



MANAGING EMERGENCY ROOM VISITS: DURING DISCHARGE FROM THE ER

FACT SHEET

During Discharge from the Emergency Room

BQIS Fact Sheets provide a general overview on topics important to supporting an individual's health and safety and to improving their quality of life. This document provides general information on the topic and is not intended to replace team assessment, decision-making, or medical advice. This Fact Sheet is one of five regarding managing emergency room visits.

Intended Outcomes

The reader will understand what information is essential (important) to share with the emergency room personnel, what to do during an emergency room discharge or transition to the hospital unit/bed, and what actions are needed to ensure safe discharge from the emergency room (ER).

Definitions

Triage: A process for sorting injured and/or ill people into groups based on their need for or likely benefit from immediate medical treatment when limited medical resources must be allocated (distributed).

Facts

- Not all health care providers are experienced in managing individuals with intellectual and/or developmental disabilities.
- It is essential (important) that the person accompanying the individual to the emergency room:
 - Knows the person
 - Understands the events leading up to and the current status of the event/emergency
 - Communicates on behalf of the person, as needed
 - Provides emergency department staff with the individual's current and past health history and insurance/Medicare/Medicaid information, as indicated.
- If you are not comfortable taking the person home, it is OK to voice that to hospital personnel.
- It is appropriate to ask questions, offer information, or voice concerns.
- If the person is going to be admitted to the hospital, it may be a while before they are taken to their room.



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Recommended Actions and Prevention Strategies

1. If being admitted to a hospital unit:
 - a. Notify guardian/health care representative (HCR) and agency personnel of the admission, the events that occurred in the emergency room, and the person's room number when available.
 - b. Accompany person to the hospital room and assist the hospital personnel in teaching the person about the room, bed, call system, etc.
 - c. Inform hospital personnel of any special needs, dysphagia (difficult swallowing) precautions or adaptive equipment the person has, and ensure that all health and medication information has accompanied the individual to the unit.
 - d. Discuss/identify any equipment or personal items that need to be brought from the home.
 - e. Be sure all personal belongings and equipment are labeled with the individual's name and inventoried by the hospital.
 - f. Ensure all health care and contact information provided to the ER is taken with the individual to the hospital unit.
 - g. Establish a contact person at the hospital and inform guardian/HCR and provider contact of the name and phone number of that person. This may be a nurse, case manager, or discharge planner.
 - h. Discuss the best time of day to call for information and visit the individual with the hospital contact person. Explain that someone will be calling or visiting periodically to follow the individual's progress and course of treatment. Recommend the hospital staff call the agency contact person for any problems, questions, or concerns.
 - i. Document all events that occurred in the ER, including all tests performed and all conversations with hospital staff. Record per agency policy upon return to the home.
 - j. Complete necessary incident reports, as needed (if not already completed).
 - k. See *Hospitalization Fact Sheet* series for more information related to hospitalization.



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2. If being discharged to go home:
 - a. If you have concerns regarding the status of the individual and are uncomfortable taking them home, voice your concerns and explain the reasons why. Contact the guardian, HCR, and/or provider contact person if you have concerns.
 - b. If you are comfortable taking the person home:
 - Ensure the physician discusses any new orders, new diagnoses, or recommendations with the individual and ensure the physician answers questions, as needed. Assist with supporting communication, as necessary, at a level appropriate for the individual's comprehension (understanding).
 - Discuss the need for the physician to write detailed orders for medications, instructions for treatments, or needed monitoring, as well as any other recommendations or orders necessary for the management of the health issue.
 - Discuss the reason for any new medications and whether there are any special instructions related to the use of the medication including times to administer (give), methods of administration (giving), and anticipated (possible) side effects. Summarize this information in documentation.
 - Discuss when any new medications should begin.
 - Ensure that any medications that are to be discontinued have specific orders.
 - Discuss whether any monitoring or observation is necessary and what would prompt a call or follow-up appointment to the health care provider. Summarize this information in documentation.
 - Discuss whether any follow-up procedures or appointments are necessary. Summarize this information in documentation.
 - Inquire how the results of any tests will be obtained and/or communicated if not available at discharge. Summarize this information in documentation.
 - Ensure all instructions, recommendations, and orders are written clearly.
 - Read orders and recommendations back to the health care provider to ensure they are legible and understood.
 - If any directions are unclear, get them clarified (explained) before the individual leaves.
 - Be sure you receive prescriptions for any new medications.



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- Request that copies of any lab work, X-ray results, and physician notes be collected and provided with the other discharge information.
- Be sure to obtain the names of the treating physicians.
- Follow agency policy for summarization, documentation, delivery of information, and transcription (transfer) of new orders. Refer to the *After Discharge from the Emergency Room* Fact Sheet from the Emergency Room Series Fact Sheets.

Learning Assessment

The following questions can be used to verify a person's competency regarding the material contained in this Fact Sheet:

1. If a person is being discharged and you are uncomfortable with it, you should NOT:
 - A. Alert someone of your concerns
 - B. Notify the health care representative or guardian and your agency supervisor
 - C. Take the person home anyway and just keep a close eye on them
2. True or False: The ER will not have lab results so do not ask for them.
3. True or False: You do not need to accompany the person to the hospital unit, as they have plenty of people to help on the floor.



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References

Hospital Discharge Planning: A Guide for Families and Caregivers. Family Caregiver Alliance: National Center on Caregiving. Retrieved 06/16/15 from <https://caregiver.org/hospital-discharge-planning-guide-families-and-caregivers>.

Recognizing Medical Emergencies. U. S. National Library of Medicine–MedlinePlus. Retrieved 06/15/15 from <http://www.nlm.nih.gov/medlineplus/ency/article/001927.htm>.

Emergency Room Visits. Alzheimer’s Foundation of America. Retrieved 06/15/15 from <http://www.alzfdn.org/EducationandCare/ervisits.html>.

Related Resources

Emergency Room Series Fact Sheets: *Preparing for and During the Emergency Room Visit* and *After Discharge from the Emergency Room*.

Emergency Room Series Checklists: *During the Emergency Room Discharge*, *After Discharge from the Emergency Room*

These resources can be located on the BQIS Fact Sheet & Reminders webpage at: <http://www.in.gov/fssa/ddrs/3948.htm>.

Learning Assessment Answers

1. C
2. False
3. False