Handling Emergencies in the Urgent Care Setting

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Emergencies in the Urgent Care Setting

Objectives

• Recognize emergencies in the urgent care setting
• Describe the emergency equipment and supplies that would be most useful in an emergency
• Provide stabilizing care for emergencies, within the scope of the facility
• Implement strategies that promote ongoing preparedness
• Practice decision-making with some case-based scenarios
Emergencies in the Urgent Care Setting

Definition

• Emergency
  • Condition which presents a near-term threat to life, limb, sight, or other function
  • Condition which presents an immediate threat to life, limb, sight, or other function

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Moribund</td>
<td>Unstable</td>
<td>Stable</td>
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</table>
Emergencies in the Urgent Care Setting

Who, What, When, Where, and Why?

• Presenting complaint
• Decompensation in clinic
• Medical emergency in the building
• Diversion to clinic on way to ED
• Patients with lesser emergencies who require referral for definitive care

“We need to know what we need to know, plus one step further”

Stuart Swadron, MD
Rationale for this presentation

- These conditions occur with a very low prevalence
  - Lack of experience
  - False sense of security

- Empirical law of outcomes
  - When there’s a bad outcome, if anything is apparently omitted or done incorrectly or improperly, it seems to be human nature to look to that as being causative.

- Team approach and preparation required

- Better to be lucky than good?
  - Better to be lucky and good.
  - Even better to be lucky, good, and prepared.
Emergencies in the Urgent Care Setting

Epidemiology – FP and Pediatric Offices

- Rural Australia – 8 emergencies per year
- North Carolina – 4 per year FP, 5 per year Peds
- Pennsylvania – 62% of pediatric practices see at least a child a week who requires hospitalization or urgent treatment
- Common theme: lack of preparedness – logistically and philosophically

Epidemiology

Urgent Care


<table>
<thead>
<tr>
<th>Type of 911 Call</th>
<th>Family Practice (n=310)</th>
<th>Urgent Care (n=396)</th>
<th>Total (n=706)</th>
<th>p value</th>
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<tbody>
<tr>
<td>Chest pain</td>
<td>96 (30.5)</td>
<td>130 (22.2)</td>
<td>235 (29.1)</td>
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<tr>
<td>Respiratory</td>
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<td>87 (21.1)</td>
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<td>30 (6.3)</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>376 (46.5)</strong></td>
<td><strong>432 (53.5)</strong></td>
<td><strong>808 (100.0)</strong></td>
<td>N/S</td>
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</tbody>
</table>
Emergencies in the Urgent Care Setting

Do we have any guidance?

- American Academy of Pediatrics
- American Academy of Family Physicians
- American College of Physicians
- Urgent Care Association
- Massachusetts Gaming Commission
Emergencies in the Urgent Care Setting

UCA Clinic Accreditation Standards - Basic

• written protocols for the stabilization and transport/transfer of patients with medical emergencies

• process for rapidly identifying and triaging these patients to minimize delay (i.e., no insurance verification, no waiting in the existing patient queue)

• having an AED or standard defibrillator and some basic medications, oxygen, and ambu bags and in the clinic

• mechanisms for staff training and drills
Emergencies in the Urgent Care Setting

• Written Policies
  • Develop, maintain, and improve procedures and protocols
  • Encourage initial and refresher training
  • Maintain and update equipment and supplies
  • Regularly practice emergency procedures
  • Rapid triage of patients with potential emergency conditions

• Procedures/Protocols
  • Specific responsibilities during code situations
    • Lead, O2/airway, vitals, recorder, compressions, defibrillator, IV access, medications
  • Outline basic interventions
  • Means of arranging transport
  • Communication between clinicians
Emergencies in the Urgent Care Setting

Basic equipment

- Ability to deliver high-quality CPR
- Suction apparatus, bulb suction
- Oxygen, nasal canulae, masks
- Nebulizer
- Glucometer
- Ambu-bag, masks
- AED
- Nasal tamponade device
- Cervical collars
- Dressings, splints
- Gloves, masks, face shields, gowns
Emergencies in the Urgent Care Setting

Basic medications

• Albuterol
• Racemic epinephrine
• Epinephrine 1:1000 or Epi-pens (adult and child)
• Aspirin
• Nitroglycerine, sublingual
• Diphenhydramine
• Corticosteroid – short-acting
• Glucagon, oral glucose paste
• Epinephrine 1:10,000
• Charcoal
• Ceftriaxone
Emergencies in the Urgent Care Setting

