



Understanding the EMERGENCY DEPARTMENT

Television shows and movies often depict emergency rooms with very dramatic scenes – ambulances turning in on two wheels, stretchers being wheeled at lightening pace down a hallway, surrounded by a team of medical professionals, and traumatic or life threatening injuries room to room. While this kind of hustle and bustle makes emergency rooms a fascinating place, even at your local hospital, there is a lot more happening behind the scenes as the clock ticks by—24 hours a day, 7 days a week, 365 days a year. Your ER never pauses, because any one of those 86,400 seconds in a day can be critical during an emergency.

From the outside looking in, an emergency room can be a fascinating place. But, to the **30,000** people who visit Sampson Regional Medical Center's emergency room each year, it can be stressful and scary.

30,000 visits is nearly 50% of Sampson County's total population

People go to emergency rooms for a **wide range of reasons**, sometimes fearful not knowing what could be wrong. They find themselves in an unfamiliar place, connected to strange devices, undergoing a host of tests, and listening to medical jargon – all while the buzzing of alarms and monitors or groans and cries of pain sound the tone of patients in need.

chest pain, shortness of breath/difficulty breathing, abdominal pain, headache, vomiting, syncope/fainting, kidney stones, fever, cough, cold/flu, poisoning, toothaches, abscesses, sprains & broken bones, upper respiratory infections, cuts, contusions/head trauma, back pain, skin infections, foreign object removal, headache, motor vehicle accident

What seems like chaos around you is actually a structured and orderly system, dictated by thousands of policies and procedures that are designed to keep patients safe, ensure quality care, and maintain regulatory compliance. As a patient, you may feel **lost in the maze** where every minute and hour grows longer. But, you can be sure that you are not forgotten.

There could be as many as 15 or more people involved in your care, although you may only see a few of them.

Attending physician, physician assistant, consulting specialist or surgeon, medical student, resident, triage nurse, bedside nurse, nursing assistant, radiology technician, radiologist, pharmacist, respiratory therapist, phlebotomist, lab technician, registrar, social worker, volunteer

When you arrive in the emergency room, you are first greeted by an attendant who gathers enough information to register you as a patient. This usually includes your first and last name, date of birth, and the reason for your visit to the emergency room. This information is entered electronically and immediately displayed for the Triage Nurse to see. The Triage Nurse then evaluates you and determines the **severity of your condition** to help prioritize how patients are seen.

Patient conditions are categorized on a scale of one to five, with one being most severe, and five being least severe. This helps the triage nurse prioritize patients based on their most immediate need for medical attention: 1) Immediately life threatening, 2) Urgent but not immediately life threatening, or 3) Less urgent and not life threatening.

This nurse will collect your vital signs (temperature, pulse, respiratory rate, and blood pressure), get a brief medical history (past medical problems, allergies, and medications), and a description of your current condition.

Based on your level of emergency, the Triage Nurse will assign a bed in the main ER or Fast Track. If a room is not open, you may be asked to wait in the lobby until a bed is available. The Triage Nurse remains posted in the lobby to better monitor patients and any deteriorating conditions.

Once you are in an exam room, a registrar will come by to complete the registration process, and your care team will begin evaluating you.

Fast Track Our five Fast Track rooms are staffed with a physician assistant and are designed to care for patients with less serious concerns. This helps reduce wait time for these patients and allows us to keep our main ER bed open to treat patients with more serious conditions. Based on your evaluation, your provider may require tests be performed to determine the cause of your illness or pain. Testing may consist of blood draws, x-rays, CT scans, etc. Your physician will evaluate your results to prescribe the needed treatment for your condition. In the moments that follow, you may not understand what you are waiting for. Keep in mind, many people are involved in your care during this time, and test results will soon be back. Also, your provider is continuing to monitor you, even when he/she is not in your room. From their workstation, your provider can watch the vitals of any patient connected to a monitor, and they are alerted when your test results are available. And, your nurse remains in constant communication with the provider to continue guiding your treatment. Depending on your condition, your care team may contact a specialist, such as an orthopedist, general surgeon, urologist, cardiologist, etc. to assist in your care. Based on the findings by your care team, you will either be discharged home, transferred to a higher level of care, or admitted to the hospital. If a decision is made to transfer or admit you, your care team begins the process of working with other physicians and nurses to reserve your bed and coordinate your departure from the emergency room.

Why is it taking so long?

We know it's hard to wait when you're not feeling well, but providing the very best care takes time. A nurse will grade your condition by severity. Patients with life-threatening conditions, such as stroke, heart attack, hemmorrhages, and severe trauma are seen first. Patients are seen by order of severity, not by order of arrival.

Sometimes other patients are arriving to the ER by ambulance and they may require immediate treatment. If a member of your care team steps away, know that they are always caring for a patient and will return as quickly as possible.

