Survivors’ Guide To The Busiest ED In Missouri

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Where do you go?

Triage - There are two examination rooms near the large waiting room on the other side of the Security Guard Station and the metal detector. This is where patients present their “chief complaint” and are assigned an acuity level. Acuity is an estimate of the patient’s level of severity of illness. Nurses will take a brief history, physical examination, and sometimes an EKG to determine to what area the patient will go, and where they will be placed on the waiting list. Acuity determines how quickly the patient will be examined. For example, a patient with an “A” acuity should be seen NOW. One with a “B” should be examined by a physician in 15 to 60 minutes. A “C” person might have to wait from 1 to 2 hours. “D” patients could wait ideally from 2 to 24 hours. And “E” patients, you get the idea… For extreme cases, such as full cardiac arrest, patients may by-pass triage and proceed directly to a room in Trauma/Critical Care. Due to the large volume of patients that present to the ED, patients must be prioritized according to severity of illness.

Trauma/Critical Care (TCC) - This is where patients with severe traumatic injuries and life-threatening conditions are taken. Here is where you will see victims of motor vehicle collisions and gunshots, as well as cardiac arrests. TCC has six rooms and usually at least one room is kept open for the next real emergency. Although TCC is a good place to see exciting stuff, which is definitely a valuable experience, it's usually not the best place to shadow. Why? Because of the limited number of patients and the fact that residents often do not have time to fully explain what is going on. However, while shadowing in ED1 or ED2 and after you’ve learned a few things, you might want to periodically check the TCC to see if anything of interest is going on.

Emergent 1/Emergent 2 (EM-1/EM-2) - This is where the majority of patients are seen in the ED. Everything from broken bones and eye emergencies to chest pain and constipation are treated here. This is the best area in which to shadow residents because of the great variety of ailments. Unlike Critical Care, the residents usually have time to keep you up-to-date with what is happening with each of their patients.
**Observation (OBS)** - When the ED doctors have completed their work-up and have decided to admit the patient to a bed upstairs, there is usually a wait before a bed becomes available. In such a case, the patient is sent to OBS. With nicer rooms, and a more relaxed pace, the observation unit helps the patients to feel more comfortable. It also helps by opening up rooms in the rest of the ED. While this is a good place to visit with patients, it is not a good place to shadow since very little treatment occurs in OBS.

**Urgent Care (UC)** - When patients present to the ED with “Non-Emergency” problems, they are taken care of in the Urgent Care Unit. These patients are usually young ED (< than 60 years old) and have minor problems such as sore throat, back ache, tooth ache, abdominal pain, etc. It is staff ED primarily by a family practice physician and “Mid-level” health care providers, such as nurse practitioner ED s and physician assistants. The goal is to use the FAST track perspective: *Work ‘em up--move ‘em out!*

**Radiology/CT** - The ED has its own radiology section, including two CT scanners. These are frequently used by the docs for diagnosing and developing treatment strategies. If you see a familiar patient heading over to CT or if you are shadowing a resident going down to radiology to look at the X-rays, by all means, GO! A lot can be learned by looking at the imaging, and discussing the findings with staff.

**Who are These People?**

It takes a whole team of different types of health care providers and specialists to staff a level 1 trauma ED like the one at Barnes-Jewish Hospital. Everyone plays an integral role, and as a future physician, it is to your benefit to understand the entire system from the ground up. A lot can be learned by talking to a knowledgeable tech or nurse, so don’t limit your experience in the ED to conversations with attendings and residents.
**ED Tech** - With the increasing workloads of nurses, techs are very important in their support role. Techs do everything from EKG’s and phlebotomy (drawing blood) to patient transport and paper work. The techs are usually upbeat and very willing to help you get acquainted with the ED. You can easily spot a tech as they are the ones running around in the green scrubs.

