



Family  
Caregiver  
Guide

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# Emergency Room (ER) Visits: A Family Caregiver's Guide

Your family member may someday have a medical emergency and need to go to a hospital Emergency Room (ER), which is also called an Emergency Department (ED).

An ER visit can be necessary but also stressful. It helps a lot to plan ahead to help you manage any emergency. This is one of the best ways you can help your family member.

## When to Go to the ER

An ER is the best place to be in a true emergency. But it is not the best place for routine or non-urgent care. Sometimes it is hard to decide what to do when your family member is very ill.

Call your family member's doctor if you think there is an emergency and do not know where to go. **Go straight to the ER or call 911 if you cannot reach the doctor or if your family member has any of these symptoms:**

- ▶ Trouble breathing
- ▶ Pain or pressure in the chest or upper abdomen
- ▶ Fainting, feeling dizzy, or being weak
- ▶ Sudden changes in vision (eyesight), such as trouble seeing in one or both eyes
- ▶ Being confused, or delirious, having slurred speech, or demonstrating other sudden changes in mental status
- ▶ Sudden or severe pain
- ▶ Bleeding that cannot be controlled
- ▶ Diarrhea or vomiting that is severe or does not stop
- ▶ Coughing or vomiting blood
- ▶ Suicidal feelings (wanting to die)
- ▶ Problems speaking or moving arms or legs (whether it just started, or got worse)
- ▶ An accident or serious fall
- ▶ Other problems that your family member's doctor said are signs of an emergency

## Calling 911

If you call 911, be ready to answer these questions that the 911 operator will ask:

- ▶ Who needs medical assistance?
- ▶ What happened to this person?
- ▶ Where is this person?
- ▶ When did he or she get sick?
- ▶ Who are you, and how do you help with this person's care?

Stay as calm as you can during the 911 call. Speak clearly about the problem. Listen closely so you can follow all instructions. The 911 operator may send an ambulance while you are talking. When the ambulance arrives, Emergency Medical Technicians (EMTs) will assess your family member. They may start giving oxygen, IV fluids, or other emergency care.

EMTs will take your family member to the nearest ER if his or her condition is very serious. You may ask to go to a different ER if your family member is in less danger. It is up to the EMTs to decide which ER to use.

You may be able to go in the ambulance with your family member. If not, the EMTs will tell you which ER they are going to. You then must get there on your own.



If your family member has an out-of-hospital Do Not Resuscitate Order (DNR) signed by a doctor, make sure that you give it to the EMTs.

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## What to Bring to the ER

It helps to be prepared for any ER visit. A good way is by having a “Hospital Emergency Kit” filled with needed items. You will find a detailed item list on page ten of this guide.

Here are some items to bring even if you do not yet have a Hospital Emergency Kit:

- ▶ **Your family member’s medications.** The ER needs to know all the medications your family member takes. This includes prescriptions and over-the-counter or herbal drugs. You can bring either the medications or just a list of their names. If you bring a list, make sure you have several copies because many people may ask to see it. Also, bring any medications that you and your family member will need in the first few hours.
- ▶ **Your family member’s health insurance information.** The ER staff needs this when they admit or register your family member.

Here are some items not to bring to the ER:

- ▶ **Do not bring your family member’s wallet, credit cards, jewelry, or other valuable items.**
- ▶ **Try not to bring young children.** If you have no choice, make sure to have snacks and activities to keep children busy while you are in the ER.



Let the ER staff know if you or your family member speaks little English or has trouble seeing or hearing. They must arrange for you to have an interpreter—a person who helps explain what is being said in a language or format you can understand. Help may be from a certified bilingual staff member (someone who speaks English and your language) or “language line” (phone service with interpreters).

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## What Happens in an ER

While ERs are not all the same, here are some basics to expect:

