A Trip to the Emergency Room

Help Us Help You
A Trip To The Emergency Room – Help Us Help You

As the only full-service health care system and trauma center in the region, United Regional understands the responsibility that involves. We see approximately 70,000 patients in the emergency room each year, or 200 to 300 patients per day, depending on the time of year.

So that we may continue to provide the highest quality emergency services for the communities we serve, we want to provide you with some important information on what you can do before a medical emergency occurs.

**United Regional’s Emergency Room Average Wait Time is Almost Half that of the National Average**

Overcrowding and long wait times in emergency rooms occur in hospitals throughout the U.S. The national average for wait times is 4 hours and 3 minutes, with emergency rooms in Texas having a slightly poorer record of 4 hours and 18 minutes.* While United Regional’s average wait time is considerably better, at 2 hours and 13 minutes, we continually strive to find ways to reduce it even more.

But these are just the averages. Patients can wait much less or much longer before receiving care, based on many factors. We’d like to provide the following information to help patients understand what factors impact emergency room wait times and what you can do to help improve the experience should you have a medical emergency.

* 2009 Press Ganey Emergency Department Pulse Report

**What We Want Patients to Know About the Emergency Room**

Patients are seen in order of severity.

Unlike restaurants where people are typically seated in order of arrival, emergency rooms treat patients in the order of severity or nature of their condition. Each patient who arrives at an emergency room has his or her condition assessed and is triaged by level of severity. For example, a person brought in by ambulance with major injuries from a motor vehicle collision or with heart attack symptoms will receive treatment immediately and before someone with back pain or nausea.
Using the emergency room for non-medical emergencies increases wait times.
An emergency is defined as a life-threatening injury or illness or a condition that could quickly become life-threatening if left untreated. Earaches, sore throats, minor burns, etc., are conditions that typically do not require a trip to the emergency room. People should call their primary care doctor first before heading to the emergency room.

There are times of the day and year when emergency rooms are traditionally busier.
Patients are likely to wait longer during peak hours of the day and of the year due to increased patient usage. Emergency rooms are typically busier after 3 pm and during flu season. Emergency departments do try to staff appropriately to cover these anticipated fluctuations. However, there is no way to predict how many patients with severe trauma and other life-threatening conditions will arrive during the same time that there are 30 patients with flu-related complications already waiting to be seen, for example.

There are steps to the patient flow process before seeing a physician.
After a patient is assessed by the triage nurse, the patient may not be immediately moved to a treatment room based on room availability. Even after the patient is in a treatment room, the wait time to see a physician, referred to as “door to doctor” time, can still be long. Door to doctor time will be impacted by the number and severity of patients being cared for in the other treatment rooms. Again, those patients with life-threatening conditions will be treated first.

Once in a treatment room, lab, x-ray and other tests may be performed before some treatment can be started.
For example, there are many possible reasons a patient is experiencing abdominal pain. In order to provide the patient with the appropriate medical care, tests often need to be performed for an accurate diagnosis. Getting test results takes time. Even though diagnostic tests from the ER are given high priority, some are complicated and require multiple steps to complete.

If an emergency room patient needs to be admitted, wait times for a hospital room vary.
Depending on the number of patients currently in the hospital and room availability, patients may again wait varying lengths of time before being taken to a room. The emergency department works closely with the nursing units to identify when patient rooms become available following daily discharges. Patients will stay in the emergency room, and will have their condition closely monitored, until a hospital room becomes available.
United Regional’s Emergency Department

The centralized location of Wichita Falls, between Amarillo and the Dallas/Ft. Worth Metroplex, makes United Regional the only full service hospital in the region. This also means that our emergency room is the only designated trauma center for the same geographic area.

We consider it a privilege to provide emergency care for the communities we serve and understand the responsibility that comes with that privilege. In addition to providing excellent medical care for ER patients, we also continuously strive to improve patient flow, wait times, and other services associated with the patient’s treatment.

Patients experiencing a medical emergency often feel anxious and vulnerable. To reduce anxiety, we know that it is important to keep patients updated on the status of when they will be seen, if there are unexpected delays and the reasons for those delays, and to ask how we can make their wait more comfortable. Once in a treatment room it is also important that the nursing staff help control the patient’s pain, explain any tests that will be performed, and provide frequent updates on physician availability, test results, explanation of treatment and discharge time and instructions.

Help us help you.

While an emergency is, by its very nature, unexpected, there are many things people can do in preparation for an emergency room visit. These can be done in advance, so if you ever need to visit an emergency room, you will be better prepared and your visit will go smoother.

