

MEDICAL EMERGENCIES WHAT YOU NEED TO KNOW

FROM AMERICA'S EMERGENCY PHYSICIANS



IS IT AN EMERGENCY?

Is It An Emergency?

 American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

www.EmergencyCareForYou.org



- Uncontrolled bleeding
- Severe or persistent vomiting or diarrhea
- Coughing or vomiting blood
- Suicidal or homicidal feelings
- Unusual abdominal pain

You also can learn to recognize — and act on — emergency warning signs by taking a first aid class and learning CPR (cardiopulmonary resuscitation). Your local hospital, American Red Cross or American Heart Association may conduct first aid courses in your area or can guide you to organizations that do so.

IS IT AN EMERGENCY?

It is essential to know how to recognize the signs of a medical emergency — because correctly interpreting and acting on these signs could potentially save the life of a loved one — or your own life — one day. Many people experience the symptoms of an emergency, such as a stroke or a heart attack, but for various reasons (such as fear), delay seeking care right away. For many medical emergencies, time is of the essence, and delays in treatment can often lead to more serious consequences.

Emergency physicians believe it is the responsibility of every individual to learn to recognize the warning signs of a medical emergency. The following signs and symptoms are not intended to represent every kind of medical emergency or substitute for medical advice from your physician, but rather to provide examples of common issues:

Warning Signs and Symptoms

- Difficulty breathing, shortness of breath
- Chest or upper abdominal pain or pressure lasting two minutes or more
- Fainting, sudden dizziness, weakness
- Changes in vision
- Difficulty speaking
- Confusion or changes in mental status, unusual behavior, difficulty waking
- Any sudden or severe pain



Symptoms of Childhood Emergencies

Because their bodies are not finished growing and developing, children's medical problems often differ from those of adults. In addition, they may display different signs and symptoms from adults when they become injured or sick, and their treatments may differ too. For example, symptoms that are serious for a child, particularly a young child or an infant, may not be serious for an adult and vice versa. Additionally, an infant or child may not be able to communicate what's wrong, which means the parent must try to interpret the symptom or medical problem.

Seek immediate medical help if your child exhibits any of the following warning signs of a medical emergency:

- Any significant change from normal behavior
 - Confusion or delirium
 - Decreasing responsiveness or alertness

- Excessive sleepiness
- Irritability
- Seizure
- Strange or withdrawn behavior
- Severe headache or vomiting, especially following a head injury
- Uncontrolled bleeding
- Inability to stand up or unsteady walking
- Unconsciousness
- Abnormal or difficult breathing
- Skin or lips that look blue or purple (gray for darker-skinned children)
- Feeding or eating difficulties
- Increasing or severe, persistent pain
- Fever accompanied by change in behavior (especially with a severe, sudden headache accompanied by mental changes, neck/back stiffness or rashes)
- Severe or persistent vomiting or diarrhea

These symptoms are not intended to represent every kind of childhood medical emergency. You also can learn to recognize childhood emergency warning signs — and act on them — by taking a first aid class and learning CPR (cardiopulmonary resuscitation). Your local hospital, American Red Cross or American Heart Association may conduct courses in your area or can guide you to organizations that do.

Prepare for Emergencies

One of the most important factors in preparing for medical emergencies is to do everything you can to prevent them. Always put safety first by practicing caution and common sense and following safety instructions when given. Take care of yourself by

following a sensible diet, exercising regularly and getting an annual physical. Work with your doctor to determine whether you or your family members are at risk for any potentially life-threatening conditions that may be linked to genetics or lifestyle, and then follow your doctor's advice in reducing the risk factors.

In addition:

- Identify and eliminate the safety hazards in your home.
- Buckle up in motor vehicles.
- Never drink and drive.
- If you drink alcohol, drink only in moderation.
- Wear a helmet and safety pads when bicycling.
- Use recommended safety gear and equipment when participating in sports and recreational activities.
- Don't smoke.
- Develop a plan for medical emergencies — make sure everyone in your family knows what to do in specific circumstances, such as a flood or a fire. (See Family Disaster Preparedness publication.)



To prepare for medical emergencies, The American College of Emergency Physicians (ACEP) also recommends that you:

- Organize your family's medical information. Complete medical history forms on each family member and keep up-to-date copies in your home, car, first aid kits and wallet. Take the forms you need when you go to the emergency department.



