

HEALTH & SAFETY: THE EMERGENCY ROOM

“During Discharge from the Emergency Room”

BQIS/Outreach Fact Sheets provide a general overview on topics important to supporting an individual's health and safety and to improving their quality of life. This is the second of three Fact Sheets regarding Managing Emergency Room Visits.

Objectives

Reader will understand what information is essential to share with the emergency room personnel.

Reader will understand what to do during an emergency room discharge or transition to the hospital unit/bed.

Reader will understand actions needed to ensure safe discharge from the emergency room.

Definitions

Triage: A process for sorting injured and/or ill people into groups based on their need for or likely benefit from immediate medical treatment when limited medical resources must be allocated.

Facts

- Not all healthcare providers are experienced in managing individuals with intellectual disabilities.
- It is essential that the person accompanying the individual to the emergency room:
 - Knows the person.
 - Understands the events leading up to and the current status of the event/emergency.
 - Communicates on behalf of the person as needed.
- If you are not comfortable taking the person home it is OK to voice that to the hospital personnel.
- It is appropriate to ask questions, offer information or voice concerns.
- If the person is going to be admitted to the hospital, it may be a while before they are taken to their room.

Recommended Actions and Prevention Strategies

1. If being admitted to a hospital unit:

- Notify guardian/healthcare representative and agency personnel of the admission, the events that occurred in the emergency room and the person's Room number when available.
- Accompany person to the hospital room and assist the hospital personnel in orienting the person to the room, bed, call system etc.
- Inform hospital personnel of any special needs, dysphagia precautions, or adaptive equipment the person has and ensure that all health and medication information has accompanied the person to the unit.
- Discuss identify any equipment or personal items that need to be brought from the home.
- Be sure all personal belongings and equipment has the person's name on it and it is inventoried by the hospital.
- Ensure all health care and contact information provided to the ER is transitioned with the person to the hospital unit.
- Establish a contact person at the hospital and inform guardian/healthcare representative and provider contact of the name and phone number of that person. This may be a nurse, case manager or discharge planner.
- Discuss with the hospital contact person the best time of day to call for information and visit the person. Explain that someone will be calling or visiting periodically to follow the person's progress and treatment course. Recommend the hospital staff call the agency contact person for any problems questions or concerns.
- Document all events that occurred in the ER including all tests performed and all conversations with hospital staff and record per agency policy upon return to the home.
- Complete necessary incident reports as needed if not already completed.
- See Fact Sheet series titled "Hospitalization" for more information related to hospitalization.

2. If being discharged home:

- If you have concerns regarding the status of the person and are uncomfortable taking them home voice your concerns and explain the reasons why. Contact the guardian/healthcare representative and/or provider contact person if you have concerns.
- If you are comfortable taking the person home:
 - Ensure the physician discusses any new orders, new diagnosis or recommendations with the individual and ensure physician answers questions as needed. Assist with supporting communication as necessary at a level appropriate to the individual's comprehension.
 - Discuss the need for the physician to write detailed orders for medications, instructions for treatments or needed monitoring and any other recommendations or orders necessary for the management of the health issue.
 - Discuss the reason for any new medications and whether there are any special instructions related to the use of the medication including times to administer, methods of administration and anticipated side effects. Summarize in documentation.
 - Discuss when any new medications should begin.

- Ensure that any medications that are to be discontinued have specific orders for the discontinuation.
- Discuss whether any monitoring or observation is necessary and what would prompt a call or follow up appointment to the healthcare provider. Summarize in documentation.
- Discuss whether any follow up procedures or appointments are necessary. Summarize in documentation.
- Inquire how the results of any tests will be obtained and/or communicated if not available at discharge. Summarize in documentation.
- Ensure all instructions, recommendations and orders are written clearly.
- Read orders and recommendations back to the healthcare provider to ensure they are legible and understood.
- If any directions are unclear, get them clarified before the person leaves.
- Be sure you receive prescriptions for any new medications.
- Request that copies of any lab work, x-ray results, and physician notes be collected and provided with the other discharge information.
- Be sure to obtain the names of the treating physicians.
- Follow agency policy for summarization, documentation & delivery of information and transcription of new orders. See the Emergency Room Series Fact Sheet “After Discharge from the Emergency Room.”

Learning Assessment

Questions that can be used to verify a person’s competency in the material contained in this Fact Sheet:

1. If a person is being discharged and you are uncomfortable with it, you should NOT:
 - A. Alert someone of your concerns
 - B. Notify the healthcare representative or guardian and your agency supervisor
 - C. Take the person home anyway and just keep a close eye on them.
2. True or False: The ER will not have lab results so do not ask for them.
3. True or False: You do not need to accompany the person to the hospital unit as they have plenty of people to help on the floor.

References

Conrad Stoppler, Melissa, MD, Shiel, William C., Jr., MD, FACP, FACR. Emergency Room Visit - Twelve Things You Need to Know. www.medicinenet.com/script/main/art.asp?articlekey=55573
 Freeman Health System. Visiting the Emergency Room. www.freemanhealth.com/erjoplin

Related Resources

Emergency Room Series Fact Sheets: “Preparing for and During the Emergency Room Visit”, “After Discharge from the Emergency Room”

Emergency Room Series Checklists: “Preparing for and During the Emergency Room Visit”, “During Discharge from the Emergency Room”, “After Discharge from the Emergency Room”

Hospitalization Series Fact Sheets

Health Record Form

Learning Assessment Answers

1. C
2. False
3. False

Outreach Services

outreach@fssa.in.gov • DDRSOutreach.IN.gov

As a service for persons supporting individuals with intellectual/developmental disabilities, BQIS/ Outreach developed the Outreach Fact Sheet Library. The information provided is designed to enhance the understanding of the topic and does not replace other professional or medical instructions or individually developed plans. For more fact sheets and information, please visit DDRSOutreach.IN.gov.



Indiana Family & Social Services Administration
Division of Disability & Rehabilitative Services
Bureau of Quality Improvement Services

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