



BY GINNY GRAVES AND LEESSA HAMILTON

ER secrets the ED staff won't tell you

What really goes on in the Emergency Department and on the way there? We asked 21 doctors, nurses and paramedics to give us straight answers. **What they revealed could save your life.**

“We draw straws to see who gets the obnoxious people – the ones who are verbally abusive, angry, drunk, or out of control”



Emergency calls

>> “It’s incredible how many people having a heart attack drive themselves to the Emergency Department. That’s just stupid. What are you going to do if you’re driving and your heart stops?”

Arthur Hsieh, US paramedic

>> “Stay on the phone. Hanging up before the call-taker is finished means that vital information might be missed.”

Jordan Emery, paramedic, Sydney, NSW

>> “Cardiopulmonary resuscitation (CPR) can save a life. There is no excuse for not knowing basic CPR. We have seen on many occasions that basic CPR before the paramedics arrive on the scene made a difference.”

Jill Lithgow, South African Emergency Trauma Department manager

>> “We would much rather be called and not needed, than have you delay and perhaps get much sicker, or die, while you wait.”

Helen Eyles, advanced care paramedic, Townsville, QLD

>> “Don’t phone the ambulance for a lift to the local shops or a lift home after a big night out. And don’t call for a splinter in your finger, or a toothache or an itch, or being tired and unable to sleep. All of these calls can take us away from real medical emergencies.”

Jordan Emery, paramedic

>> “Denial kills people. Yes, you could be having a heart attack or a stroke, even if you’re only 39 or in good shape or a vegetarian.”

Dennis Rowe, US paramedic

>> “We start worrying when patients say that it feels like they are about to die. Especially with cardiac cases, this is usually the truth.”

Wilna Van Staden, South African former paramedic

An ambulance isn’t a fancy taxi

>> “I’ve picked up people and taken them to hospital, only to discover they had presented to the hospital earlier themselves, but got tired of waiting so went home and called 000 believing they would ‘jump the queue’. Going by ambulance to a hospital will not mean you get seen sooner.”

Helen Eyles, paramedic

>> “In most cases, we can’t transport someone who doesn’t want to go. Uncle Eddie may be as sick as a dog, but if he says he doesn’t want to get in an ambulance, we need to respect his wishes.”

Arthur Hsieh, paramedic

>> “If the patient is stable, and 97 per cent are, there’s no reason to drive at about 100km/h on city streets. Have you ever tried to put an IV into someone’s arm in the back of a speeding ambulance?”

Don Lundy, US paramedic

Waiting is good. It means you’re not going to die. The person you need to feel sorry for is the one who gets rushed into Emergency and treated first

Don Lundy, paramedic

>> “Often people will still refer to us as ambulance drivers. In actual fact we are all trained as pre-hospital clinicians and deliver high-level medical care.”

Jordan Emery, paramedic

Long waits and queues

>> “We hate it too! But don’t be angry at us. If you’re waiting, there’s a reason: we’re out of beds.”

Jeri Babb, US nurse

>> “Sometimes I think we need signs like at the train station: ‘Expect Delays – Car Accident Victims Coming In’”

Dr Fran Halford, NZ senior medical officer

>> “During night shifts people think, *Oh, we’ll be seen really quickly*, because there’s no-one in the waiting room. They don’t realise that during the day there are often more than ten emergency doctors and at night, there may only be three Emergency doctors trying to look after everyone.

Dr Dee Chohan, emergency doctor, Sydney

>> “Unless you are dying it is likely that you will be in for a bit of a wait.”

Dr Ed Burns, emergency registrar, Perth, WA

>> “People who are vomiting their guts out get a room more quickly. That’s because the admission staff don’t like vomit in the waiting area.”

Joan Somes, US nurse

>> “Our busiest days are Sundays and Mondays, because more people have been out and about, playing sport, drinking and partying. Statistically, our quietest days are Wednesday and Thursday. The best hours to come in for treatment are from 8am to 11am. From 12pm to 8pm we hit tsunami levels of presentations.”

