

Health emergency? Don't hesitate to get help

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With hospitals across America focused on people who have developed COVID-19, some people with unrelated but still urgent health problems are feeling awkward about reporting to emergency rooms.

They shouldn't, doctors say.

It's true the coronavirus is stressing the health care system. Hospitals have canceled or postponed elective surgeries and taken other steps to make sure they can handle patients who develop severe cases of COVID-19. Everyone, doctors say, can help ease the strain by finding alternate ways to handle routine requests.

But people with serious symptoms shouldn't ignore them, said Dr. Sarah Perman, associate professor of emergency medicine at the University of Colorado School of Medicine in Denver.

Emergency workers know what to do, she said, even when things seem chaotic. Departments are making plans behind the scenes to ensure adequate staffing and keep patients and workers safe amid a surge.

"This is kind of our forte," she said. "We're all trained in disaster."

As she's worked the ER in recent days, she's heard people with urgent needs apologize for coming in. They say, "Wow, I know you're really busy," and think they probably shouldn't have sought help.

That's a mistake, she said.

In fact, her advice on who needs emergency care now isn't "incredibly different from what I might have suggested a month ago. Clearly, red flag symptoms like [chest pain](#), acute onset of shortness of breath, acute weakness in an arm or leg—those sorts of things" required emergency care in the past, and they require emergency care now.

That doesn't mean people shouldn't adapt to the fast-changing situation, which could vary from community to community. (Be sure to check with a reliable news source for the latest.)

David Eisenman, director of the Center for Public Health and Disasters at the University of California, Los Angeles, said people with ongoing concerns such as [heart disease](#) need to continue to check in with their doctors and other clinicians. Just as in pre-pandemic times, such patients should also check in if their symptoms change.

It just might not happen in person. A doctor, [nurse practitioner](#), physician assistant or registered nurse might suggest meeting by video chat or talking over the phone.

There's no reason to think emergency rooms will stop seeing patients even as coronavirus cases increase, he said. "In fact, as we get further on into this pandemic in America, the COVID patients will be in a whole different area possibly than the rest of the emergency room."

But Eisenman said studies from other types of disasters serve as a warning. For example, heart attacks and other cardiac problems rise after large earthquakes.

"People get sick and people die way after a disaster because of lack of access to care, possibly because of stress, possibly because of loss of social support or other things."

The exact cause of such post-disaster deaths is unclear, he said. And the pandemic so far has been different from disasters where essential services have been destroyed.

"Pharmacies are staying open," Eisenman said. "People aren't losing their medications in a flood or an earthquake. But they may be afraid of going to the pharmacist. They may be afraid to go into the doctor's office."

Perman emphasized that people should put fears of being a burden aside.

If someone has a nagging complaint or symptom that has gotten a little more pervasive "and you think, 'Well, maybe I should just get this checked out' – maybe that's a symptom that you could potentially call your primary care physician, your primary cardiologist or neurologist." They can decide where and how you might need to be seen.

But if you're experiencing warning signs of a [heart attack](#) or stroke—call 911, she said. "Clearly, if there's an emergency, we are available and capable and eager to take care of you."

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