- Complete consent to treat forms for each child. (Separate forms are available for special needs children.) Provide copies to all caregivers (e.g., babysitters, relatives, school nurses and teachers). This form will allow caregivers to authorize treatment in an emergency situation when you're away from your child.
- Keep well-stocked first aid kits in your home and car.
- Post emergency numbers on all your telephones and make sure your children know how to call for help. They should be able to call 911 or the local emergency number and give their names, address and a brief description of the problem. Always leave your written contact phone number(s), including your cell phone number, with any temporary caregivers to give to the emergency department staff. This may help an emergency physician get important information quickly about your child's health.
- Take a first aid class and learn CPR (cardiopulmonary resuscitation). Your local hospital, American Red Cross or American Heart Association may conduct courses in your area or can guide you to organizations that do offer training.
- Learn the warning signs of medical emergencies, and seek emergency care when they occur.



Add “ICE” to Your Cell Phone

Emergency physicians also recommend that people add “ICE” entries in their cell phone address books. For example, “ICE1 – mom” and “ICE2 –

husband.” ICE stands for “In Case of Emergency,” an acronym that medical professionals recognize and use to notify the person’s emergency contacts and to obtain critical medical information if a patient arrives unconscious or unable to answer questions.

If you arrive in the emergency department unconscious, emergency staff will check your cell phone for ICE contact information.

Add In-Case-of-Emergency (“ICE”) entries to your cell phone address book. If you arrive in the emergency department unconscious, emergency staff will check your cell phone for ICE contact information.

Should You Drive or Call an Ambulance?

If you answer “yes” to any of the following questions about a person experiencing a medical emergency, or if you are unsure, it’s best to call an ambulance, even if you think you can get to the hospital faster by driving yourself.

- Does the person’s condition appear to be life-threatening?
- Could the person’s condition worsen and become life-threatening on the way to the hospital?
- Could moving the person cause further injury?
- Does the person need the skills or equipment employed by paramedics or emergency medical technicians?
- Would distance or traffic conditions cause a delay in getting the person to the hospital?

If you drive to the hospital, know the location and the fastest route to the nearest emergency department. In addition:

- Don’t delay care by driving to a more distant hospital emergency department.



- In many cases, you or the affected person will be treated in the community hospital emergency department, which is staffed and equipped to provide life-saving emergency care for patients of any age.
- If necessary, a patient may be transferred to a hospital with special capabilities, such as a regional trauma or pediatric center.

If you call an ambulance, keep in mind that even though the 911 system was introduced in 1968, the network still does not completely cover some rural areas of the United States and Canada. Find out if your community is covered, and if not, get the telephone number for local Emergency Medical Services and post it by your phone. When traveling, check for local EMS numbers in the areas where you will be, so you have this information before you begin your journey.

Also, be aware it is important for people calling 911 from wireless phones to tell the emergency operator the location of the emergency, because a cell tower provides only very general information about the location of a caller. Some cars now are equipped with “smart” technologies that use global positioning system satellites and cellular technology to link vehicles to direct emergency help, but many are not.

When you call for help, remember to:

- Speak calmly and clearly.
- Give the name, address, phone number and location of the person in need (e.g., upstairs in the bedroom), and describe the nature of the problem.

- Don't hang up until the dispatcher tells you to. The dispatcher may need more information.
- Teach your children how to place an emergency call, in case you are seriously ill or injured.
- For highway emergencies, know the nearest highway marker number, and if dealing with a wreck, know how to identify the lanes (e.g., northbound) on the highway so you can give that information to the dispatcher.

When Your Child Has an Emergency

Nothing is more terrifying to parents than when their child has a medical emergency. Unintentional injuries are the leading cause of death in children and teens ages 1 to 21 in the U.S. The most common injuries are related to motor vehicle crashes, drowning, fires and burns, suffocation, choking, unintentional firearm injuries, falls and poisoning. However, parents can take an active role in protecting their children by providing good care and practicing injury prevention.

To prepare for a childhood medical emergency, become familiar with the signs and symptoms of childhood emergencies, work with your pediatrician to complete a medical history form for your child and develop a plan in case of a medical emergency. Ask when you should go directly to an emergency department, when you should call an ambulance, and what to do when the pediatrician's office is closed. In addition, become familiar with the policies of emergency departments in your community — for example, some allow parents to be with their children during invasive medical procedures, and some do not.

