Perspective

iMedPub Journals
www.imedpub.com

Journal of Hospital & Medical Management
ISSN 2471-9781

2022
Vol.8 No.10:342

Various Conditions of Medical Emergency Department

Stephen R Philip*

Department of Health Medicine, University of California, San Diego, USA

***Corresponding author:** Stephen R Philip, Department of Health Medicine, University of California, San Diego, USA, E-mail: Philip_SR@Led.Us

Received date: September 20, 2022, Manuscript No. IPJHMM-22-15141; **Editor assigned date:** September 21, 2022, PreQC No. IPJHMM-22-15141 (PQ); **Reviewed date:** October 03, 2022, QC No. IPJHMM-22-15141; **Revised date:** October 12, 2022, Manuscript No. IPJHMM-22-15141 (R); **Published date:** October 19, 2022, DOI: 10.36648/2471-9781.8.10.342.

Citation: Philip SR (2022) Various Conditions of Medical Emergency Department. J Hosp Med Manage Vol.8 No.10: 342.

Description

The department is required to provide initial treatment for a wide range of illnesses and injuries due to the unplanned nature of patient attendance, some of which may be life-threatening and require immediate attention. For those who do not have any other means of obtaining medical attention, emergency rooms have emerged as crucial points of entry in some nations.

The majority of hospitals' emergency departments are open around-the-clock, though staffing levels may change to accommodate the number of patients. A brief assessment, including a set of vital signs, and the designation of a "chief complaint" (such as chest pain, abdominal pain, difficulty breathing, etc.) are typically the first steps a patient takes through triage. The majority of emergency departments have a specific area where this procedure can take place, and staff members may be devoted solely to the role of triage. A triage nurse fills this role in most departments, but other health care professionals, such as physicians and paramedics, may also perform the triage sorting depending on training levels in the country and area. When a patient presents, triage is typically done face-to-face, but radio communication with an ambulance crew may also be used: The paramedics will use this method to call the hospital's triage center with a brief update on a new patient. The patient will be triaged to the appropriate level of care.

Respiratory Therapists

The majority of patients will be evaluated at triage before being transferred to another department or hospital area, with their waiting time based on their clinical need. However, if the condition is minor and can be treated quickly, if only advice is required, or if the patient is not a good candidate for the emergency department, some patients may complete their treatment at the triage stage. On the other hand, patients who clearly have serious conditions, like cardiac arrest, will skip triage entirely and go straight to the right department.

The resuscitation area, also known as the "Trauma" or "Resus" area, is a crucial part of the majority of departments. This area will handle the most seriously ill or injured patients because it has the equipment and staff needed to treat life-threatening injuries and illnesses right away. The patient's treatment duration is crucial in such circumstances. At least one attending physician and one to two nurses with trauma and Advanced Cardiac Life Support training make up the typical resuscitation staff. These individuals may be "on call" for resuscitation coverage or may be assigned to the resuscitation area for the entire shift (for example, if a critical case presents via walk-in triage or ambulance, the team will be paged to the resuscitation area to handle the situation right away). Resuscitation cases may also be attended by residents, radiographers, ambulance personnel, respiratory therapists, hospital pharmacists and students of any of these professions, depending on the required skill set for each case and whether the hospital offers teaching services.

Triaged to "acute care" or "majors," patients who exhibit signs of serious illness but are not in immediate danger of life or limb will receive a more in-depth evaluation and treatment from a doctor. Chest pain, difficulty breathing, abdominal pain and neurological complaints are all examples of "majors." At this point, advanced diagnostic testing, such as blood and/or urine testing in a laboratory, ultrasonography and CT or MRI scanning, may be carried out. Additionally, the patient will receive medication that is suitable for managing their condition. Contingent upon hidden reasons for the patient's central grumbling, the person might be released home from this area or confessed to the clinic for additional treatment. Patients whose condition is not immediately life-threatening will be transferred to a suitable area for treatment, which is typically referred to as minors or prompt care area. These patients might still have been found to have serious issues, like fractures, dislocations, and wounds that needed to be stitched up. Treatment can be more difficult for children. A play therapist's job is to make children feel at ease and alleviate their anxiety about going to the emergency department, as well as to provide distraction therapy for simple procedures, in some departments. Other departments have dedicated pediatrics areas. The evaluation of psychiatric issues is evaluated in a separate area in many hospitals. Psychiatrists, mental health nurses, and social workers frequently work in these settings. Most of the time, there is at least one room for people who actively pose a threat to themselves or others.

Acute Care Surgery

In emergency rooms of hospitals, it's critical to make quick decisions in cases where life or death is at stake. Doctors are put under a lot of pressure to test and treat too much. For what may

be innocuous chest pains, common head bumps and non-threatening stomach aches, additional blood tests and imaging scans are frequently required out of fear of missing something, which results in high costs for the health care system. Some patients complain of mental illness when they go to the emergency room. Patients who appear to be mentally ill and pose a threat to themselves or others may be brought against their will to an emergency department for a psychiatric examination in many jurisdictions, including many states in the United States. Acute behavioral disorders are not treated in the emergency department. Instead, medical clearance is done there. Patients with significant mental illness may be transferred to a psychiatric unit from the emergency department. Emergency room have a significant impact on patient mortality, morbidity, readmission rates in less than 30 days, length of stay and satisfaction. In the event of major injuries to the abdomen, the risk of death rises by 1% every three minutes. The equipment in emergency rooms adheres to the prompt treatment principle, requiring as few patient transfers as possible from admission to X-ray diagnostics, as stated in the Journal of Trauma and Acute Care Surgery. Since the outcome of treatment for all diseases and injuries is time-sensitive, the sooner treatment is rendered, the better the outcome. A review of the literature supports this logical premise. Several studies reported significant associations between longer waiting times and higher mortality and morbidity among those who survived. It is evident from the literature that shorter ED waiting times can reduce untimely hospital deaths and morbidities.