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When to Bring Your Child to the Emergency Room: a pamphlet for parents

Trina Thornburgh
Family Medicine Rotation, March-April 2019
Community Health Centers of Burlington (CHCB)
Mentors: Drs. Stein and Dorwart

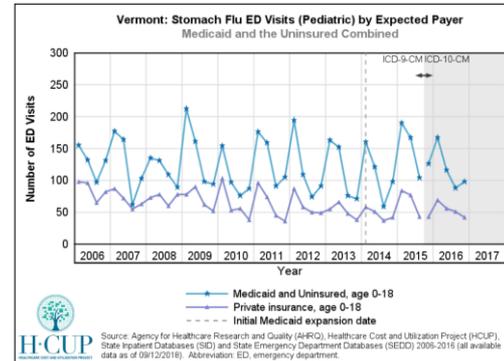
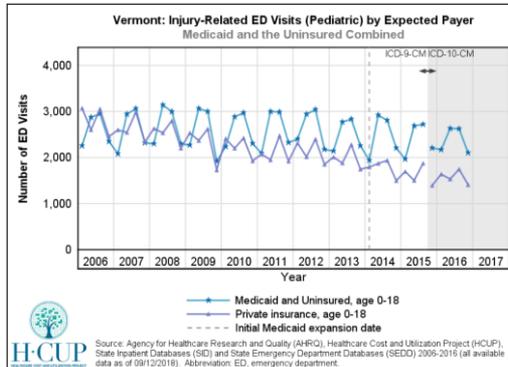
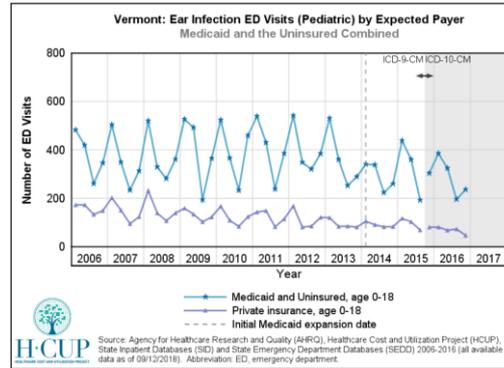
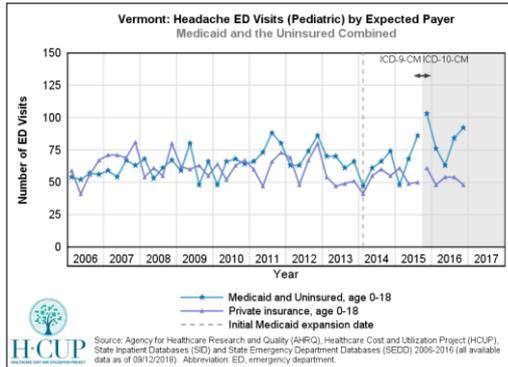
The Problem

- ❖ Since 2000, the number of ED visits in the United States has increased at almost twice the rate of population growth. [5]
- ❖ After patients over the age of 65, children have the highest ED visit rate of any age group. The majority of pediatric visits are not for acute injury and illness, and visits spike during evening and weekend hours. [1]
- ❖ Children who receive their primary care at a community health clinic or who are Medicaid-insured are twice as likely as private practice patients to seek care in the ED. [1]
- ❖ Many New American families do not have a comprehensive understanding of the US healthcare system; in a Midwest study where refugees from Bhutan (Nepali speakers) and Somalia were asked about what they would do if they had a health problem, they said “call 911” or “go to the emergency room,” and did not mention calling their primary care provider. [4]
- ❖ There is a need for low-barrier, accessible education for low income immigrant and non-immigrant parents surrounding the appropriate response to pediatric illness and emergency.