- ▶ When you first come into an ER, your family member will go through “triage” (TREE-ahj). This is how the staff decides whether your family member needs treatment right away or can safely wait. A nurse does triage by checking the patient’s temperature, heart rate, blood pressure, breathing, and other vital signs.
- ▶ If your family member needs treatment right away, the staff may ask you a lot of questions about what happened just before coming to the ER. You then will go to patient registration and fill out some forms.
- ▶ If your family member can safely wait a while, he or she may stay in the ER or go to the waiting area. You may still need to go to patient registration and fill out some forms. Do not be upset if the staff asks your family member to wait. The doctors and nurses are taking care of other patients who need even more urgent care.
- ▶ You may meet many ER staff members. Some might ask the same questions you just answered. Try to be patient and give the most complete and accurate information you can.
- ▶ There may be times when you feel ignored. This may be upsetting as you are the one who knows your family member best. Keep in mind that the ER staff is busy helping many other patients and families.
- ▶ After the ER staff sees your family member they will decide about the next step in care. This could be more tests, treatment in the ER, admission to the hospital, or discharge home with plans for follow-up care. Your family member may even stay in the ER or on a hospital unit, but not actually be admitted. This is called “observation” and can make a difference in what Medicare will pay for. For details, please see the Next Step in Care guide [“Hospital Admission: How to Plan and What to Expect During the Stay.”](#)

**There are many ER staff members.**

They include:

- ▶ **Registration staff.** They make sure that you fill out all needed forms and other paperwork. Registration staff will ask for your family member's name, age, address, health insurance, and other basic information.
- ▶ **ER nurses.** They plan for ER care and discharge. An ER nurse is the best person to ask for updates about your family member's health. You may meet more than one nurse if you are in the ER for a while. They work in shifts and each nurse tells the next about your family member's care.
- ▶ **ER doctor (attending physician).** This doctor is responsible for the care, treatment, and discharge planning of all ER patients.
- ▶ **Resident doctors and medical students.** In teaching hospitals (those with medical student programs), residents are licensed doctors-in-training who treat patients. They are supervised by the ER doctor. Medical students are in the ER to learn. Residents and students may help with or observe your family member's care.
- ▶ **Social worker.** This person can answer questions about the hospital, ER care, and any follow-up plans. The social worker can also help arrange services after discharge. You can ask to meet with a social worker if there is not one in the ER.
- ▶ **Patient advocate or representative.** He or she can get information about your family member and help explain what is going on. You can ask to meet with a patient advocate if there is not one in the ER.
- ▶ **Hospital chaplain.** This person is trained to help patients and family members of all religious beliefs. Ask to meet with the hospital chaplain if you think it would be helpful to you and your family member.
- ▶ **ER volunteers.** They can help with tasks such as calling your family or clergy (priests, ministers, rabbis, and other religious leaders).



Before you leave the ER, make sure you fully understand:

- ▶ Your family member's diagnosis
  - ▶ What care was provided
  - ▶ What medications or other care should now be provided
  - ▶ What you should do to follow up
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## ER Visits Can Take a Long Time

Most patients are in the ER for many hours. Your family member may stay a lot longer or be sent home more quickly. ER visits tend to take longer than going to a doctor's office. This is because patients may arrive all at once, unlike a doctor's office where patients have appointments throughout the day. Also, patients in an ER may need to wait for test results or a bed (if being admitted to the hospital).

You can help by telling staff if your family member needs extra care or seems to be getting sicker. From time to time, you can also ask for an update about your family member's health.

Speak up if you feel that the wait has gone on too long. The nurse may explain that this is due to tests, the need to see certain doctors, or a delay in getting admitted to the hospital.

## Tell the ER Staff That You Are the Family Caregiver

Let the doctor or nurse know any special information to help with your family member's care. This might be about allergies, recent treatments, or changes in medication. The doctor, nurse, or other ER staff member may ask you:

- ▶ Why your family member needed to go to the ER
- ▶ Whether this is a new health problem or one that just got worse
- ▶ When this problem started
- ▶ What you did just before you came to the ER, such as whether you gave your family member certain food, medicine, or treatment
- ▶ Who provides or directs most of the patient's home care. Tell the staff who this is, if it is not you.

## How You as a Family Caregiver Can Help



Take care of yourself. While you are in the ER to take care of your family member, you also need to take care of yourself. Bring all the medications you may need while waiting and remember to take them. Make sure to also eat and drink. ER staff is caring for your family member and cannot provide you with any medication, food, or drinks.