Advanced equipment and medications

- Airway adjuncts – nasopharyngeal, oropharyngeal
- Advanced airways – ET tubes, LMAs, Combi-tube
- Laryngoscopes, Magill forceps
- 12-lead EKG
- Pulse oximeter, cardiac monitor, defibrillator
- IV or IO access, fluids – NS
- 25% and 50% dextrose for IV administration
- Atropine
- Adenosine, amiodarone
- Naloxone
- H2-blockers (ranitidine, famotidine)
- Anti-convulsants (midazolam, lorazepam, diazepam)
- Broselow tape
- Analgesics
The Moribund Patient

• Determine and honor resuscitation wishes

• Stepwise patient assessment and, if needed, intervention
  • for each possible intervention, be aware of the next more aggressive step

• Administer whatever care you can capably administer

• Remember - “Primum no nocere”

• ABCs, AMPLE history, vital signs, secondary assessment, arrangements for transport
Emergencies in the Urgent Care Setting

The Moribund Patient - Assessment

- **Airway/Breathing:** assess adequacy of air movement, RR, O2 saturation – patent/not patent; secure/not secure; sufficient/insufficient
- **Circulation:** pulse, blood pressure, mentation, skin signs
- **AMPLE history:** Allergies, Meds, PMH, Last meal, Events
- **Secondary assessment** – further history and exam
The Moribund Patient – Treatment

- Activate the EMS system
- High-quality CPR
  - Chest compressions
  - Ventilations
- Use an AED/Shock any “shockable” rhythm
  - VT, VF
  - Unstable AF
  - Unstable SVT
The Moribund Patient - Interventions (if needed)

• Airway:
  • Suction
  • Jaw-thrust → head tilt, chin lift → nasopharyngeal airway → oropharyngeal airway → advanced airway
  • Heimlich maneuver, back blows, chest thrusts for obstruction; CPR if unconscious
  • Apply oxygen
Emergencies in the Urgent Care Setting

The Moribund Patient - Interventions (if needed)

- Breathing:
  - Mouth to mouth/mask to mouth → bag-valve-mask
The Moribund Patient - Interventions (if needed)

- Circulation:
  - high-quality CPR for pulselessness, or bradycardia with shock in children
  - defibrillation – 360 J (200 J biphasic) for VF and pulseless VT
  - cardioversion (synchronized, start at 50J/100J mono) for unstable tachycardias other than sinus or MAT (consider sedation/analgesia if awake)
  - IV fluids – Normal Saline (0.9% NaCL)
    - 500-1000 ml bolus for adults (less if cardiac function is poor)
    - 10-20 ml/kg NS bolus in children (less if cardiac function is poor)
The Moribund Patient - Interventions (if needed)

• Circulation (continued):
  • medications
    • epinephrine 1:10,000 for pulselessness
      • 1 mg (10 ml) for adults; 0.1 ml/kg for children
    • epinephrine 1:10,000 for bradycardia in children (only)
      • 0.1 mg/kg
  • atropine
    • 0.5 mg for bradycardia with a pulse
    • 0.02 mg/kg in children for either reason (minimum 0.1 mg)
Emergencies in the Urgent Care Setting

The Moribund Patient - High-quality CPR

• “Hard and fast” > 100 compressions per minute
• Depth: 2 – 2.4 inches for adults; 1/3 to 1/2 the depth of the chest for children
• Allow full chest recoil
• Minimal interruption of compressions
• 30:2 compression to ventilation ratio
• Change compressors every 2 minutes (5 cycles)
• Avoid hyperventilation
• www.learncpr.org
Emergencies in the Urgent Care Setting

The Moribund Patient – Keep it simple...and effective!

• Activate the EMS system

• High-quality CPR
  • Chest compressions
  • Ventilations

• Use an AED/Shock any “shockable” rhythm
  • VT, VF
  • Unstable AF
  • Unstable SVT
Emergencies in the Urgent Care Setting

Respiratory Emergencies
• Respiratory arrest
• Asthma/COPD exacerbation
• Anaphylaxis/angioedema
• Airway foreign body
• Croup
• Bronchiolitis
• Tracheostomy tube dislodgement
• Epiglottitis
• Pneumothorax
Emergencies in the Urgent Care Setting

Cardiovascular/Hemodynamic Emergencies

• Cardiac arrest
• Shock
• Congestive heart failure
• Dysrhythmia – stable, unstable
• Acute coronary syndrome/MI
• Pericarditis/effusion/tamponade
• Aortic disasters
Emergencies in the Urgent Care Setting

