

How to Prepare for an ER Visit

A visit to the emergency room (ER) can be a stressful experience. In addition to an already critical situation, needing to spend time gathering important documents while an emergency is happening can compound that stress. However, if we prepare ourselves, our documents, and loved ones accordingly, we can add some stability and reassurance to make the ER visit a more manageable experience. Use this checklist to help you and your loved ones prepare accordingly.

Pre-Planning

- Consider the following when deciding which hospital to go to:
 - o **Insurance Contracts** – Check your insurance policy to see which hospitals are contracted with your insurance (you can usually find this information on your insurance provider’s web portal).
 - o **Specialty Coverage** – Check with your specialists to see which hospitals they have privileges at
 - o **Continuity of Care** – If possible, go to the same hospital if you had surgery or a procedure done at a hospital or have been seen at that hospital previously for easier access to your medical records and history.
- Consider the following options when deciding how to get to the hospital:
 - o **Private vehicle** – Patient is able to walk or caregiver is able to assist patient
 - o **Ambulance/911** – Patient is unable to walk or has sustained major trauma, any concerns for heart attack or stroke, difficulty breathing, etc.
 - Residence accessibility – If you require an ambulance/emergency medical services (EMS), let the 911 operator know how EMS should access the residence e.g. entrances, pets, gate codes, etc.

Documents

- Have these documents available in a designated and easily accessible area. While you may not have all of these forms, having them prepared in advance may allow for others to know your health care wishes.
 - o **Advanced Health Care Directive** – Legal document that provides instructions for medical care if you cannot communicate your own wishes.
 - o **Physicians Orders for Life-Sustaining Treatment (POLST)** – Written medical order that gives seriously ill patients more control over their care by specifying the type of medical treatment a patient wishes to receive at the end of life.
 - o **Do Not Resuscitate (DNR)** – A form with the purpose of instructing EMS a patient’s decision to forgo resuscitative measures in the event of cardiopulmonary arrest.

What to Bring to the Hospital Checklist

- **Health Information**
 - List of medications
 - List of allergies
 - Labs/imaging results
 - Names of health care providers and specialists
 - Advanced health care directive
 - Emergency contacts/power of attorney/health care proxy
 - Insurance card
 - Photo identification (driver's license, passport, ID card)
- **Medical Equipment**
 - Walker or cane
 - Wheelchair
 - Speech devices
 - Portable oxygen
 - Hearing aids
 - Visual aids (glasses/contacts)
 - Sleep aids (continuous positive airway pressure (CPAP), mask & machine, ear plugs, eye mask)
- **Overnight Bag**
 - Medications
 - Change of clothes
 - Toiletries
 - Blanket
 - Cell phone charger, power bank, and earbuds
 - Books/magazines
 - Pen and notepad

End of Visit/Post-Visit Checklist

- Receive printout of discharge paperwork and provide to primary care provider (PCP), if necessary
- Get full explanation, verbally and in writing, of wound care or other treatment
- If possible, have home set up to receive patient after ER visit
- Ask for your results (labs, imaging, and procedures)
- Get names of physicians and specialists that provided care
- Get names of specialists for follow-up appointments
- Schedule follow-up appointments with PCP and/or specialist as soon as possible