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- ▶ **Support and comfort your family member.** This might be asking for a blanket or talking to your family member.
- ▶ **Trust your judgment.** Tell the ER staff if you think that something is wrong or not going as well as it should. Be polite, but clear and firm, about these problems.
- ▶ **Speak up on behalf of your family member.** Tell the ER staff all they need to know to care for your family member. This includes how to contact your family member's primary care doctor.
- ▶ **Speak clearly and use a neutral or friendly (not angry) tone of voice.** Make sure to listen as well as talk.
- ▶ **Stay calm.** Yes, this can be hard to do. The best way you can help is by calmly speaking up for your family member's needs. Ask to speak with the doctor, nurse, social worker, or patient representative if you think your family member is not being treated fairly or with enough respect.
- ▶ **Do not leave your family member alone.** You or someone else should stay with your family member until ER staff decides on a treatment plan. Staff may limit this to just one person. Staff may even ask this person to leave if the ER is very crowded. You can still wait in the waiting room.
- ▶ **Tell the staff if your family member is confused, or frightened, or has dementia or Alzheimer's disease.** If so, it is extra important that you stay in the ER with your family member.
- ▶ **Write down important information.** This includes your questions as well as what the staff says about discharge and medications. It also helps to take notes when the staff gives updates about your family member's health. You can prepare by putting a notebook and pen in your "Hospital Emergency Kit." A list of items to include in this kit can be found on page ten of this guide.
- ▶ **Stay focused.** You are in the ER because your family member needs medical care. Stay focused on what he or she needs, not other events going on in the busy ER.



## Consent Agreement Forms and HIPAA

### Consent Agreement Forms

All ER patients must sign consent agreement forms. If your family member cannot sign these forms then the “legally responsible” person must do so. This often is the family caregiver. Consent agreements include:

- ▶ **Consent for treatment.** All patients must sign a general consent for treatment. This covers x-rays, blood tests, and other routine treatments. There may be more consent agreements if your family member has any special treatments, tests, or surgery. All these forms include information about risks and benefits.
- ▶ **Consent for payment.** All patients (or their legally responsible person) must sign a form stating that they will pay for any medical services not covered by Medicare, Medicaid, or other health insurance.
- ▶ **Other forms.** Your family member (or their legally responsible person) may be also asked to sign forms about privacy or other policies. Read these forms before you sign them. You can always ask staff to explain what these forms mean and why they are needed.

## HIPAA (Health Insurance Portability and Accountability Act)

HIPAA is a federal law that protects the privacy of each patient's medical information. It lets only certain people see this information. **The law lets doctors, nurses, and other health care professionals give needed medical information to family caregivers or others directly involved in the patient's care.** The only time this cannot happen is when the patient says he or she does not want this information shared with others.

HIPAA is complex and sometimes health care providers do not share information with family caregivers or others who need it. You can ask for help from the patient representative or social worker if ER staff is unwilling to share information about your family member's diagnosis (current illness), prognosis (what will happen because of this illness), or care planning (follow-up treatment). Ask to speak to the hospital's privacy officer if you need even more help.

## Hospital Emergency Kit

You can help prepare for the next ER or hospital visit by making a "hospital emergency kit." This can help you focus on your family member's needs. It also will help someone else if you are not with your family member in an emergency.

Keep the Hospital Emergency Kit in a place where you can quickly find it. Bring it with you to ER and hospital visits. Make sure the information is current. This includes notes about any recent medication or treatment changes.

Here are some items to put in the Hospital Emergency Kit:

- ▶ **A copy of your family member’s health insurance along with the identification card.**
- ▶ **Names and phone numbers of all doctors treating your family member.** Also include information about any home health agency working with your family member.
- ▶ **Names and phone numbers of other people involved with your family member’s care.** This can include family, friends, or people from work. Add your own information as well—this will help if you are not with your family member during an emergency.
- ▶ **A list of all your family member’s medical problems and diagnoses plus any recent medical test results or x-rays.** Also include any allergies your family member has to certain medicines or food.
- ▶ **An up-to-date list of your family member’s medications.** This includes the name and dose of each prescription drug as well as any over-the-counter (non-prescribed) items like vitamins, herbals, laxatives, or decongestants. Make sure to bring multiple copies of this list as you may be asked for it more than once, by more than one doctor or nurse.
- ▶ **Legal papers about your family member’s health care wishes.** One example is the “Health Care Proxy,” which names someone to make health care decisions if your family member cannot do so. This can include details about treatments your family member does or does not want such as cardiopulmonary resuscitation (CPR), ventilators, breathing machines, or artificial (tube) feeding.
- ▶ **A personal health record.** This helps during an emergency as well as routine care.
- ▶ **A notebook and pen to take notes about discharge and medication instructions** as well as updates about your family member’s care.