

Quick Service at the ER

My friends call me the "ER Queen" because of the amount of time I've spent in the Emergency Room in the last twenty years. Because of my excessive experience I've learned some ways to cut the time of each visit as much as possible.

We started calling my youngest son "the White Tornado" when he was less than a year old because he traveled so fast one could only see his white hair and the cloud of dust and wreckage behind him. Since he was usually NOT looking in his direction of travel, it soon became "the Chronically Injured and Broken."

At one year old, he had oral surgery to remove a cyst that had formed on the inside of his lower lip because he'd broken open the same spot so many times. Once he stuck his left arm through a glass door and required over an hour, and nine suture kits, for the ER doctor to sew him back up. He was in so many other times for stitches; he started ordering his favorite flavor of Popsicle while still in triage.

He broke his left collar bone three and a half times. (He re-broke it when it was half-healed once.) The right collar bone didn't break so it tore loose from the medial growth plate and healed permanently higher than the other. He also had chronic ear infections, (especially on holidays) dislocated shoulders, injured knees, sprained ankles and concussions.

I have two sons and the older one had a few trips too. The time he shot an air gun pellet into his own leg, the younger was happy to tell all his friends in the ER that he wasn't the patient. Then I had to drag him out crying when he discovered the doctor wasn't going to remove the pellet from his brother's leg. He wanted to WATCH them cut it out!

As the boys matured, (Actually, it's that they're not at home and deal with their injuries on their own, now.) my Mother's health has deteriorated. Guess what? I get to take her to the ER! A lot of time can be wasted sitting out in "chairs" (the TV name for the waiting room) unless one develops some techniques for getting faster service.

When first entering the ER, a patient is assessed by a triage nurse. If the patient is not in imminent danger of dying, and the beds are full, you'll be sent out to wait. Once, just as she finished telling us that the beds were full and we'd have to go wait, "Chronically Injured," who had wrecked his bicycle and had multiple bleeding wounds, a broken bone, probable concussion and a bit of shock, threw up all over the triage nurse and room. That worked like a charm! They juggled patients and had him in a bed and shot full of morphine in less than five minutes.

Fainting also gets one past the triage nurse quickly, especially if coupled with a dramatic fall and slow awakening. This can happen in triage, in the waiting room, in a hallway, in the restroom or anywhere there's a witness to start calling for help. They'll get you safely horizontal as fast as possible.

If the patient can't be dramatic enough and you get sent to wait, get a seat where you can watch the door or look into the ER. Stay on alert for any doctor you know to come

walking into sight. (After a while we knew ALL the orthopedic guys, several surgeons, ear nose & throat doctors and assorted general practitioners and pediatricians. Now I also know the cardiologists, respiratory and arthritis specialists.) When a known doctor appears, leap in front of him (or even into his field of vision or hearing) to get his attention, and tell him that his patient (insert appropriate name) is here again. Doctors don't want to have to spend any more of their "on call" time at the ER than necessary, so he or she will tell the nurses to get that person into a bed as soon as possible. The doctor will want to treat him and get out of there. Be prepared for the other people waiting to glare at you because this is sort of like jumping line.

All my Mother has to do is have a hand on her chest and mention chest pain or shortness of breath to be in a bed and on a heart monitor within minutes. Sometimes just holding the chest and huffing and puffing a bit will get her right in, even if it's not the main complaint.

One time, her blood sugar soared out of control because of a reaction to her medications, so she called me because she was feeling so badly. When I checked the test results against the instruction booklet and realized how high it was, I calmly said it was time to go have the ER check it out and got her into my car. I was really scared, but needed her calm, so I told her I wanted in and out as quickly as possible and had a plan. I told her to stay in the car when we got there and I would go in and ask for help. That worked very well too. When I told them her blood sugar was very high and that she couldn't walk, they rushed out to the car, got her into a wheelchair and took her straight to a bed.

Patients brought in by ambulance get taken directly into the ER. If you're not critical, you're at least lying comfortably on the stretcher while waiting for a bed. OK, stretchers aren't great but it's better than those horrible chairs. And, they will get you a warm blanket, if you ask. Oh yes, don't forget to ask for warm blankets!

The inclination of most people is to "suck it up" and act nonchalant when asking and waiting for ER services. That will get you a long wait. If you feel like throwing up or fainting, don't resist – DO IT! If necessary, help it along by standing up real fast or examining that bleeding wound instead of keeping it covered up. Move that limb you suspect is broken and the ensuing pain may bring on enough drama to get you in.

Remember, it's the squeaky wheel that gets oiled. So on your way to the ER think up some creative ways to "squeak."

Patricia Kenworthy October 2006