

Your Emergency Doesn't Have to be a Disaster



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What is the possibility we will end up in the ER or Urgent Care?

- CDC 2010: 129.8 million ER visits
- CDC 2010: 42.8 ER visits per 100 people
- UCAOA 2011: 160 million Urgent Care visits (304 visits per minute)
- UCAOA predicts that by 2020 there will be 45,000 too few Primary Care Physicians



- Patients struggle to get same or even next day appointments
- Very litigious society

What is the Role of the ER?

American College of Emergency Physicians
Definition 2008 :

“Emergency medicine is the medical specialty dedicated to the diagnosis and treatment of unforeseen illness or injury. “

“ The practice of emergency medicine includes the initial evaluation, diagnosis, treatment, and disposition of any patient requiring expeditious medical, surgical, or psychiatric care. Emergency medicine may be practiced in a hospital-based or freestanding emergency department (ED), in an urgent care clinic, in an emergency medical response vehicle or at a disaster site.”



What can you expect?

- Waiting
 - A medical screening exam
 - Privacy
 - Waiting
 - NOISE!!!!
 - Fast talking and moving
 - Unusual smells
 - Bright lights
 - Waiting
 - Pain? Discomfort?
 - Medical Terminology
- Waiting
 - More Waiting
 - Discharge, Admission or Transfer
 - Waiting
 - You may NOT get resolution



Sound like a recipe for disaster?

YES!!!!!!!



Prepare? What?!?!?! It's an EMERGENCY!!!!!!

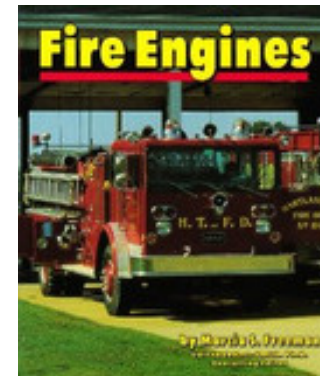
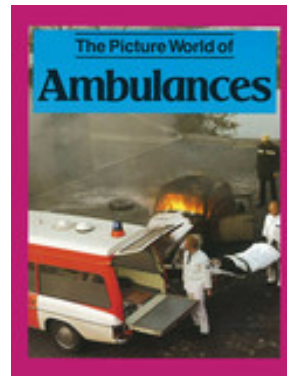


- Can you prepare for an emergency?
- YES!!!!!!
- Fire Drill's, Tornado Drill's, Lock down Drill's are completed on a regular basis
- ER Staff: disaster drill's, mock codes, obtaining and maintaining a wide variety of certifications, continuing education



EMS/Ambulance Preparation

- Social Story/Books/videos
- Touch a Truck Event
- Community Festivals
- Visit to a local firehouse, repeat(visit on black/red/gold shift)
- Ask if they have a form/process to alert the 911 dispatch or arriving provider of your special needs?
- Have medical information in your car(near car seat or in glove box)



SNAP (Special Needs Alert Program)

Emergency Information Form for Children With Special Needs				
Patient ID	Today's Date:		Who is completing this form? You must confirm consent to use this form	
	Your Name:		Is this the new form or just an update? <input type="checkbox"/> Update <input type="checkbox"/> New	
	CONSENT REQUIRED			
	I (above named person) confirm that parent/ guardian consents to the use of this form <input type="checkbox"/> Consent			
	Patient's Name		Nickname	
	Birthdate		Address	
	Primary language		Parent/guardian name	
	Contact phone Home		Emergency contact name	
Contact phone Work		Emergency contact number		
Contact phone Cell				
Facilities & Providers	Care Provider	Provider's name	Specialties	All contact phone numbers (E-mail option)
	Primary care			
	Specialist-1			
	Specialist-2			
	Specialist-3			
	Specialist-4			
	Specialist-5			
	Others			
	Primary Pharmacy (branch, phone)			
	Anticipated primary emergency department			
Anticipated tertiary care center				
Clinical Baseline	Diagnoses/problem list (list all) starting with most important			
	Baseline physical findings			
	Baseline vital signs			
	Baseline neurologic status			
	Immunologic competency status			
	Synopsis of clinical status			
	Medications (doses, purpose)			
	Antibiotic prophylaxis (drug, dose, indication)			
	Significant baseline lab/imaging/diagnostic studies			
	Prostheses, appliances, advanced technology devices, life support			
	Allergies: Medications, foods, substances to be avoided and why			
	Advanced directives (include date of last review)			
	Procedures to be avoided and why			

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<http://www.dhss.delaware.gov/dph/ems/emscsnap.html>

Emergency Room Preparation

- Medical History Form(SNAP)
- Information about Fragile X or any other special needs
- Non-acute tour
- Social Story
- Video model
- FYI/Comment in EMR



OH NO!!! 911!! EMERGENCY!!!!



