

What to Expect in the Emergency Department

For many, a trip to the Emergency Department (ED) means something disruptive has suddenly happened to you or someone you care about. Our goal is to provide excellent care by attending to your needs quickly and competently. This document intends to make your ED experience more understandable and therefore somewhat less stressful.

Reception/Triage

Please make the reception staff aware that you wish to be seen. Depending on your medical complaint and room availability you may go directly back to the treatment area or to a triage space where a nurse will obtain your vital signs and gather information about what is going on – your medical history and current symptoms. To expedite the intake process and improve the accuracy of this information, it's helpful to bring a list of current medications and allergies as well as insurance verification and identification card. You may also want to bring any activities that might help you pass time you may spend waiting to be examined or for tests and treatment to be completed.

Patients are seen in order of the severity of their medical condition. During busy periods, patients with less critical problems may spend time in the waiting room while more critical cases are brought directly to the patient care area. How quickly you are brought into the patient care area depends on the triage assessment and how busy the ED is – not necessarily on the order of arrival. This process assures that the most seriously ill patients are seen first and the ED is always ready to receive patients by ambulance. Still, we will make every effort to see you as soon as possible.

From the time you sign in, nurses are tracking your condition and location. Should your condition change in any way or you have any questions, please let a nurse know.

Treatment

Once in the patient care area, the emergency physician will examine you and order the appropriate tests and treatment. Some tests and treatment may move forward by protocol (before the physician examines you). Many medications used in the emergency department are to make you more comfortable (pain, vomiting, and anxiety control) so please let your nurse or physician know when you are uncomfortable. Many potent medications are given intravenously (through a needle inserted into one of your veins). Treating your discomfort is important to our staff, so please let us know when you may need more medications.



Obtaining accurate test results takes time. Advanced imaging, such as CT scans and ultrasounds, are compiled by a computer, moved to a viewer, and read by a radiologist.

We encourage family members to be involved in your care. In the best interests of all our patients, we request that families assign one person to act as their spokesperson in order to decrease confusion and ease communication. We also ask families to comply with our limits as to the number of visitors. Such limits may be imposed due to space limitations, concerns for the privacy of other patients and to minimize the noise level. Additionally, it is very important that visitors do not wander around the department.

Generally, you will see a variety of medical professionals including physicians, nurses and technicians, and other healthcare providers. The ED is a busy and complex environment and it is often difficult to distinguish who is who. If you are uncertain as to whom your caregivers are, please do not hesitate to ask.

Patients should not eat or drink anything until checking with the nurse, as doing so may delay certain tests or surgery. Feel free to use the nurse call button if you need to communicate with your nurse.

Leaving the ED

If you are Discharged:

The physician will explain the results of tests, your diagnosis, and prepare customized follow-up instructions. The nurse will review your instructions and answer any questions you may have. If you need clarification on your diagnosis or follow-up instructions, please ask. Once home, if symptoms worsen or change, contact your primary care physician or return to the Emergency Department.

If you are Admitted:

You will be taken to a hospital room once an admitting physician has been contacted (usually your primary care physician or a specialist) and admission orders have been written. Often, we have to wait for a bed on the appropriate medical floor to become available and prepared for you. How quickly you are taken to your room depends on the number of patients in the hospital that day. When there are a lot of patients, you may have to wait until another patient is discharged and the room is cleaned and disinfected. While waiting in the ED for a bed, we will try to make you as comfortable as possible.



Other Common Questions

Can I use my cell phone?

Yes, you are welcome to use your cell phone though we ask that you immediately conclude conversations when a doctor or nurse walks in the room to ask questions. If you do not have a cell phone (or no reception), then we will provide a phone for urgent calls.

Can I smoke?

Sorry, smoking is not allowed in or near the hospital. Ask your doctor or nurse about the possibility of receiving nicotine substitutes (patches or gum), which can eliminate the desire to have a cigarette.

What if I don't have health insurance?

You will receive the same ED treatment whether or not you have health insurance. A hospital representative can help you make payment arrangements for hospital and physician charges.

Where can I put my valuables?

We ask that any valuables be given to a friend or family member for safe-keeping. If no one is available to watch your valuables, our staff can arrange for secure storage.

If you have any questions or concerns, please share them with your nurse or physician.

