains regarding pre-certification for care or procedures. Keep your health insurance card with appropriate contact phone numbers with your medications list.

Do not be shy about asking questions of the medical staff addressing your case.

To learn more about responding to emergencies and organizing your medical information, visit the American College of Emergency Physicians' Web site at www.acep.org.

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