Neurological Emergencies
- Seizure/status epilepticus
- Altered mental status
- Stroke/transient ischemic attack
- Intracranial hemorrhage
- Significant head injury
- Hydrocephalus/VP shunt malfunction
- Cerebral venous thrombosis
Emergencies in the Urgent Care Setting

Trauma/Orthopedic Emergencies
- Spinal fractures
- Cauda equina syndrome
- Head injuries
- Compartment syndrome
- Fractures with neurovascular compromise
- Most open fractures
- Some dislocations
- Intra-thoracic or intra-abdominal injury
- Severe burns
Emergencies in the Urgent Care Setting

Metabolic Emergencies
• Hypoglycemia
• Hyperglycemia, DKA, hyperosmolar state
• Hyponatremia
• Hypo/hyperkalemia
• Hypo/hypercalcemia
• Thyrotoxicosis/thyroid storm
• Renal or hepatic failure
• Overdose, toxic exposure
• Withdrawal
Emergencies in the Urgent Care Setting

Infectious Disease Emergencies
• Septic shock
• Meningitis
• Parapharyngeal space infection
• Endocarditis
• Necrotizing fasciitis
• Subacute bacterial peritonitis
• Surgical abdominal infections
Emergencies in the Urgent Care Setting

Psychiatric Emergencies
• Worsening schizophrenia
• Mania
• Severe depression
• Suicide issues
Emergencies in the Urgent Care Setting

Abdominal Emergencies
• Intestinal obstruction
• Mesenteric ischemia
• Abdominal aortic catastrophes
• Ectopic pregnancy
• Uterine rupture
• GI bleeding
Emergencies in the Urgent Care Setting

Ophthalmologic Emergencies
- Acute glaucoma
- Globe perforation or rupture
- Hyphema
- EOM entrapment
- Optic neuritis
- Intraocular foreign body
- Endophthalmitis
Recognizing Emergencies

• Start with the chief complaint
  • Chest pain
  • Syncope
  • Shortness of breath
  • Altered mental status
  • Headache
  • Abdominal pain
  • Weakness and dizziness
  • Bleeding
  • Focal neurological symptoms
  • Palpitations
  • Severe pain
Recognizing Emergencies

- Consider risk factors/PMH:
  - Prior emergency condition
  - Coronary artery disease
  - Congestive heart failure
  - Chronic lung disease
  - Abdominal aortic aneurysm
  - Dialysis/renal failure
  - End stage liver disease
  - Diabetes
  - Cancer
  - Pregnancy
Emergencies in the Urgent Care Setting

Recognizing Emergencies

• Look for abnormal vital signs
  • Pulse – too high or too low
  • Respiratory rate – too high or too low
  • Blood pressure - too high or too low
  • Pulse oximetry - < 90%?
Emergencies in the Urgent Care Setting

Recognizing Emergencies

- Abnormal physical exam findings
  - Noisy respirations
  - Drooling
  - Retractions
  - Cool, pale skin; cyanosis; or diffuse erythema or urticaria
  - Diaphoresis
  - Altered mental status, focal neurological signs
  - Jugular venous distension
  - Abnormal pulmonary exam
  - Cardiac murmur
  - Pain “out of proportion” to expectations
Emergencies in the Urgent Care Setting

Emergency Management - Strategy

- Clinical Gestalt and symptoms
- Attention to Vital Signs
  - measure and record them frequently/continuously
  - cardiac monitor, pulse oximetry if available
  - “correct” them based on your capabilities
- Attention to Neurological Status
  - fingerstick blood glucose
- Attention to Injuries
  - control bleeding
  - reduce for NV compromise, splint, immobilize
Emergency Management – General Interventions

- Basic
  - Consider supplemental oxygen
    - Is it possible to give too much?
    - Goal for COPD patients: 88-92% sat by pulse oximeter
- Wheezing?
  - Nebulized albuterol (or repeated MDI) repeated or continuous
  - Epinephrine 1:1000 SQ or IM if not “cardiac asthma”
    - 0.3-0.5 mg q10-15 minutes for adults
    - 0.01 mg/kg (max 0.3-0.5 mg) q10-15 minutes for children
  - Steroids – IV/IM - for COPD, RAD, allergic etiologies
- Stridor or upper airway edema or bleeding?
  - Nebulized racemic epi 2.25% - 0.5 ml with 2.5 ml NS or epi 1:1000 - 3-5 ml
  - Epinephrine 1:1000 SQ or IM
    - 0.3-0.5 mg q10-15 minutes for adults
    - 0.01 mg/kg (max 0.3-0.5 mg) q10-15 minutes for children
  - Steroids – IV/IM – for stridor or edema
Emergencies in the Urgent Care Setting

