



COMBINED EMERGENCY MEDICINE &
PEDIATRICS RESIDENCY

THE UNIVERSITY OF ARIZONA

Adults are just big kids

Please Don't Send Me to the ER:
*Better Patient Care and Satisfaction through
Communication*

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Objectives



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- Communicate concerns about your patient to the emergency department physician
- Provide reasonable expectations for your patient's emergency department visit
- Recognize the limitations and potential alternative treatments in the emergency department
- Develop a collegial relationship with your local emergency department

Disclosure



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- I have no relevant financial disclosures or other conflicts of interest

Why Avoid the ER?



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ARTICLE —○

The Problem of Emergency Department Crowding

Recent national trends have caused increasing demand for children's hospital emergency department services, often outstripping resources. Top leaders provide tried-and-true strategies for the latest challenges.

By Megan McDonnell Busenbark
Published July 24, 2023 | 9 min. read

Global News

Montreal's pediatric hospitals warn patients should avoid ER in some cases

Watch Montreal's pediatric hospitals warn patients should avoid ER in some cases
Video Online, on GlobalNews.ca.

Dec 6, 2023



The Colorado Sun

My family's \$2000 popsicle and why health care costs so much in Colorado

Health care is not a single product. Thousands of individual circumstances determine whether medical care is actually more expensive for...

Jan 19, 2024



Why Patients Avoid



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> [Ann Emerg Med.](#) 1991 Sep;20(9):1014-6. doi: 10.1016/s0196-0644(05)82982-8.

Pediatric emergency department complaints: a three-year analysis of sources and trends

V T Chande ¹, M S Bhende, H W Davis

Cost

Wait times

Poor
communication

Unmet
Expectations

Why Avoid the ER?



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Pediatric emergency department complaints: a three-year analysis of sources and trends

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Cost

Wait times

Better
communication

Managed
Expectations

The Yelp Review



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☆☆☆☆ Mar 21, 2015

Went to the hospital due to severe heart and chest pain. Went in for the triage immediately then it took 5 hours for me to get back to see a doctor. The receptionist kept telling me I was next in line to be seen if no one else walked in and when I tried to leave the hospital he wouldn't let me. After waiting five hours, I went back to see the doctor. They ran every test they could including X Rays, and after another couple of hours of waiting they just told me to go home and take aleve. After that I finally left the hospital at 5 AM after arriving at 8 PM. The doctor was nice but the reception and nurse staff was very inattentive, rude, ignorant and noncompliant. Would not suggest going here unless it's an **absolute emergency**

Patient Needs



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Emergency

Reassurance

Treatment

Diagnosis

Secondary Issue

Patient Needs



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Emergency

Reassurance

Treatment

Diagnosis

Secondary Issue

Communication



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ORIGINAL ARTICLE

ACTA PEDIATRICA
WILEY

The need of having a plan in excessive infant crying – A qualitative study of parents' experiences of healthcare support

Margreet W. Harskamp-Van Ginkel¹ | Willemien Klazema¹ |
Mariëtte H. H. Hoogsteder² | Mai J. M. Chinapaw² | Lieke van Houtum³

Take the concern seriously

Demonstrate medical expertise

Offer a practical plan

ED Safety



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American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Optimizing Pediatric Patient Safety in the Emergency Care Setting

Madeline M. Joseph, MD, FAAP, FACEP,^a Prashant Mahajan, MD, MPH, MBA,^b Sally K. Snow, BSN, RN, CPEN, FAEN,^c
Brandon C. Ku, MD,^d Mohsen Saidinejad, MD, MS, MBA,^e and the AMERICAN ACADEMY OF PEDIATRICS COMMITTEE ON
PEDIATRIC EMERGENCY MEDICINE, AMERICAN COLLEGE OF EMERGENCY PHYSICIANS PEDIATRIC EMERGENCY MEDICINE COMMITTEE,
and EMERGENCY NURSES ASSOCIATION PEDIATRIC COMMITTEE

“Encourage timely communication
between the ED and the medical home to
ensure safe and continuum of care.”

Conflicting Directions



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Just Call



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Doctor Needs



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Emergency

Rule Out Emergency

Higher Level Therapy

Expedited Diagnostics/Consultation

Insurance/Guardian issues/Availability

Doc-to-Doc



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• What I Need to Know

- Name
- What's your concern?
- What services are expected?
- How are they coming?
- Call back info

• What I Can Tell You

- State of the ED
- Estimated wait time
- Potential alternate care plans
- Interventions in clinic

Patient expectations



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- It's gonna be *relatively* faster.
- Here is a *general* plan to expect
- This is the best option available *right now*.

