When to Take Your Child to the Emergency Department
Nikki Ostergaard

Illnesses and injuries are unplanned events and rarely occur at convenient times. When a child is in need of medical attention, it can be difficult for a parent or caregiver to determine when to treat immediately, when care can wait and where they should go - whether it be the hospital Emergency Department or the child’s primary care provider.

Often, just considering how and where the child was injured or got sick can help you determine if he or she needs immediate attention or if care can wait until you can get in with the Pediatrician or Family Medicine Physician. If there was a fall, was it from a high branch on a tree or off the front porch step? Was there a head injury? Was the child a passenger in a fender bender or a rollover accident?

If ill, was he or she recently around another sick child? How did that child respond to care and how quickly did he or she recover? Is the fever manageable with fever reducing medications? Are there other symptoms that would indicate a viral infection or is there no explainable reason for the fever?

Some general rules of thumb to consider are the ABC’s for illnesses or injuries:

Airway – Labored breathing or rapid breathing can be a sign of an injury or illness to the respiratory system. After an injury, the child should be able to catch their breath within a few minutes. If they are still having difficulty or if they are showing signs of distress, it may warrant a trip to the ER.

Bleeding – Kids play hard and they get hurt easily. Bumps, scrapes, and bruises are a normal part of growing up. You can determine if a cut needs attention depending upon the clotting time. Usually, a cut will clot within 30 minutes. If it is still bleeding after 30 minutes, a call to the doctor is a good idea. If it is something that looks like it will not close on its own, Urgent Care may be a good choice. For lacerations or injuries that are more than superficial, it may require a trip to the ER.
Color – If your child is yellowish, this could indicate a serious internal issue. Call the child’s doctor and get some advice. If the child is turning grey or blue, this could indicate an oxygen deficiency and could require a visit to the ER.

Change in Behavior or Mental Status – After a bump on the head or if the child has a high fever, watch for changes in your child’s activity level and communication patterns. Is he or she incessantly babbling or slurring his or her speech? Is the child staring off at nothing or not focusing properly. Either case may require an ER visit.

**When to call 911**

A caregiver should call 911 and seek immediate attention when the child has:

- ingested a poisonous substance or an excessive amount of a medication or supplement, and is having difficulty breathing, is difficult to arouse or becomes unconscious and/or has a seizure. Call poison control at 800-222-1222 if you’re unsure if your child needs medical attention.

- stopped breathing or is experience difficulty breathing, throat closing or swollen mouth and tongue with exposure to a known or possible unknown

- has a fever and is not moving or very weak, is unresponsive or difficult to awaken, or has purple or blood-colored spots or dots on skin

- sustained a life-threatening injury like a serious laceration or major trauma

- has sustained a potential head/neck injury. If the child has fallen and lost consciousness, it is best to not move the child and allow the ambulance medics to properly transport the child for evaluation

- has a fever and has a seizure

**When to go the Emergency Department**

“Often parents worry they are wasting our time by coming to the emergency department with what turns out to be a minor illness,” explains, John Matheson, MD,
Emergency Department chairman and medical director at Kadlec Regional Medical Center. “This is not true. While the resources of the emergency department should be used responsibly, parents may have a difficult time determining if their child’s illness or injury is serious—or potentially serious.” Below are some guidelines to help in making this decision.

- **Breathing Difficulties**
  - with bluish lips and/or tongue
  - rapid or shallow breathing
  - if the child has asthma and is not responding to or you don’t notice an improvement after using a rescue inhaler
  - if the child is currently on oral steroids and signs of breathing difficulties occurs

- **has a fever and:**
  - is 3 months old or younger and rectal temperature of 100.4 or higher
  - has a stiff neck
  - is dehydrated (no wet diapers or urination in 18 hours, eyes and/or soft spot sunken in, dry mouth)
  - has a condition that makes him/her more susceptible to infections (receiving chemotherapy, sickle cell anemia, on daily oral steroids, or has a central line in place)
  - it is above 104 and unresponsive to fever reducing medications

- **broken bones if**
  - the injured bone is deformed, dislocated, protruding from the skin, or if the child is experiencing numbness or tingling in the limb of the affected area

“If a parent is concerned and thinks their child might need to be seen in the emergency department, they should feel comfortable coming in for evaluation,” said Matheson. “It is better to be seen when there is a concern than to stay at home worried.”
When to go to Urgent Care

Deciding whether to get non-emergency care now or wait until the doctor’s office is open is often confusing for parents. A trick that often works is to “treat the child, not the symptom”. If a low grade fever is not coming down to normal with fever reducing medications, but the child is active and alert, eating and drinking fine and has no other major symptoms, it’s probably okay to wait for care. On the other hand, if the child has no fever, but is complaining of pain in the ears, throat or near an injury site, it may be worthwhile to have them seen right away to avoid the symptoms from getting worse.

Kadlec’s Urgent Care is equipped with staff trained in urgent care medicine. This provides for prompt care and accurate treatment. See the list of common urgent care services on the main Urgent Care page.

When a call to the Child’s Physician is recommended

In general, appointments for colds, chronic diseases, and minor injuries warrant a telephone call to the child’s physician. Most sniffles and mild fevers are results of viruses and will clear on their own within a few days to a week or so. Call the doctor’s office during normal business hours if the child’s symptoms appear to be getting worse or if new symptoms appear like ear pain or difficulty breathing.

If you’re unsure about what course of action to take, most primary care offices offer after-hours, on-call service. Keep in mind that you may be charged for this phone call and it is recommended only for matters that cannot wait until the next business day. Emergency issues should be handled by a call to 911 or a trip to the ER.

The previous are general guidelines to help parents and caregivers determine how to care for childrens’ medical needs. The recommendations above do not override the advice of the child’s physician nor are to be considered an all inclusive list. And, as always, trust your parental instincts about which level of care your child needs. Often the parent knows instinctively when their child needs.

If you or your child is in need of a medical provider, visit www.kadlecclinics.org for a list of primary care and specialists.