**Nurses** - Usually in blue scrubs, nurses perform all kinds of duties in the ED. With the ever-increasing healthcare policies and red tape, nurses often find themselves spending half their time doing paperwork and asking patients questions seemingly irrelevant to their condition and treatment. Combining these tasks with the usual patient care, nurses can be pretty stressed out at times, especially at the end of their shift. However, if approached at the right time and with a friendly and helpful attitude, nurses can be very interesting and fun to chat with. They hold a wealth of knowledge regarding the various patients and their disease processes. In addition, they can point out flaws in the healthcare system. All of this is vital to your complete understanding of the ED and its role in the country’s “Safety Net.”

**Residents** - Resident physicians do the majority of the doctor work in the ED. They can range from very inexperienced first year interns, to very knowledgeable fourth year residents. The ones that are just out of med school are usually still pretty excited about medicine. Most of the residents most of the time (there are always exceptions) are very out-going and friendly. Don’t be afraid to speak up and ask questions. If you find one or two residents who are very good to shadow, look for them, but don’t stop extending your network to different residents. Each one will offer something a little different. Residents take histories, order tests, treatments, and meds, and diagnose patients. However, the residents must report to the attending physician and keep the attending up-to-date about what is going on with each patient.
**Attending Physicians** - Attending physicians are at the top of the food chain and ultimately responsible for the patients. Residents report to the attendings who offer in return their experience and knowledge in order to help the residents make good decisions in diagnosing and treating their patients. The attendings will also take a brief history and physical examination of the patients to ensure that the residents didn’t miss anything and will assist with complex procedures. While attendings can be very interesting to talk to, residents are usually the better option as far as shadowing is concerned.

**Other Staff** - Secretaries, in purple scrubs, can answer many questions when no one else is available. Housecleaning staff is always around to perform the necessary cleaning in the ED. Other volunteers are sometimes around, too. They usually sit back and watch in awe, but sometimes help out the nurses and techs. Often, residents will order consults from different specialties to help out with a specific patient. This means that docs from all different specialties can be seen running around the ED.

**More Info**

Wear the blue *Med Prep* shirt and badge. You are a member of the ED staff. Now, you are expected to follow the rules and procedures, like any paid employee.

Patient confidentiality is a major concern. Do not use a patient’s name with any medical condition, treatment, diagnosis, et cetera outside of the professional setting. Even in the off chance that you see someone you know, you are not allowed to breech confidentiality and speak that person’s name with any information you learned in the ED, unless that person expressly gives you consent. While in the ED, do not discuss a patient’s condition where other patients or visitors can hear you. Just be conscious of people’s privacy and you should be fine. Ever since April 14, 2003, HIPAA rules.
Wash your hands very often. Wash them when you arrive, before you leave, after touching patients and other times as you deem necessary. This simple task can avert the disaster of carrying an infection or disease around from patient to patient or to you. Also follow the golden rule of bodily fluids, “If it’s liquid, and comes from the body, don’t let it touch you.” Gloves are easy to wear and are found all over the ED. If you want a mask or gown, just ask someone where they are and help yourself. Don’t forget about your own protection. If a patient asks for food or water, always ask the nurse or resident first. Some patients are not allowed to have food or water and will lie to you in order to get it. If you are not sure, ask.

Helpful Hints

• If you’re not sure, just ask! The only stupid question is the one you don’t ask.
• Be friendly to everyone you see. What goes around comes around.
• Have a question about the patient in room 16? Check with the nurse covering that room. See the dry eraser board.
• Volunteer to help out with small menial tasks and before you know it, you’ll make lots of friends. Friends in the ED will let you listen through stethoscopes, help out on procedures, and will track you down when something interesting is happening.
• Be bold and you will get much more out of the experience. That patient is going to CT? Well follow!
• Talk to the residents about what their experience has been like. This is a great way to see what may be in store for you and how to get ready for the next step.
• Be optimistic. This is a great place to find out how you will become a physician! Seize the opportunity!!!