Discussion Format



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- Case Presentation
- Needs assessment
- ED Communication
- Parent Expectations

Case #1

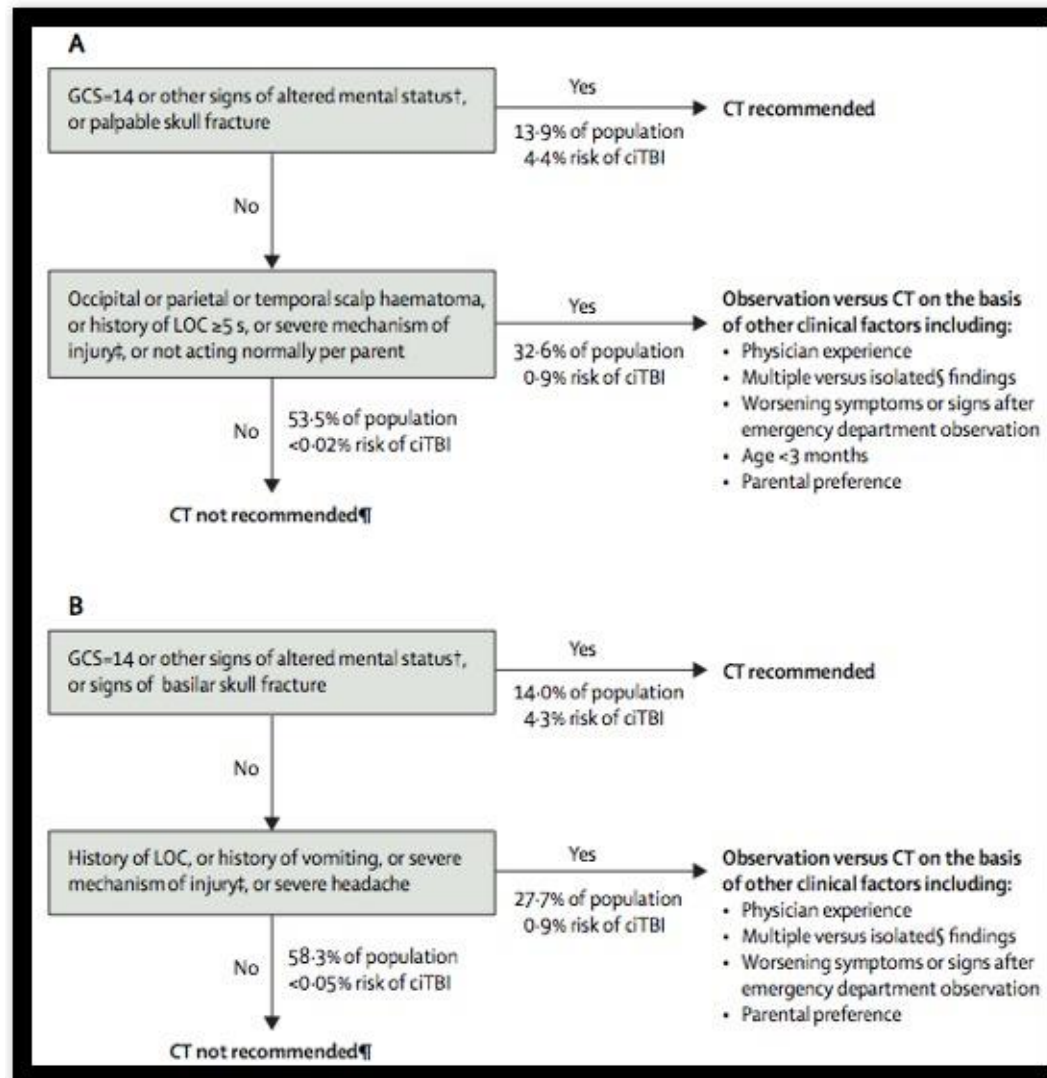


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- A parent calls the office that their 18 month old otherwise healthy son was fell 2 ft off of a chair onto a tile floor about an hour ago. He cried immediately and was fussy but is now acting normally. He just vomited and has swelling on his forehead. They would like to know what to do.

- What is the parent's need?
- What is your need?
- How can the ED help?

PECARN Criteria



Case #1



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- A parent calls the office that their **18 month old** otherwise healthy son was **fell 2 ft off** of a chair onto a tile floor about an hour ago. He **cried immediately** and was fussy but is **now acting normally**. He just vomited and has **swelling on his forehead**. They would like to know what to do.

- What do you tell the ED?
- What do you tell the parents?
- What do WE tell the parents?

Case#2



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- A 2 year old otherwise healthy girl is seen in the clinic for vomiting for 1 day. She has had 6 bouts of non-bloody, non-bilious emesis and some watery diarrhea. Last wet diaper was last night. Afebrile but has tacky lips and refuses to drink in the clinic. Abdominal exam is benign.

- What is the parent's need?
- What is your need?
- How can the ED help?

Choosing Wisely



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Review

> [Cochrane Database Syst Rev. 2006 Jul 19;2006\(3\):CD004390.](#)

doi: [10.1002/14651858.CD004390.pub2.](#)

Oral versus intravenous rehydration for treating dehydration due to gastroenteritis in children

L Hartling, S Bellemare, N Wiebe, K Russell, T P Klassen, W Craig

- No clinically important differences between oral rehydration therapy and Intravenous therapy
- Only 1:25 children fail ORT

Case#2



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Case#3



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- 8 year old otherwise health boy has 4 days of abdominal pain and tactile fevers. Pain started and remains diffuse without migration. No pain with walking or jumping. One exam he is afebrile with diffuse abdominal tenderness including the RLQ. No guarding or rebound. Parents are concerned for appendicitis as his older brother had similar symptoms 4 years ago.