Dr Tim Green, Emergency Department director, Sydney, NSW

+ VITAL STATISTICS

- Number of visits to Australian EDs in 2009-10: **6 million**
- Average time waiting spent in the ED: **50% of patients were treated within 23 minutes; and 90% within 115 minutes.**
- Visits that could have been dealt with by a GP: **41%**
- Hospital costs: **In 2008-09, at least \$41.8 billion was budgeted for hospitals. That’s \$1922 per person**

>> “Never tell an ED nurse, ‘All I have is this small cut on my finger. Why can’t someone just look at it?’ That just shows you have no idea how the ED actually works.”
Dana Hawkins, US nurse

>> “We know that it frustrates people to wait for two hours for their test results or a letter of discharge, but if there’s a patient about to crash in front of us, or a sick baby, we have to treat them first.”
Dr Dee Chohan

>> “Remember it’s the *Emergency* Department. Not the Convenient Department or the I-Can’t-Go-To-The-GP-Tomorrow-Because-I’ve-Got-A-Party Department.”
Dr Tim Green

We need you to cooperate

>> “When we say, ‘Put on this gown’, we mean you should take off the clothes underneath so we can see the area that we need to examine. I once had a woman put the gown on over her clothes and her coat.”

Dr Allen Roberts, US emergency doctor

>> “When doctors say it’s important that you take your medications, that’s because it really *is* important. We often treat people who have decided not to take their seizure medication, then have had a seizure and banged his or her head.”
Dr Dee Chohan

>> “I have to create a rapport with someone in 30 seconds. I meet a patient, introduce myself, ask how they’re going and my next question might be, ‘So, Mrs Jones, when’s the last time you had a poo?’”

Dr Fran Halford

>> “I once had a patient who said he didn’t take any medications. Later he mentioned to me that he was diabetic. I looked at him and asked, ‘Do you take insulin?’ He said yes. Well, that’s medicine.”
Dr Allen Roberts

>> “So many people turn up without their normal medication and don’t even know the name of it. If you say, ‘Oh, it’s a blue pill in a white bottle’, we won’t magically know exactly what you’re talking about.”

Dr Dee Chohan

>> “If we tell you to stay in bed, we mean it. Some medications make you uncoordinated, and we hate it when people fall down.”
Joan Somes, nurse

>> “If you don’t understand what you’re supposed to do when you leave the ED, ask. We don’t want you to have to come back.”

Dr Linda Lawrence, US emergency doctor

>> “We hear all kinds of weird stuff. I had a woman who came in at 3am. She said she’d passed out while she was asleep.”
Emergency doctor

>> “Never, ever lie to the nurses in Emergency Departments. Their BS detectors are excellent, and you lose all credibility when you lie.”

Dr Allen Roberts

“One of our favourite lines is **‘You can’t fix stupidity’**. If you complain of nausea and then eat a bag of chips, **that’s what we’re thinking**”
Joan Somes, nurse



>> “On occasion we may come across as disinterested and uncaring, but it could be because you’re demanding assistance for a sprained ankle when we’ve just had to tell a family their loved one has died.”

Dr John Bonning, NZ specialist emergency physician

>> “Occasionally we get people in police custody come in trying to convince us they’re sick so that they don’t have to attend court.”
Dr John Bonning

We play favourites

>> “Get rid of your entitlement mentality. It’s bad in your general life but really bad in the ED. We’ll treat you, but we might not be nice.”

Dr Allen Roberts

We don’t believe you

>> “We can always tell when you’re lying and sometimes we’ll just play along. Certain fractures, for example, are only caused when you punch something. If you tell us you fell on your hand, we know you’re lying.”

Dr Garry Wilkes, director of Emergency Medicine, Calvary Health Care, ACT

>> “Wash your feet before you come in if you want us to look at your feet. You won’t believe how dirty and smelly some people are when they come in. It’s offensive, really.”