If you take your child to an emergency department, bring your child's medications in their original containers, as well as his or her medical history form. If you suspect your child has swallowed poison or any potentially harmful medications, call poison control first (1-800-222-1222), and then bring the suspected poisons or medications with your child to the emergency department.



In a medical emergency, go to the nearest emergency department, unless directed to another nearby hospital by the child's physician or emergency services personnel. An ambulance may transport the child to the nearest emergency department or to a nearby specialty center, if appropriate. If necessary, after stabilization, your child may be transferred to a hospital with advanced pediatric capabilities.

Since hospitals can be frightening places for children, try to bring along a favorite toy, blanket or book to help make your child less anxious.

When a child experiences a medical emergency, it's important to stay calm and to call for help. Although this may be difficult, it is the responsibility of the parent or caretaker to do so – and remaining calm can help save the child's life.

- If you need immediate help, call 911 (or your local emergency services number).
- If needed and you know how, start rescue breathing or CPR (cardiopulmonary resuscitation).
- If you have learned first aid, apply the techniques to stop serious bleeding, manage shock, handle fractures and control a fever, until help arrives. In addition, if needed and you know how, perform basic choking-rescue procedures for infants and children.

- If the child is having a seizure, place him or her on a carpeted floor with the child's head turned to the side. Stay with your child until help arrives. Check to make sure that nothing is in the mouth or interfering with the child's ability to breathe. Do not place anything in the child's mouth when he or she is actively seizing. Placing your finger in the child's mouth could place you at risk of being bitten and cause the child to vomit and aspirate (breathe in vomit).

Since hospitals can be frightening places for children, try to bring along a favorite toy, blanket or book to help make your child less anxious.

If you take a child to the emergency department, help calm him or her by explaining what to expect once you arrive:

- **Listen.** Give permission to ask questions, cry and talk about feelings. Let the child know it's okay to be afraid and to say something hurts.
- **Be comforting, but honest,** including when giving information about procedures that may be painful.
- **Share your feelings but remain calm;** children sense when adults are anxious. Staying calm under stressful circumstances can save the child's life.





More than 30 million children receive emergency care each year. If you are feeling anxious, be reassured by the fact that emergency physicians have special expertise in childhood emergencies and in identifying life threatening problems. They are trained in pediatric airway management, resuscitation and emergency trauma care.

Emergency physicians also play an active role in developing innovative systems that revolutionize children's emergency care. Emergency medicine residency programs provide comprehensive training in caring for childhood emergencies.

In addition, emergency physicians have led the way to improve the standards and quality of emergency care of children around the world. Many have devoted their careers to improving emergency care of children through research and training, and through the development of clinical policies, and public education initiatives geared toward preventing injury and illness.

Medical Forms

For downloadable medical forms, see <http://www.acep.org/medicalforms>.

- Consent to Treat Form (English)
- Consent to Treat Form (Spanish)
- Medical History Form
- Emergency Information Form for Children with Special Health Needs

Legal Issues

Good Samaritan Laws

Good Samaritan laws were put in place to encourage rescuers who voluntarily help others in emergency situations do so without fear of later being sued by the victim for making a mistake or causing further harm.

These laws vary by state, but generally protect anyone who does not already have an obligation to help or is not being paid for the help (such as an on-duty fireman or policeman, or with doctors or nurses in a health care facility). Be careful if a conscious victim who seems to be aware of the situation refuses help. In those cases, it is usually best to follow the person's wishes. If the victim is unconscious, step in and assist as much as you can.

Emergency physicians have special expertise in childhood emergencies and in identifying life-threatening problems.

Good Samaritan laws are designed for everyone, not just medically trained individuals. They only require the helper to use common sense, be reasonably competent and capable and not go beyond his or her level of expertise. This "expertise" typically consists of what was learned about first aid in school, on the job or elsewhere. In addition, these laws typically require that the rescuer take care to prevent further injury, for example not moving victims with possible neck or back injuries unless the victim's life is further endangered by the emergency situation, such as when a burning vehicle is in danger of exploding. The key is to help whenever possible until professional assistance is available.

To find out more about Good Samaritan laws in your state, contact your state attorney general's office or check with a qualified attorney or your local library.



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