- What is the parent's need?
- What is your need?
- How can the ED help?

PARC score



Setting Selecting setting gives customized information on prevalence in Results	Community Pediatric ED	
Sex	Female Male	
Age	3-7 years 8-13 years >13 years	WBC 10 $\times 10^3$ cells/ μ L
Duration of pain, hrs	<24 24 to <48 48 to 96 >96 Unknown (defaults to 48 to 96)	Neutrophil Enter a value for neutrophil if it is available; otherwise, leave it as blank 60 %
	Presence of pain with walking	No Yes
	Maximal tenderness in RLQ	No Yes
	Abdominal guarding	No Yes
	History of migration of pain to RLQ	No Yes

• % risk of appendicitis

• Suggested imaging and dispo planning

Case#3



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Case#4



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- During a well check for a 3 year old female otherwise healthy, the patient's mother discloses she is concerned that the girl's father has been touching her inappropriately. The parents are separated and she alternates weeks with mom and dad. Mom states her vulva appears red sometimes after getting back from dad's. She is recently potty trained and denies fevers or dysuria. Mom has never raised similar concerns before. On exam, patient has mild vulvar erythema but no other findings.

- What is the parent's need?
- What is your need?
- How can the ED help?



ARS 13-3620

- Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means . . . shall immediately report.
- A person who violates this section is guilty of a class 1 misdemeanor, except if the failure to report involves a reportable offense, the person is guilty of a class 6 felony.

Case#4



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- What do you tell the ED?
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- What do WE tell the parents?

Case#5



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- You receive a call from the parent of a 9 year old male with cystic fibrosis has constipation. He is on PEG and PRN enemas. His parent states he has not had a bowel movement in 3 days. He is very uncomfortable and intermittently screaming when he tries to stool. He has had 2 prior admissions for bowel clean outs in the past.

- What is the parent's need?
- What is your need?
- How can the ED help?

Direct Admission



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> [Acad Pediatr](#). 2016 Mar;16(2):175-82. doi: 10.1016/j.acap.2015.07.002. Epub 2015 Aug 17.

Direct Admission to Hospital: A Mixed Methods Survey of Pediatric Practices, Benefits, and Challenges

JoAnna K Leyenaar ¹, Emily R O'Brien ², Natasha Malkani ³, Tara Lagu ⁴, Peter K Lindenauer ⁴

Pros

- Improved efficiency
- Patient and physician satisfaction
- Earlier access to pediatric-specific care
- Continuity of care
- Reduced risk of nosocomial infection.

Cons

- Difficulties determining admission appropriateness
- Inconsistent processes
- Provision of timely care
- Patient safety

Case#5



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Case#6



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- After a well child check, a 4 year old girl falls in the waiting room falls against the corner of a table. She has a 2cm lip laceration that extends through her eyebrow but is hemostatic with pressure.

- What is the parent's need?
- What is your need?
- How can the ED help?

Sedation alternatives



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- Child life FTW
- Topical anesthetics
- Distraction
- Virtual reality
- Non-parenteral
anxiolytics

Case#6



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Case#7



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- An 12 year old otherwise healthy female has a seizure in the office while checking in for a vaccine visit. You witness a generalized tonic-clonic seizure that lasts 30 seconds followed by a post-ictal period. She bit the inside of her lip and lost bladder control. You call 911 and EMS arrives to find the patient slowly improving in her mental status.

- What are the parents' need?
- What is your need?
- How can the ED help?

Imaging in 1st Seizure



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Multicenter Study > [Pediatrics](#). 2015 Aug;136(2):e351-60. doi: 10.1542/peds.2014-3550.

Epub 2015 Jul 20.

Prevalence of and Risk Factors for Intracranial Abnormalities in Unprovoked Seizures

Peter S Dayan¹, Kathleen Lillis², Jonathan Bennett³, Gregory Conners⁴, Pam Bailey⁵, James Callahan⁶, Cigdem Akman⁷, Neil Feldstein⁷, Joshua Kriger⁸, W Allen Hauser⁹, Nathan Kuppermann¹⁰

- 11% had findings on imaging
- <1% had *emergent* findings

Case#7



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Case#8



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- You are seeing a 10 year old boy in clinic for headache. He has had headaches for 1 month about 4-5 times per week. They are frontal and start in the AM when he wakes. They wax and wane throughout the day. Occasionally he vomits from the headache but not for over 1 week. His exam is normal including a complete neurologic exam though he is tearful and clearly in pain.

- What is the parent's need?
- What is your need?
- How can the ED help?

HA Imaging



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> [Headache](#). 2000 Sep;40(8):629-32. doi: 10.1046/j.1526-4610.2000.040008629.x.

The utility of neuroimaging in the evaluation of children with migraine or chronic daily headache who have normal neurological examinations

D W Lewis¹, D Dorbad

- 3.7-16.6% with +findings on neuroimaging
- No findings influence overall diagnosis, management or outcomes.

Case#8



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- What do WE tell the parents?

Your Experiences And Questions



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Thank you all



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Greetings from Tucson