I don't know about you, but one of the most stressful things to me about a hospital is the Emergency Room. Especially if it's busy and the ambulance keeps screaming up to the door, people are milling around, and the "white coats" are zipping around like fireflies. The patients become grumpy and complain about the wait. The nurses are talking in voices one key higher than their normal, and you can cut the atmosphere with a knife. No one can get sent home without being seen, but I often wonder if half the patients shouldn't be using a different access to health care. Some come because they have no regular provider or cannot get an appointment with him or her. Others feel this will be the fastest track. Others are just plain scared and come in fear of the unknown. How do you decide if you need to go to the Emergency Room?

Well, you are your own best analyst. If you are feeling seriously unwell, then you had better go to the Emergency Room. If you are not sure then sit and think a little about your medical history. Is this a new experience or a recurrent one? Do you have some medical history that may be playing a role in how you feel. When you get to the Emergency department a clear, lucid history is much appreciated, so if necessary jot down some "one-liner" details. It is certainly wisest to err on the side of caution, especially in the case of children or elderly, but some symptoms are very important and others less, so let's think about some of them.

**Pain**

You are feeling fine when suddenly you get a whammy of a pain. Severe and unmistakable. In your head, abdomen, especially in your chest. A pain that is intense, sudden, arresting, and persists longer than a transient moment or two is probably worthy of attention.

Especially chest pain that is associated with sweating, shortness of breath, a feeling of nausea, and a sense of tightness across the front of the chest. For such a pain have someone (not yourself) take you to the hospital it could be serious and damage can be prevented. Many people who ignore their first pains don't live to regret not seeking attention.

Even younger people might have serious problems with acute chest pain, such as a collapsed lung, or a blood clot to the lung.

Acute and severe abdominal pain may herald appendicitis, or in a woman of childbearing age, an ectopic pregnancy. Older folk could be starting with a rupturing aneurysm. A severe head pain worst headache ever powerful pain, could be a leaking aneurysm in the brain blood vessels.

The lesson? Sudden severe pain is a real reason to get to the Emergency--post haste.

**Injury**

Of course, if you are seriously injured, as in a motor vehicle accident, you may have little say in...
going to Emergency—you will be taken there. But if you have fallen and been unconscious, have a seriously painful body part, have a big cut, or are bleeding heavily, you should get to the Emergency quickly.

If you were bitten by a dog, or any wild animal, such as a snake, raccoon, bat, or squirrel, you need to be checked, given tetanus, toxoid, anti-toxin, and the rabies situation checked out and possibly receive some antibiotic. Any shortness of breath following a fall or accident, inability to put weight on a limb, marked swelling, fluid discharging from an ear or nose, anything like this requires a check at the Emergency Room.

If you have been sexually attacked, call a Rape Crisis Center. If there is not one available to you then you should go to an Emergency. Have a friend go with you. Do not douche or discard any clothing. Take it all with you and go as you are. Be prepared to have an examination and tell the doctor of the rape and the need to collect specimens so that DNA testing and semen testing can be performed. Photographs are a very good source of information later on, so be prepared for them, especially if you have been injured.

**Strange Feelings**

Weakness or loss of power in a limb, or one side of the body, could be indicative of a stroke. Numbness, weakness, temporary loss of vision, or a thick tongue and slurred speech, are important signs. A splitting headache accompanying such feelings, is a major reason to go to the Emergency department. Stroke can be treated if caught early in many instances and, because the symptoms may have disappeared, is no reason to think that they can be ignored. The so-called "stuttering stroke" that comes on slowly can be often arrested. Embolic stroke, as from small clots flying off a fibrillating left atrium, can often be treated with "clot busters." People over 65 are more likely candidates for stroke, as are those with high blood pressure, diabetes, heart failure, or atrial fibrillation, but remember these symptoms are what dictate the need to go to the Emergency Room.

Cold, blue limbs, fingers, legs, or toes, are also a danger signal. Because circulatory blockage can lead to serious problems of gangrene, you should go to the Emergency. Early treatment may prevent serious problems.

**Bizarre Behavior**

Persons exhibiting strange, threatening or dangerous behavior need to be taken for emergency care. Mental health can be difficult to maintain in a person with an underlying psychosis, such as schizophrenia. Failure to take medication may lead to exacerbation of symptoms, and to strange behavior. A person known to have a bipolar disorder who begins to behave strangely may require medication or protection from self-destructive behavior such as suicide, or paranoid behavior leading to interference with others. Sometimes such individuals may refuse to go for care, and in these cases police are often the agency to inform. I well remember the police calling me about the patient of mine who began running around her apartment building naked, saying her babies had been kidnapped. She’d had a psychotic break and required medication to return her to her normal self.

**Chronic Diseases**

Sometimes persons with a chronic disorder slip almost without their realizing it into a critical state. An asthma attack that is unusually severe and prolonged can carry the patient into a critical state. There is a need to recognize a severe attack as different from a little worsening. Similarly, an "angina" attack that doesn't settle with rest, or a diabetic reaction that is atypical, may require prompt attention. It is wise to discuss with your health-care provider the necessary steps to be taken in regard to emergencies that may arise in relationship to a chronic illness.

A person who has a known allergy to bees, for example, may carry an emergency unit which includes an injection of epinephrine, but if stung such treatment must be used and then the person needs to go to the Emergency department, because initial improvement may be followed by a relapse.

**When Not To Go To The Emergency Department**
Some illnesses do not require emergency care. If you have a "cold" or nasal congestion, a sore throat or an irritative, ticklish cough, unless you have an immune deficiency or had a splenectomy or some such problem, you are best to make an appointment to see your family doctor in a regular visit.

Small injuries like paper cuts or bruises are easily treated at home.

Minor digestive upsets like diarrhea or vomiting of short duration usually settle quickly without problem. If you notice traces of blood, or the vomiting is not settling, you should definitely see your doctor.

With small children, vomiting and diarrhea can be more serious because of dehydration, so try to keep up a good fluid intake. When the clear fluids are not kept down, it is time to see a doctor.

The Emergency Room is there if a doctor is not available, or if you child starts with high fever, lethargy and listlessness.

Some people are familiar with their problem, but try to skip the waiting list. Aches and pains with arthritis or backache really do not warrant visits to the Emergency department, in the majority of cases.

Sometimes people go to Emergency because they think they will somehow get through a waiting list, but someone booked for a colonoscopy is not going to get it done in the Emergency department. If one goes to the Emergency department with a minor problem, the triage process puts that patient low on the list, and so the wait may be longer than at a walk-in clinic or urgent-care facility. The family doctor is the most important person to discuss less-than-urgent matters with, and he or she can often speed the processes up if there is a genuine reason to do so.

Despite advice, in the final analysis, your appraisal of the situation defines whether you think you should go to the Emergency department. Your concern for others and the system will win you respect and the treatment you so definitely deserve.