



Media Release

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Emergent, urgent or routine – when to visit the Emergency Department

By Brandy Gill, CRDAMC Public Affairs

FORT HOOD, Texas – It's 2 a.m., and your 2-year-old is congested, running a fever, has some sort of rash and can't sleep. You're considering a trip to the Carl R. Darnall Army Medical Center Emergency Department, but is it necessary?

All beneficiaries find themselves in this, or a similar situation at one time or another.



Figure 1: Ambulances stand ready to respond to emergent calls for medical assistance outside the Carl R. Darnall Army Medical Center Emergency Department as Soldiers enter the facility (Photo by Kim Zamarripa, CRDAMC Public Affairs).

When is the right time to go to the Emergency Department? Do you need emergent, urgent or routine care, and what's the difference anyway? It's all the same medical system, right?

Appropriate use of the medical center's resources not only helps CRDAMC, but also all of the beneficiaries who receive care here, Col. Patricia Darnauer, CRDAMC commander, said.

“ED visits cost the U.S. Army approximately three times more than PCM (primary care manager) visits for the same complaint. We are already in a time of budgetary constraint,” she said. “If PCM visit volume goes down, our budget for staffing is cut, and fewer services are available.”

In short, mismanaged care could end up cutting services which means even less routine care availability when you need it.

When beneficiaries misuse emergency services they may actually be hurting others Maj. Michael Simpson, chief of the CRDAMC Emergency Department said.

“Every non-emergent patient who comes to the ED prolongs the wait for those who truly require our care,” he said.

The key to knowing when to use emergency services is to know the difference between emergent, urgent and routine care.

Emergent care is medical care that directly addresses threats to life, limb, or eyesight. Examples include heart attack, stroke, gunshot wounds, major motor vehicle accidents, open fractures, appendicitis, severe allergic reactions that make it difficult to breathe, bleeding that does not stop with 10 minutes of direct pressure, wounds requiring stitches, poisoning, a major injury such as head trauma, persistent vomiting, or suicidal or homicidal feelings Simpson said.

A condition is considered urgent when it is not life threatening, but requires care in a timely manner (within 24 hours). Examples include conditions which could deteriorate or are not bearable due to discomfort.

Routine is care for stable patients whose condition will not deteriorate over time and/or will typically resolve on its own. Examples include seasonal allergies, pregnancy tests, sports or school physicals, or any complaint for a problem chronic in nature.

“Access to care standards for routine care can vary, but for most situations it is seven calendar days. Wellness and health promotion services, physical exams, well woman exams and referrals for specialty care may take up to 28 days,” Darnauer said.

Patients should ask themselves: ‘Is my condition so grave that I cannot wait to see my PCM?’ If you are considering going to the ER but feel it is necessary to call and find out the wait time, then you probably do not have a medical emergency Simpson said.

Conditions that frequently show up at the Emergency Department that should be handled by a PCM include cold, cough, sore throat, flu, ear ache, sexually transmitted diseases, fever controlled with over the counter medicines, rashes, minor insect bites or stings, sprains, minor cuts with controlled bleeding, suspected new pregnancy, non-emergent subspecialty referrals (dermatology, chiropractic, etc.), medical second opinions, medication refills, profiles/workman's compensation/line of duty/insurance paperwork/school excuses, school or sports physicals, vaccinations, insomnia and other chronic problem like hemorrhoids, back pain, fibromyalgia or shin splints.

Patients who come to the Emergency Department with non-emergent conditions may be sent back to their primary care clinics Simpson said.

“Active duty presenting to CRDAMC ER Monday through Friday between the hours of 5:30 a.m. and 3 p.m. will be screened by the triage desk. If their condition is determined to be non-emergent (No threat to life, limb, or eyesight) they will be redirected to their clinic,” he said.



Figure 2: A CRDAMC Soldier waits just inside the Emergency Department entrance to check patient identification and provide assistance into the facility if needed (Photo by Kim Zamarripa, CRDAMC Public Affairs).

Additionally, any time an active duty servicemember visits the ER they are required to bring a DD form 689 (sick slip) filled out by unit medical personnel or chain of command, unless the soldier comes emergently. They must also follow-up with their clinic the next duty day. So if you're a Soldier who's at the ER at 3 a.m. you'll be required to go to sick call the same day after you leave the hospital.



Figure 3: A Soldier and dependents sign in at Carl R. Darnall Army Medical Center Emergency Department. The CRDAMC Emergency Department sees an average of 226 patients per day (Photo by Kim Zamarripa, CRDAMC Public Affairs).

Col. Roger Gallup, CRDAMC deputy commander for clinical services, said clinics are staffed by professionals completely capable of meeting the needs of most patients.

“Clinics on Fort Hood are staffed with highly trained, board certified medical providers. They have lab and x-ray capability, as well as fully-staffed pharmacy services. Unless coming by ambulance, or in an extreme circumstance, the clinic should always be the first stop for medical care. In the event the medical condition is determined to require the services of the Emergency Department, clinic personnel will arrange transport to CRDAMC,” Gallup said.

All non-emergent patients presenting to the ER should expect prolonged wait times which will vary depending on the time of day and what other types of patients are present.

Nationally, the average wait times for non-emergent patients can be anywhere from 4 to 6 hours.

If you're not sure what kind of care you need, contact the CRDAMC Nurse Advice Line at (254) 553-3695. It's a free 24/7 service for all military healthcare beneficiaries living in the Fort Hood area, and it provides guidance from registered nurses on urgent or non-urgent situations. Beneficiaries may also seek information on self-care for injuries or illnesses.