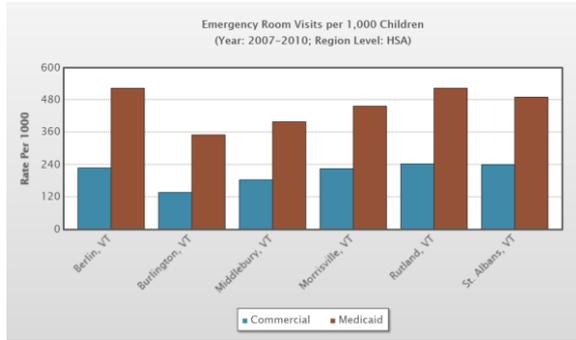
Public Health Cost: Vermont

❖ Frequency of ED visits for possible emergencies overlap between privately insured and Medicaid patients [6]:

❖ However, ED visits for non-emergent conditions are consistently higher in the Medicaid population [6]:



Public Health Cost: Vermont



❖ In Burlington and across the state, pediatric visits to the ED are over two times as frequent in the Medicaid vs. privately insured population. [7]

- ❖ ED overcrowding diverts resources from true emergencies creating delays in diagnosis/treatment and a lower quality of patient care. Children are especially vulnerable to medical errors in an overcrowded ED because of their variability in size and age-specific needs. [1]
- ❖ Families spend hours waiting for care that would have been more efficiently provided through a medical home or urgent care office. This places strain on families and can impact parents' work and childcare needs.
- ❖ Estimated cost for a UVM ED low to moderate severity visit: \$320-600; estimated cost for a CHCB sick visit: \$90-300, with a sliding scale available for uninsured/low-income families.

Community Perspective 1

- ❖ Takeaways from an interview with Dr. Michelle Dorwart, Family Practice physician and head Quality Improvement provider at CHCB:
 - ❖ Anecdotally, it appears that CHCB pediatric patients are more likely than adults to use the ED for minor illnesses.
 - ❖ From ED follow-up appointments, it seems that fever is the most common reason parents bring their child to the ED during off-hours. A possible explanation is that parents are frequently instructed in the peripartum period to bring a newborn with a fever over 100.4 to the ED. Parents may then associate a fever with emergency beyond the first few months of life. A resource given at peripartum and new patient office visits could mitigate this issue.
 - ❖ In the New American population, contacting CHCB for advice may be a barrier in itself. The phone answering system may be unfamiliar, or a parent might worry they won't have access to an interpreter over the phone.

Community Perspective 2

- ❖ Takeaways from an interview with Dr. Stephen Leffler, Emergency Medicine Physician and Chief Population Health and Quality Officer at UVMHC:
 - ❖ Chittenden County does not see as much ED overuse as the rest of the state and country. This is chiefly because the Pediatric and Family Medicine offices here have extended hours and have worked hard to make themselves more accessible over the past ten years.
 - ❖ Parents that bring their children to the UVMHC ED for non-emergent reasons might do so because they have a work schedule that precludes them from bringing their child to their PCP or cannot afford child care.
 - ❖ It is challenging while in the ED environment to have a conversation with a New American family through an iPad/phone interpreter about which illnesses require the ED vs. a primary care appointment.
 - ❖ By law, EDs cannot turn away or discourage people from seeking care. For this reason, the most appropriate place for the pamphlet would be in Pediatric and Family Medicine offices.

Intervention and Methodology

❖ Rationale:

- ❖ “The best time to educate families about the appropriate use of an ED, calling 911, or calling the regional poison control center is before the emergency occurs.”—American Academy of Pediatrics [2]
- ❖ A 2009 study found that health literacy interventions may reduce nonurgent emergency department visits, alleviating emergency department overcrowding and slowing the associated rising costs. [3]

❖ Intervention:

- ❖ A pamphlet was created to educate parents about when to call 911, visit the emergency room, or go to a primary care provider
- ❖ The pamphlet outlined in plain language scenarios warranting emergency care and explained the purpose of each health care setting; links to online content about children’s health were provided on the back page
- ❖ The pamphlet is in the process of translation into 8 languages with the assistance of UVMHC Language Access Services: French, Karen, Mai Mai, Nepali, Somali, Spanish, Swahili, and Vietnamese
- ❖ The pamphlet will be available in the CHCB waiting room and for providers to hand out at well child checks and at ED follow-up appointments; it will also be accessible via the UVMHC language access intranet page

Results: English



If you are unsure what to do, call the Community Health Center!

802-864-6309

There is always a provider available to talk to you on the phone. If you do not speak English, press 0 or ask for an interpreter.