For your convenience, we are providing you with a checklist and forms to use in preparation for a trip to the ER. We suggest that you make several copies of these forms and keep them in your vehicle’s glove compartment, purse, wallet, etc., so that you will always have them with you. For additional packets, please call 940-764-8570 and we will gladly mail you one.
When to go to the Emergency Room

Some conditions for which you should go to the emergency room:

- Loss of consciousness
- Signs of a heart attack lasting longer than two minutes (may include pressure, squeezing or pain in the center of the chest, and/or chest pain with lightheadedness. In women, the symptoms could also include pain between the shoulder blades, pain radiating down the arm and nausea)
- Signs of a stroke (may include weakness or numbness in the face, arm, or leg on one side of the body; sudden dimness or loss of vision, particularly in one eye; loss of speech or trouble talking or understanding speech)
- Bleeding, that in spite of direct pressure for ten minutes, does not stop
- Instantaneous and severe pain
- Significant shortness of breath
- Allergic reaction to a food, medication, or insect sting, especially if breathing becomes difficult
- Poisoning (Note: If at all possible, first contact the local poison control center; request immediate applicable advice, since some poisons must be vomited immediately while other poisons must be diluted with water. Acting quickly in this manner can save a life.)
- Serious traumatic injury (i.e., to the head)
- Unexplained prolonged stupor, drowsiness, or disorientation
- Vomiting or coughing up blood
- Severe or persistent vomiting
- Suicidal or homicidal feelings
- Neck stiffness or rash with fever

Some conditions that generally do not require a trip to the emergency room:

- Earaches or headaches
- Colds, coughs, sore throat, or flu symptoms
- Chronic condition (i.e. back pain, knee pain) which has occurred continuously for several months
- Fever (if in a newborn or if remains high for a prolonged period of time, call your doctor or go to the ER)
- Minor cuts in which bleeding has been stopped
- Sprain, sunburn, minor burn
- Insect sting (unless experiencing difficulty breathing, which requires immediate medical attention)
- Animal bite (call your doctor in the event a rabies shot is needed)
Emergency Department Checklist

PLAN AHEAD:

- **Call your primary care physician first.**
  If you’re not sure your condition is an emergency, call your regular physician who is most familiar with your medical history. Your physician may be able to recommend the best course of action, which may or may not include a trip to the emergency room.

- **Bring identification and insurance cards.**
  Always take identification and insurance information with you to the emergency room. This will help expedite the registration process.

- **Know your prescriptions and allergies.**
  Bring a list of active medications, dose and frequency, or bring the prescription containers with you. If you have allergies to medication or foods, or have specific illnesses, bring a list of these conditions so you can easily provide the information to the care provider. Prepare this list in advance before an emergency and keep an updated copy in your wallet or purse. We have provided a pre-printed sheet in this booklet for you to use. Also, if you bring your medication bottles with you to the emergency department, don’t forget to have someone (family member or friend) take the medications home for you to prevent loss.

- **Know the phone numbers and the route.**
  Be sure to include the phone number of your physician and the emergency department in your cell phone or in your list of important numbers. Also, be sure of the route to the hospital.

- **Bring a pad, a pen, and a friend.**
  A friend or family member can help you ask questions that you may not have thought to ask. Carrying a pad and pen will help you keep note of specific details such as doctor recommendations.
Patients are seen in the order of severity.
Just because you arrive to the emergency room before someone else does not mean you will see a doctor first. Patients are seen based on the severity or acute nature of their illness. Ask the admission/triage nurse at check-in if they can provide assistance with pain management, which may include ice or hot packs, pillows and blankets.

Prepare for the unexpected.
If you have young children, don’t forget that you may need to provide all the necessary information and guidance to babysitters, neighbors, afterschool activity advisors, etc. If necessary, be sure the right people know if your child has special needs or severe allergies. It is also helpful to bring activities or toys to keep young children content while waiting. Additionally, if your child swallowed what may be poison, bring the bottle with you to the emergency room.

The Emergency Preparedness forms, on the following two pages, are designed to assist you in gathering health-related and personal information needed by medical staff caring for you in the emergency room. You may make copies of the forms for other members of your household to use, or you may call United Regional at 940-764-8570 to request additional booklets. Please keep these forms updated as changes occur to your health conditions, medications, and personal contact information.

United Regional Emergency Department
Phone Number: (940) 764-2120
Address: 1600 11th Street
The emergency department can also be accessed from 10th street.

Information compiled from the American College of Emergency Physicians Foundation. For more information please go to www.EmergencyCareForYou.org
Emergency Preparedness List

Before you leave for the emergency room, please be sure you have the following:

☐ List of prescriptions, allergies, illnesses
☐ Pad of paper and a pen, comfort items for patient
☐ Identification card for patient and insurance policy holder
☐ Medical insurance card

If poison has been swallowed, immediately contact your local poison control center:

Local Poison Control Center 1-800-222-1222

Additional important information:

Primary Care Physician:

Name: ___________________________  Phone Number: ___________________________

United Regional Emergency Department  Phone Number: (940) 764-2120

Address: 1600 11th Street
The emergency department can also be accessed from 10th street.

In the event of an emergency, please also notify:**

Name(s):

_________________________ at cell/home  Phone Number: ___________________________

_________________________ at cell/home  Phone Number: ___________________________

_________________________ at cell/home  Phone Number: ___________________________

_________________________ at cell/home  Phone Number: ___________________________

_________________________ at cell/home  Phone Number: ___________________________

** This information may be important for the emergency department medical staff so they know who to contact in the event the patient is unable to communicate.

Keep a copy of this page in the glove compartment of your vehicle for convenient access to it.
Emergency Preparedness List
Medications, Allergies, Illnesses

Name of patient: ____________________________________
Date completed: ____________________________________

*Prescription medications I am currently taking:*

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*Over-the-counter medications, vitamins, supplements I am taking:*

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*I am allergic to:*

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*Illnesses and chronic conditions I have:*

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