Emergency Management – General Interventions

• Basic
  • Hypertensive urgency - cardiopulmonary
    • SL NTG 0.4 mg q 5 minutes = 80 micrograms per minute
    • beware PDE5-I's – sildenafil, vardenafil, tadalafil
  • AED/defibrillator to the bedside
Emergencies in the Urgent Care Setting

Emergency Management – General Interventions

• Advanced
  • IV/IO fluids for hypotension – Normal Saline
    • 500-1000 ml bolus for adults (less if cardiac function is poor)
    • 10-20 ml/kg NS bolus in children (less if cardiac function is poor)
    • Is it possible to give too much?
Emergencies in the Urgent Care Setting

Emergency Management – Diagnosis-specific

• Allergic reaction
  • Diphenhydramine
    • 25-50 mg PO or IM for adults
    • 1-1.5 mg/kg PO or IM for children
  • Corticosteroids – oral/IM/IV
  • H2-blockers (ranitidine, famotidine, cimetidine)
  • Epinephrine 1:1000
    • 0.3-0.5 mg SQ or IM for adults q10-15 minutes
    • 0.01 mg/kg (max 0.3-0.5 mg) SQ or IM for children q10-15 minutes

• Chest pain/MI/CHF
  • aspirin – 162-325 mg chew and swallow
  • sublingual nitroglycerin
    • 0.4 mg q 5 minutes = 80 micrograms per minute
    • beware PDE5-Is – sildenafil, vardenafil, tadalafil
  • consider assisting ventilation with ambu bag/mask = CPAP
Emergencies in the Urgent Care Setting

Emergency Management – Diagnosis Specific

• Seizure
  • Lorazepam
    • 2-4 mg IV for adults
    • 0.1 mg/kg IV for children
  • Midazolam
    • 10-15 mg IM for adults
    • 0.15 mg/kg IM for children
  • Diazepam
    • 5-10 mg IV for adults
    • 0.25 mg/kg IV or 0.5 mg/kg PR for children

• Hypoglycemia
  • Oral glucose paste
    • 25 g if under age 10
    • 50 g for adults and children 10 and older
  • Glucagon
    • 0.5 mg IM or SQ for children 20 kg and under
    • 1 mg IM or SQ for adults or children above 20 kg
  • 25% dextrose, 50% dextrose IV/IO
Emergencies in the Urgent Care Setting

Emergency Management – Diagnosis Specific

• Overdose
  • Poison Control Center consultation
  • oral activated charcoal
    • 1-2 g/kg for children
    • 50-100 g for adults

• Withdrawal
  • benzodiazepines – PO/SL/IM/IV

• Sepsis
  • antibiotics?

• Stroke
  • rapid transport to stroke center

• Severe eye injury
  • cover but don’t compress the globe
  • initial doses of steroids, mydriatics, cycloplegics (in consultation with ophthalmologist)?
Emergencies in the Urgent Care Setting

Clinical Scenario: An 18 year old female had sudden lower AP earlier today and “vagalled” in the UC bathroom.

• What to you want to know?

• What do you want to do?
Emergency in the Urgent Care Setting

Clinical Scenario: An 18 year old female had sudden lower AP earlier today and “vagalled” in the UC bathroom.

- What to you want to know?
  - Current sxs – lightheaded, severe sharp abdominal pain
  - PMH – none
  - May be currently pregnant
  - Vital signs: T: 99.0  P: 110  R: 24  BP: 85/40  Pulse Ox: 95%
  - Exam: tender left lower quadrant with mild guarding

- What do you want to do?
Clinical Scenario: An 18 year old female had sudden lower AP earlier today and “vagalled” in the UC bathroom.

- What to you want to know?
  - Current sxs – lightheaded, severe sharp abdominal pain
  - PMH – none
  - May be currently pregnant
  - Vital signs: T: 99.0   P: 110   R: 24   BP: 85/40   Pulse Ox: 95%
  - Exam: tender left lower quadrant with mild guarding

- What do you want to do?
  - Urgent ambulance transfer
  - Attempt IV access and administer normal saline boluses
  - Recheck/monitor/“correct” VS
  - Obtain second IV line if possible
Emergencies in the Urgent Care Setting

Clinical Scenario: A 57 year old male with chest pain suddenly becomes unconscious, with tonic posturing.

• What to you want to know?

• What do you want to do?
Emergencies in the Urgent Care Setting

Clinical Scenario: A 57 year old male with chest pain suddenly becomes unconscious, with tonic posturing.

