

# How to Handle *Emergencies* More Efficiently



Management of emergencies is an integral part of primary care. Being first contact care providers general practitioners may encounter any type of emergency. Acute attacks of asthma, myocardial infarction, anaphylactic shock, hypoglycemic coma, convulsions, head injuries and trauma are some of the common emergencies encountered by GPs.

## 1 Role of GP



Some emergencies can be managed completely at a general practice while others should be referred to hospital after initial management. The extent to which a patient should be managed may be determined by the degree of severity of the condition, expertise of the doctor and distance to the nearest hospital. Apart from pharmacological management, explanation about the condition and the need for admission and appropriate advice on care prior to admission are also vital components of management.

## 2 Knowledge and skills



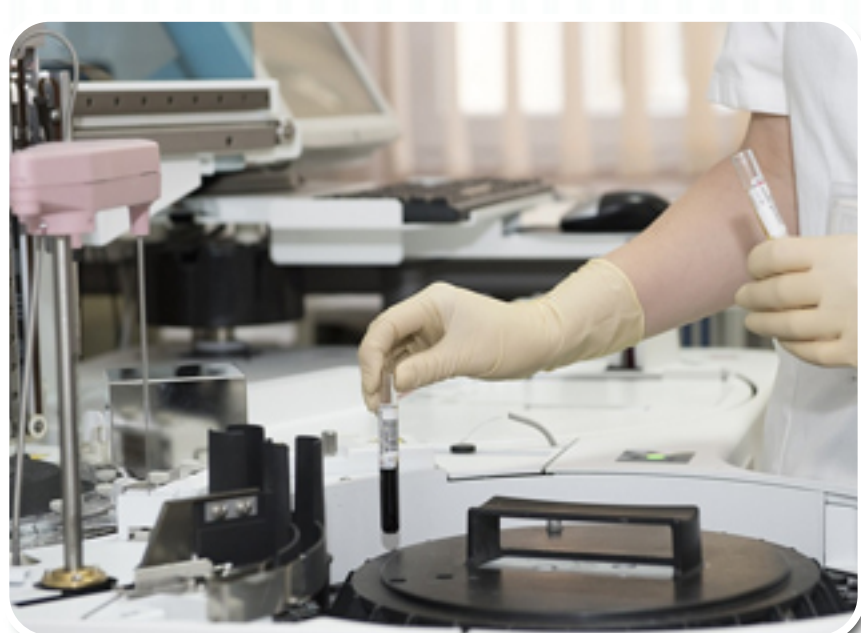
The top most requirement for emergency management is the updated knowledge of the doctor that aids in the early diagnosis and management. It is a challenge for a primary care doctor to be updated and competent in every emergency that he may come across. One reason is the wide spectrum of problems and the other reason is the rarity of some of the emergencies encountered. It has been revealed that GPs are less comfortable in managing emergencies which they encounter less frequently.

## 3 Communication skills



GPs should be skilled to gather accurate and essential information from all sources including history, physical examination, family members, witnesses to the incident, medical records, etc. They need to have excellent interpersonal skills and communication skills that result in information exchange as well as teaming with patients, family members and paramedical staff.

## 4 Trained paramedical staff



The presence of trained paramedical staff is also essential to attend to emergencies promptly. The staff at the reception should be educated about the medical emergencies and they should be advised to give priority to patients who present with medical emergencies. The staff should also be trained to detect patients needing prompt attention such as wheezing, unsteadiness and pain as they enter the premises. Some patients are unaware that they are having a life-threatening condition despite having these symptoms and some patients are reluctant to break the queue and trouble the staff and the doctor.

## 5 Practice organization



The location and the layout of the medical center play a major role in providing emergency care. It should ideally be situated in the center of the community, with an easy access to it by any mode of transport; therefore, care should be taken when a location is being selected for a general practice. It should be spacious and have electricity, water, telephone and toilet facilities and ample parking space. It should have broad entrance and wheel chair access so a patient could be carried or wheeled in if the need arises. There should be an emergency care room close to the entrance and it should be accessible from the consultation room of the doctor.

## 6 Medications and equipment



Medications, intravenous fluids and equipment which are essential for emergency management should be stored in a separate place and labeled properly for easy access. The availability of stocks and expiry dates of the medications and intravenous fluids should be checked regularly by an appointed person. At the same time, the sterility of the equipments used during emergencies should also be maintained.

## 7 Identify the decision...



... and work toward it. Every step must bring you closer to your decision point.

## 8 High volume will drive...



... your efficiency out of necessity, but low volume can tease you into relaxing too much, making you become inefficient.

## 9 Advise nursing of your plan.



Inputting orders into the electronic medical record (EMR) is not good enough. Communicate your intentions. Don't delegate communication to a computer.

## 10 Avoid holding pattern tests.



These are ordered (often in complex cases) to defer your disposition decision or decisions to order advanced imaging, but they add little to no value to your decision-making process.