

Emergency Patch

Urgent Care or Send ‘em to the ER?

You have all gotten the call. “Timmy is coughing and has a fever of 103”, “My chest hurts, I used the elliptical for longer than usual today”, “Grandma is talking funny and cooked her socks for lunch”.

Quick! What do you do?

Luckily, both Gardner and Athol have Emergency and Urgent Care facilities. Worcester is about 30-40 minutes away. Now, with all of these choices, where to direct the patient?

The Emergency Room sees everyone. From the precipitously delivered neonate to the elderly demented invalid. Stroke, sepsis, drug overdose, palpitations...ok maybe that last one was just me thinking about some of our cases.

Urgent Care has some restrictions. Severity and type of illness, time of day, insurance, provider comfort (as they are generally “treating and streeting” without testing).

Here is a quick table that may help when you have to make that next tough decision:

Emergency Department	Urgent Care	Tertiary Care
Life threatening injuries/illnesses	Non-life threatening injuries/illnesses	Life/limb/sense threats
Infarction (chest pain, CVA, ischemic bowel or limb)	Inflammations (arthritis, dermatitis, gout)	Deep hand or tendon lacerations
Severe Infections (sepsis, large areas of cellulitis, surgical infections, meningitis)	Mild Infections (URIs, UTI, sinusitis, small abscess or cellulitis)	Patient is followed or recent surgery at tertiary care
Severe burns which require pain control	Minor burns	Burns > certain % of body, hands, feet, groin, circumferential, high voltage
Major trauma (Long bone fractures, open fractures, large, complex or very deep laceration, amputations)	Minor trauma (small lacerations, extremity sprains, minor extremity fractures)	Multiple/severe trauma (multiple body systems affected, ocular, or severe mechanism if stable enough for longer transfer)
Metabolic disorders (dehydration, hyperkalemia, diabetic ketoacidosis, thyroid storm)	Need blood pressure check or finger stick	Patient needs specialist not available at Athol or Heywood
Drug Effects (alcohol, overdose, poisonings)	Prescription refills when cannot see PCP	Needs infectious disease
Eye injuries other than pink eye or corneal abrasion	Eye infections such as pink eye	Needs ophthalmology

When in doubt, **do what is best for the patient.** Never second guess that. Despite copay, time spent in the waiting room, or time of day. And never ignore your gut.

Questions about a specific case in real time? Call us, Extension 6280! We are happy to give our thoughts (however meager) from the ED.