



# MANAGING EMERGENCY ROOM VISITS: PREPARING FOR AND DURING THE ER VISIT

## FACT SHEET

## Preparing for and During the Emergency Room Visit

*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 bring to the emergency room (ER), how to prepare an individual for an ER visit, and what to do during an evaluation in the 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 distributed.

### Facts

- It is essential 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 individual, as needed
  - Provides emergency department staff with the individual's current and past health history and insurance/Medicare/Medicaid information, as indicated.
- Emergency room visits may take several hours.
- Depending on the condition of the person, the emergency room staff may:
  - Immediately take the person to an exam room where a doctor will examine them and plan their care
  - Escort them to the lab for tests or X-rays
  - Ask them to take a seat in the waiting room until a physician or exam room becomes available. If their condition worsens or you feel you've had an unusually long wait, please talk with someone at the reception desk.
- Not all health care providers are experienced in managing individuals with intellectual and/or developmental disabilities.



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- All persons should have a copy of a comprehensive (complete) health history (see “Health Record Form”), list of current medications or current physician’s order sheet, list of food or drug allergies, insurance, and guardian/health care representative (HCR) information available in the event of an emergency, as recommended by the American College of Emergency Physicians.
- Calling an ambulance may restrict your choices of an ER facility, as ambulance drivers may be required to transport to the nearest facility that is accepting patients.

### Recommended Actions and Prevention Strategies

1. Call 911 if a life-threatening emergency exists. Provide CPR/first aid as needed until emergency personnel arrive. (See *Recognizing and Responding to Change in Status* Fact Sheet, located on the BQIS Fact Sheet & Reminders webpage at <http://www.in.gov/fssa/ddrs/3948.htm>.)
2. Offer the individual explanations and calm reassurance (encouragement), when necessary.
3. Provide information regarding the emergency and any current health-related information to emergency medical services (EMS) personnel.
4. Accompany the individual to the ER, if possible.
5. Ensure information is delivered to the ER by hand delivery, fax, or phone:
  - updated health information and current list of medications
  - insurance information
  - contact information (guardian/HCR and provider contact).
6. Notify family/guardian and necessary agency personnel as soon as it is safe to do so.
7. If you cannot accompany the individual:
  - a. Call the ER to introduce yourself, explain your relationship to the individual, and alert them that the individual is in on their way and why. Explain that someone will arrive as soon as possible to support him or her.
    - Be prepared to give the ER personnel pertinent (important) information that will assist them in caring for the individual, including why the person is coming, events leading up to the emergency, and health and medication information.
    - Provide phone numbers for guardian/HCR and provider agency staff, if applicable.



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- Inquire how to best get written information to them.
  - b. Inform family/guardian and essential agency personnel of the medical emergency and that the individual was sent to the ER without support staff.
  - c. Arrange for a support person to go to the ER as soon as possible.
8. If accompanying the person to the ER:
- a. Inform hospital staff of the recent incident and provide needed health history information.
  - b. Stay with the individual to provide support and assist with communication.
  - c. Encourage and facilitate (simplify) communication with the individual.
  - d. Refer the health care provider to a person in the provider agency, a guardian, or to written information if you do not know answers to the health care provider's questions.
  - e. Discuss anticipated (expected) difficulties or resistance with procedures/examinations with the health care provider
  - f. Assist with explanations and provide support for procedures/examinations. This may include providing diversions (redirection); requesting shorter, simpler events; or steps with breaks in between.
  - g. Assist with transfer and positioning.
  - h. DO NOT give verbal or written consent for invasive procedures (such as IVs, surgery, any procedure that involves placing something inside the individual).** Instead, refer the health care provider to the guardian or health care representative if the individual cannot give consent.
  - i. Ask hospital staff to keep you informed.
  - j. Ask what tests or procedures are being ordered/performed and request the results of those tests.
  - k. Keep guardians, HCRs, and agency personnel informed of the emergency room recommendations and actions.
  - l. Assist in supporting the individual, but do not give the person any medication or anything to eat or drink without permission/directive of hospital personnel.



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- m. Inform hospital personnel of any dysphagia (difficult swallowing), positioning, or other necessary special accommodations.

### Learning Assessment

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

1. True or False: As soon as you get to the ER, someone will ask questions and may do a brief exam in order to decide how quickly the individual needs to be seen.
2. True or False: Don't worry about providing medical information. Since it is an emergency, the ER staff will not be interested in it.
3. While assisting someone, it is appropriate to do all of the following except:
  - A. Ask what is being done
  - B. Assist with positioning and examinations
  - C. Signing consent for needed procedures
  - D. Assisting with communication
4. True or False: An ambulance will take you to your favorite hospital.



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### References

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: *During Discharge, After Discharge*

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

*Recognizing Change in Status* Fact Sheet

*Responding to Change in Status* Fact Sheet

*Health Record Form*

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. True
2. False
3. C
4. False