



DECIDING TO GO TO THE EMERGENCY DEPARTMENT

It's not always easy to decide if your child really needs to come to the Emergency Department (ED). We understand that you are worried when your child is sick or injured and may decide to come to the ED. Many visits to the ED are due to minor illnesses that can be easily managed in a doctor's office or clinic. Family doctors know their patients best, and have the skill and resources to manage most problems. Talk to your family doctor first.

Many visits to the ED are for minor illnesses that your doctor or clinic can manage.



Help keep the Emergency Department for emergencies

The most seriously ill or injured children and youth receive care first and are the reason that we have Emergency Departments. Children and youth with less serious problems will wait longer. Our triage nurses assess how serious the problem is, and decide how quickly patients need to be seen by the doctor.

Life threatening: Children and youth who need help right away. Physicians and nurses will drop what they are doing to care for these patients.

Emergency: Children and youth who need assessment and care within 30-60 minutes.

Urgent: Children and youth who need care that day.

Less urgent: Children and youth who can be cared for by a family doctor or clinic. Some injuries are best managed in the Emergency Department

Does my child or youth need emergency care?

As a parent or guardian, you know your child best. The Emergency Department is always here for you. Here are some examples to help you decide if your child is in need of emergency care:

Emergency



Fever: less than three months old, immune system problems or complex chronic health problems; very sleepy or difficult to wake.

Breathing problems: respiratory distress (working hard to breathe, breathing faster than normal), pale skin, whiteish or blue lips, asthma or wheezing not responding to usual puffers or chest pain.

Vomiting or diarrhea: less than three months old, repeated vomiting and unable to keep liquids down (any age, if it lasts 8 hours or more), vomiting or diarrhea containing large amount of blood, dehydration with dry mouth or no urine more than 8 hours.

Injuries: head injury with loss of consciousness (passing out) or confusion or repeated vomiting, cuts that may need stitches burns that blister and are larger than a Loonie, injury to arm or leg causing large swelling or inability to use the limb, eye injuries or injury causing chest or stomach pain.

Rashes: rash with fever that looks like tiny or expanding bruises.

Alternatives to the ED:

1. Call your family doctor or pediatrician. Even if the office is closed, listen to the voice message for instructions and details about accessing care outside of office hours. Many family doctors have same-day, next day or walk-in hours during evenings and weekends.

2. Visit a walk-in clinic. For more information about urgent care & walk-in clinics near you, visit lh.ca.

Not an emergency



Fever: healthy and vaccinated babies and children who appear generally well and playful when the fever is down with ibuprofen (Advil®, Motrin®) or acetaminophen (Tylenol®, Tempra®).

Breathing problems: nasal congestion and cough (even if it interrupts sleep), symptoms of the 'common cold', mild asthma or wheezing that responds to usual puffers.

Vomiting or diarrhea: vomiting or diarrhea less than 3-4 times a day; ongoing diarrhea after 'stomach flu' (this can last for up to two weeks).

Injuries: minor head injuries (with no loss of consciousness, no confusion and no vomiting), scrapes and bruises where the injured part can still be used and sun burns.

Rashes: recurring rashes or skin problems; rashes with cough and cold symptoms if the child looks well, mild hives that respond to antihistamines (Reactine®) without difficulty breathing or throat/tongue swelling.