Helpful websites to learn about children's health

General information on children's health:
www.healthychildren.org

Health information in different languages:
healthreach.nlm.nih.gov

Information on specific medical conditions:
www.uptodate.com/contents/table-of-contents/patient-education/childrens-health



Riverside Health Center
617 Riverside Ave
Burlington, VT
www.chcb.org
802-864-6309

When to Bring Your Child to the Emergency Room



When to Call 9-1-1

Call 911 anytime you think your child needs **immediate medical treatment**. Immediate medical treatment is needed if your child:

- Is unresponsive or hard to arouse
- Is having difficulty breathing
- Has skin or lips that look blue, purple, or grey
- Is having rhythmic, jerking body movements (seizure)
- Has a cut that is large, deep, and bleeding a lot
- Is seriously injured from something like a car accident
- Swallowed object that is causing some difficulty talking or breathing
- Has a broken bone that you can see through the skin



When to Go to the Emergency Room

The emergency room is for when your child needs **urgent medical treatment**, but you can safely get to the hospital on your own. Go to the emergency room for:

- A child less than 2 months old with a fever over 100.4
- A fever with a stiff neck
- An allergic reaction or insect bite that causes a spreading rash and swelling
- Bleeding that won't stop
- Injury to an eye
- Vomiting or confusion following a head injury
- Vomiting blood
- Severe abdominal pain
- A bite from an animal that broke skin
- Ingestion of something you think may be poisonous—you can also call 800-222-1222 for the Poison Helpline if you are unsure



When to Go to the Doctor's Office

The doctor's office is for non-emergency illnesses and injuries. If the office is closed, you can call and talk to someone for advice. They may tell you to wait until the next day to see a doctor. Go here for:

- A rash, tick bite, or infected cut
- Earache, cough, sore throat, cold, or pink eye
- A fever, unless your child is less than 2 months old
- An object stuck in an ear or nose
- Vomiting, diarrhea, or colic
- A small burn or cut
- An injured limb or joint



If your doctor's office is closed, you can go to Urgent Care

This pamphlet is the original; some language and formatting will change during the translation process. Thank you to Lynette Reep, Interpreter Coordinator at UVMMLC Language Access Services.

Evaluation of Effectiveness

- ❖ This project was limited by:
 - ❖ Absence of a survey or data-gathering process within the target populations
 - ❖ Author's insufficient knowledge of refugee culture and perspectives on health
 - ❖ Author's inexperience with health literacy interventions
- ❖ Possible methods to evaluate its effectiveness are:
 - ❖ Use EHR data to compare pediatric patient ED visits pre- and post-availability of the pamphlet at CHCB
 - ❖ After the pamphlet was made available, ask New American parents at well child checks about their understanding of the US medical system
 - ❖ Ask all parents of children with recent ED visits why they thought the ED was the appropriate choice, then compare their responses to information in the pamphlet to identify weaknesses in messaging

Recommendations for Future Projects

- ❖ Conduct interviews in the community with New American and low-income families about their understanding of healthcare options for their children
- ❖ Work alongside refugee resettlement programs and local parenting classes to include this content in their healthcare education
- ❖ Lead focus groups in the target populations to review the brochure and make necessary changes
- ❖ Create a guide for emergency department physicians to use while educating families about this topic through an interpreter
- ❖ Collaborate with VT Medicaid and Dr. Dynasaur to provide similar information during the application/renewal process

References

1. Emergency department overcrowding and children. Mark A. Hostetler et al, Subcommittee on Emergency Department Overcrowding and Children, Section of Pediatric Emergency Medicine, American College of Emergency Physicians. *Pediatr Emerg Care*. 2007 Jul; 23(7): 507-515.
2. Overcrowding crisis in our nation's emergency departments: is our safety net unraveling? American Academy of Pediatrics Committee on Pediatric Emergency Medicine. *Pediatrics*. 2004 Sep; 114(3): 878-888.
3. Impact of a Health Literacy Intervention on Pediatric Emergency Department Use. Herman, Ariella PhD et al. *Pediatric Emergency Care: July 2009 - Volume 25 - Issue 7* - p 434-438.
4. Understanding Refugees' Perceptions of Health Care in the United States. Worabo, Heidi J. et al. *The Journal for Nurse Practitioners*, Volume 12, Issue 7, 487-494.
5. Evaluating the impact of emergency department crowding on disposition patterns and outcomes of discharged patients. Mahshid Abir et al. *International Journal of Emergency Medicine*. 2019 12:4
6. Figures generated by the Healthcare Costs and Utilization Project Fast Stats "State Trends in Emergency Department Visits by Payer"
7. Figure generated by the Dartmouth Atlas of Health "Emergency Room Visits Per 1,000 Children"