What You Should Know Before Going to the Emergency Room

When your child is hurt, injured or generally not feeling well, you feel helpless as a parent. You want to get them feeling better soon. How do you know if your child is sick enough to need to go to the emergency room (ER)? Here are some things to help you make the best decision for your child:

1. Call your provider first, even if it is after the office is closed!

- Many times, your provider will have an appointment available to see your child the same day you call.

- If you call after hours, the provider can help you decide if your child needs the ER right away or if it can wait until the next day.

If you think your child has a life-threatening condition, always call 911 first.

2. Emergency rooms are not "first-come, first-served."

- Usually, the sickest patients are seen first, which means you may have to wait.

- If your provider thinks you need the ER (after you called the practice first), then he/she can call ahead so the ER staff will know to expect you.

Examples of when you should take your child to the	
Provider	**Emergency Room**
Cuts/Burns/Injuries • Minor cuts, wounds or burns • Sprains or strains • Objects in ears or the nose	Cuts/Burns/Injuries • Large cuts or wounds that will not stop bleeding • Severe trauma or injury
Fevers • Most fevers (unless your child is younger than 2 months old)	Fevers • Fevers over 100.4°F in a child younger than 2 months old
Vomiting/Diarrhea • Vomiting and diarrhea (but your child is able to keep some fluids down or has wet diapers)	Vomiting • Vomiting blood or coughing up blood • Vomiting following a head injury
Common Illnesses • Colds, coughs and allergies • Sore throat or possible strep throat • Rashes and mild skin infections • Pink eye • Earache or ear infection • Possible urinary tract infection (UTI)	Breathing • Trouble breathing or bluish tinge to lips, skin, fingertips or nail beds • Swallowed objects with trouble breathing or swallowing
	Head Injuries/Seizures • Seizures lasting more than two minutes in a child with no history of seizures • Head injury – especially if your child has a headache; is confused, irritable or not alert; is vomiting; or is having trouble walking • Loss of consciousness

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