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Doctor, Urgent Care or the ER: How Do You Decide?

Do you remember the last time you got sick, or a family member had an injury, and you contemplated where you needed to go for care? Too often, people visit the emergency room when it's not the best choice.



Many common problems easily can be diagnosed and treated by a primary or family doctor at a fraction of the cost of the emergency room. Your primary care physician can help direct you to the most appropriate care since they know your health history and have access to your medical records. There are times, however, when your primary care doctor isn't available, or you're experiencing a true medical emergency.

When you're ill after hours or on weekends, remember these three choices:

- 1. Start with your doctor:** If you're ill or have a minor injury, it's best to start with your primary care physician. Even after hours, many physician offices can advise you and help you to determine if you need to go to an Emergency Room, visit an urgent care, or schedule an appointment with your doctor.
- 2. If it's not an emergency, and you can't see your doctor, you could go to a TriHealth Priority Care urgent care center:** These physician-staffed centers are part of the TriHealth system with convenient locations in Anderson, Mason and Western Hills (Glenway Avenue). They are open Monday through Friday from 8 a.m. to 7:30 p.m. and weekends from 9 a.m. to 4:30 p.m. In most cases, the copay will be the same as your doctor's office copay.
- 3. In a true emergency, always call 911:** Severe or life-threatening conditions that constitute emergencies include chest pains, uncontrolled bleeding or difficulty breathing. You can ask emergency responders to take you to a TriHealth emergency department located throughout the Cincinnati area:
 - Bethesda Arrow Springs
 - Bethesda Butler Hospital
 - Bethesda North Hospital
 - Good Samaritan Hospital
 - Good Samaritan Western Ridge
 - McCullough-Hyde Memorial Hospital

Where to go for which condition

Doctor:

Best Place to Start

- Colds, flu, earaches, sore throats
- Strains, back pain, minor bone injuries
- Minor eye injuries
- Minor cuts and burns
- Headaches, migraines, fever or rashes

Urgent Care:

Doctor Unavailable

- Wound care, stitches
- Broken bones, X-rays
- Minor burns
- Sprains and strains
- Cough, cold, asthma, flu
- Infections – strep, urinary, skin, lung

Emergency:

Serious, Life-Threatening

- Chest pain lasting more than two minutes
- Shortness of breath
- Stroke symptoms
- Major broken bone(s)
- Uncontrolled bleeding
- Fainting and seizures

Hands-Only CPR: Two Steps to Help Save a Life



Hands-Only CPR is CPR without mouth-to-mouth breaths. It is recommended for use by people who see a teen or adult suddenly collapse in an “out-of-hospital” setting (such as at home, at work, or in a park). It consists of two easy steps:

- **Call 9-1-1 (or send someone to do that).**
- **Push hard and fast in the center of the chest.** to the beat of the disco song “Stayin’ Alive.”

When you call 911, you need to stay on the phone until the 911 dispatcher (operator) tells you to hang up. The dispatcher will ask you about the emergency. They also will ask for details like your location. It is important to be specific, especially if you’re calling from a mobile phone as that is not associated with a fixed location or address. Remember that answering the dispatcher’s questions will not delay the arrival of help. (American Heart Association | cpr.heart.org)

NOTE: The AHA still recommends CPR with compressions *and breaths* for infants and children as well as victims of drowning, drug overdose, or people who collapse due to breathing problems.

What Makes an Emergency Room Geriatric-Friendly?

Dr. Ken Patton, Emergency Room Medical Director for Bethesda North Hospital, says that while he and his team see all kind of trauma, like car and industrial accidents, “truly, the emergency department sees most cardiac, strokes and higher acute patients.” These patients often are older adults, which is why Bethesda North Hospital completed a major renovation in 2015 to create a “geriatric friendly” emergency room.



“What ‘geriatric friendly’ means is structural enhancements and, really, care coordination,” Dr. Patton explains. This enhanced environment is part of a newer, national trend and includes very specific steps for the senior population; however, these updates could benefit all patients in the long run.

Structural enhancements include:

- Larger clocks that are easier to read
- Lower beds
- Non-slip flooring
- Hand rails along the walls
- Lighting changes to reduce glare

“These all have been shown to decrease the confusion and anxiety for patients,” Dr. Patton adds.

Additionally, the improvements to care in the emergency department include geriatric education for all nurses, based on evidence-based best practices and the enhancement to the Navigator program, which assists older patients in transitions in care after they are released from the hospital.

“Bethesda North is the first in Cincinnati to customize its Emergency Department to better serve seniors and is one of only a handful across the country. This project has improved comfort, safety and convenience for seniors,” said Maria Newsad RN, department manager at Bethesda North