

Emergency Care Plan: What to Do When the ER Isn't an Option

Keep this guide on your fridge or in your first-aid kit. When an emergency happens, stay calm and follow these steps.

Step 1: Quick Assessment (Is this a 911 call?)

CALL 911 IMMEDIATELY FOR LIFE-THREATENING SYMPTOMS:

- **Heart Attack Signs:** Chest pain/pressure, pain in arm/jaw, severe shortness of breath, sweating.
- **Stroke Signs (F.A.S.T.):**
 - Face Drooping
 - Arm Weakness
 - Speech Difficulty
 - Time to call 911
- **Breathing:** Severe difficulty breathing, choking, or turning blue.
- **Bleeding:** Uncontrolled, spurting, or gushing bleeding.
- **Consciousness:** Unresponsive or loss of consciousness.
- **Trauma:** Major broken bones, severe head injury, major burns.
- **Seizure:** Lasting more than 5 minutes.

If you call 911, unlock your front door and turn on the porch light for paramedics.

Step 2: If NOT Life-Threatening, Use Your Alternatives

This is for urgent, but not life-threatening, issues (e.g., bad sprain, high fever, cut needing stitches, UTI, vomiting).

Option A: Telehealth or Nurse Hotline (Your First Call)

- **Best for:** Advice, rash, cold/flu symptoms, UTI, prescriptions.
- **Action:**
 1. Call the **Nurse Hotline** number on your insurance card (it's usually 24/7 and free).
 2. Use your **Telehealth Urgent** app (like Teladoc, Amwell, or your insurer's app).
- **Why:** A nurse can tell you the best place to go (or if you can stay home).

Option B: Urgent Care Clinic

- **Best for:** X-rays, stitches, sprains, flu tests, minor injuries.
- **Action:**

1. Search your phone: "Urgent care near me"
 2. Check their hours.
- **Why:** Faster and much cheaper than an ER.

Option C: 24-Hour Clinic

- **Best for:** Serious issues in the middle of the night (like dehydration needing an IV) that don't require a full ER.
- **Action:**
 1. Search: "24 hour clinics near me"
- **Why:** More advanced services than urgent care, less waiting than an ER.

Step 3: What to Grab Before You Go

Have this information ready to give to the doctor or nurse.

- **Photo ID**
- **Health Insurance Card**
- **List of ALL Medications:** Include dose (e.g., Metformin 500mg)
- **List of Allergies:** (Meds, food, latex)
- **Primary Doctor's Name & Phone**
- **Brief Symptom History:** (When did it start? What makes it better/worse?)