Dr Fran Halford

+ IN CASE OF EMERGENCY

• **Make a list and carry it with you at all times: your doctors’ names and details, medications you take, allergies, a short medical history, and who to call in an emergency.**

• **Enter your emergency contact into your mobile phone.**

• **Make sure your house number is clearly visible from the street. The faster paramedics can find you, the faster they can help you.**

• **Bring someone with you, or have someone meet you there.**

• **Don’t forget some cash for vending machines or pay phones.**

>> “Of course, we’ll help anyone who is sick or injured. But if you’ve created the problem yourself, for example by smoking a pack a day for 20 years and continuing to smoke, do you blame us for implying a reluctance to perform cardiac bypass surgery if you do not stop smoking?” *Dr John Bonning*

>> “If you come in with a bizarre or disgusting symptom, we’re going to talk about you inside the ED. Doctors and nurses need to vent, just like everyone else.” *Emergency doctor*

+ 14 REASONS TO GET TO EMERGENCY

- Loss of consciousness
- Chest or severe abdominal pain
- Sudden weakness or numbness in face, arm or leg
- Sudden changes in vision
- Difficulty speaking
- Severe shortness of breath
- Bleeding that doesn’t stop after ten minutes of direct pressure
- Any sudden, severe pain
- Major injury, such as a head trauma
- Unexplained confusion or disorientation
- Severe or persistent vomiting or diarrhoea
- Coughing or vomiting blood
- A severe or worsening reaction to an insect bite, food or medication
- Suicidal feelings

Speak up, please

>> “Some patients withhold information they’ve received from their own doctor just to see if we come up with the same diagnosis or treatment. Don’t. All you’re doing is slowing us down.” *Dr Joan Shook, US emergency doctor*

>> “However embarrassing your problem seems to you, it’s no big deal to us... we really have seen it all before!” *Dr Ed Burns*

>> “See us if you’ve got chest pain. The road to hell and heaven is lined with people saying ‘I thought it was only indigestion.’” *Dr Tim Green*

We can only do so much

>> “Sometimes people forget not everything is curable. The *New England Journal of Medicine*, one of the most respected medical journals, famously published a paper in 1996 that compared the survival rates of a cardiac arrest on shows such as *ER* and *Chicago Hope* to survival rates in real life. There was a 75 per cent survival rate on television, whereas in real life there’s only a five to ten per cent survival rate.” *Dr Tim Green*

>> “If you come into Emergency with a virus, don’t get cross if we can’t tell you exactly what it is. If we’ve ruled out any serious problems, you’re going to have to follow up with your GP.”

Jeri Babb, nurse

>> “If anyone thinks an Emergency Department works like the ones on TV, I’ve got an ab-trainer and a time-share to sell them.”

Dr Garry Wilkes

>> “I’m frightened by the responsibility I hold. We all have that fear, which I think is a healthy thing, but it is draining also.” *Dr Fran Halford*

Say thank you

>> “Some people have no clue how close they came to dying before being saved by emergency interventions. I’ve seen serious stroke and trauma patients lead normal lives after events that should have killed them. If only they knew.”

Dr Ramon Johnson, US emergency doctor

“Anyone who thinks it’s glamorous should come in at 1am on a Friday. Most people have been affected by alcohol and are neither well, nor happy, nor co-operative” *Dr Garry Wilkes*

>> “It’s common to see families who have over-medicated their kids with asthma medication. You can’t just give your children two or three times as much as they’ve been prescribed.”

Dr Joan Shook

>> “We have to be compassionate but direct. We can’t use euphemisms that can be misinterpreted and say ‘passed away’. We have to tell people their loved ones have died. That’s when you get tears in your eyes, but someone’s got to do it.” *Dr John Bonning*

>> “It’s not unusual to have a cry after a horribly hard day.” *Dr Fran Halford*

>> “It’s always great to hear that someone appreciated your help and that they are doing well now. Often when we take a patient to hospital we never really know what happens to them afterwards.” *Jordan Emery, paramedic*

>> “We really appreciate any kind of recognition. I keep every thank you note in a box. When I’ve had a rough day and I think I hate my job, I go and read those letters.” *Dr Fran Halford* ■

What’s your best (or worst) experience at an Emergency Department? Tell us at readersdigest.com.au/contribute or email editor@readersdigest.com.au.