- Remember!! Our children are fantastic IMITATORS!!!
- Stay Calm
- You are being cared for by professionals



Advocate

- You Know your family member the best, SPEAK UP! Kindly, of course.
- Ask if there is a QUIET place to wait
- View this as an opportunity to EDUCATE and promote AWARENESS
- Kindly guide/instruct staff on the most appropriate way to care for your family member
- Distraction techniques/toys
- Don't be offended if the staff are not knowledgeable about Fragile X
- "You may have not heard about Fragile X, my (family) has Fragile X Syndrome. It is the leading known cause of intellectual disability and genetic cause of Autism."
- Wear the shirt below! We all have a wicked sense of humor!



Medical Providers are People Too



“I’m a Physician,
NOT a Magician!!!” –
Daryl Wilson, MD

Reality of working in EMS/ER

- Work very hard to provide quick, most appropriate, pain free care
- Violence or the risk/threat of is a constant!
- Multi-tasking, prioritizing, triage is an ongoing evolution
- Routine with occasional atypical/exciting events
- Sadness
- Frustration
- Education
- Nurturing
- Cursing



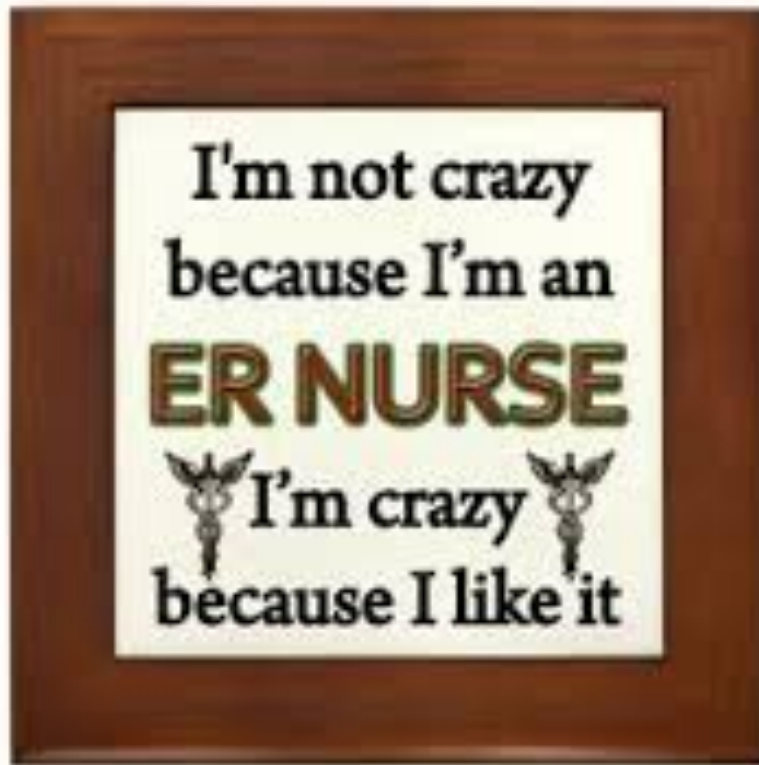
- We do our very best, but sometimes we are human and the reality of being in the ER gets the best of us.
- It is NOT like on TV!!

Emergency Admission/Surgery

- Child Life Therapist an integral part of the team (even for non-children)
- Advocate
- Educate
- Guide staff in explanations
- Provide them with information about your family members PMD and specialist



Questions?



Acknowledgements

- www.fragilex.org
- www.acep.org
- www.ucaoa.org
- <http://www.dhss.delaware.gov/dph/ems/emscsnap.html>
- Daryl Wilson, MD