• What to you want to know?
  • Breathing?.........No
  • Pulse?..............No
  • Rhythm?.........VF

• What do you want to do?
Clinical Scenario: A 57 year old male with chest pain suddenly becomes unconscious, with tonic posturing.

• What to you want to know?
  • Breathing?........No
  • Pulse?.............No
  • Rhythm?............VF

• What do you want to do?
  • 911 ambulance
  • High-quality CPR
  • AED or Defibrillate at 360J monophasic/200J biphasic
  • IV access and 1 mg epi 1:10,000 – if capable and defibrillation fails
Emergencies in the Urgent Care Setting

Clinical Scenario: A 71 year old male smoker has had cough and dyspnea for 3 days.

• What do you want to know?

• What do you want to do?
Emergencies in the Urgent Care Setting

Clinical Scenario: A 71 year old male smoker has had cough and dyspnea for 3 days.

- What to you want to know?
  - Looks uncomfortable, pale, diaphoretic
  - PMH: COPD/RAD
  - VS T: 101.0  P 120  R: 40  BP 80/60  Pulse Ox: 84%
  - Exam: decreased air movement, scattered slight wheezes

- What do you want to do?
Emergencies in the Urgent Care Setting

Clinical Scenario: A 71 year old male smoker has had cough and dyspnea for 3 days.

- **What to you want to know?**
  - Looks uncomfortable, pale, diaphoretic
  - PMH: COPD/RAD
  - VS T: 101.0 P 120 R: 40 BP 80/60 Pulse Ox: 84%
  - Exam: decreased air movement, scattered slight wheezes

- **What do you want to do?**
  - 911 ambulance
  - Supplemental O2, goal sat 88-92%
  - Nebulized albuterol, possibly ipratropium
  - 1-2 IV lines, saline boluses – if capable
  - Recheck/monitor/“correct” VS
  - Consider antibiotics, steroids
  - If failing, consider IM epi 1:1000 0.3 mg
Emergencies in the Urgent Care Setting

Clinical Scenario: A 6 year old girl became short of breath after eating a piece of candy. She is feeling lightheaded.

- What do you want to know?

- What do you want to do?
Clinical Scenario: A 6 year old girl became short of breath after eating a piece of candy. She is feeling lightheaded.

- What to you want to know?
  - Moving air, but stidorous and mildly uncomfortable
  - PMH: none
  - VS: P: 150 R: 34 Pulse ox: 96% sat
  - Exam: stridor and no obvious FB or facial/oropharyngeal edema

- What do you want to do?
Clinical Scenario: A 6 year old girl became short of breath after eating a piece of candy. She is feeling lightheaded.

• What to you want to know?
  • Moving air, but stidorous and mildly uncomfortable
  • PMH: none
  • VS: P: 150  R: 34  Pulse ox: 96% sat
  • Exam: stridor and no obvious FB or facial/oropharyngeal edema

• What do you want to do?
  • 911 ambulance
  • Minimize agitation
  • If worsening, Heimlich maneuver
  • Likely no indication for inhaled epi
Emergencies in the Urgent Care Setting

Clinical Scenario: A 40 year old male undergoing cancer treatment feels weak and short of breath.

• What do you want to know?

• What do you want to do?
Clinical Scenario: A 40 year old male undergoing cancer treatment feels weak and short of breath.

- What to you want to know?
  - Mild chest pain, no focal weakness
  - PMH: no DVT or PE, healthy otherwise
  - VS: T: 100.8  P: 110  R: 28  BP: 100/60  Pulse Ox: 92%
  - Exam: normal cardiac and lung exam, no JVD, no leg edema

- What do you want to do?
Emergencies in the Urgent Care Setting

Clinical Scenario: A 40 year old male undergoing cancer treatment feels weak and short of breath.

• What to you want to know?
  • Mild chest pain, no focal weakness
  • PMH: no DVT or PE, healthy otherwise
  • VS: T: 100.8  P: 110  R: 28  BP: 100/60  Pulse Ox: 92%
  • Exam: normal cardiac and lung exam, no JVD, no leg edema

• What do you want to do?
  • Supplemental O2
  • 1-2 IV lines, saline boluses – if capable
  • Recheck/monitor/“correct” VS
  • Consider antibiotics
  • ED transfer if not improving
Emergencies in the Urgent Care Setting

Take Home Points

• Maintain policies that facilitate preparedness
• Know what to do ahead of time
• Equip your clinic and train your staff
• Have protocols and procedures in place
• Practice them
• Transition from basic to advanced capabilities if competency can be assured