

Emergency Care, Urgent Care – What’s The Difference?

It’s Saturday night, and your child has a fever. Or you are having chest pain. Or you are bleeding from a serious injury.

Where should you go for medical care?

The emergency department at your local hospital? The urgent care center down the street? The trauma center in the next city?

Always call 911 if you think you may be experiencing a medical emergency, such as chest pain or severe bleeding.

For other, less-severe medical problems, the landscape can be a little confusing.

Emergency Care

Hospital emergency departments are prepared for every kind of medical emergency, including heart attacks, stroke, motor vehicle crashes, psychiatric emergencies and other life-threatening conditions. Emergency departments are available 24 hours a day, 365 days a year, and have special equipment and highly qualified physicians, physician assistants and nurses to respond to every kind of adult or childhood medical emergency. Most are staffed by physicians with specialized training and board certification in emergency medicine.

Some reasons to seek emergency care include: loss of consciousness, severe shortness of breath, facial drooping or weakness in an arm or leg, allergic reactions, chest pain, bleeding that does not stop after 10 minutes, head trauma, seizures, poisoning, severe reaction to insect bites, major broken bones, coughing or vomiting blood, persistent vomiting and suicidal or homicidal feelings.

Emergency departments use a triage process to sort patients by order of the severity of their illnesses or injuries. This means patients with serious medical conditions are seen first while patients with minor problems must wait. When waiting rooms become full, it usually means the treatment areas are filled with critically ill patients waiting for inpatient beds in the hospital. This practice is known as “boarding” and is a major contributor to gridlock. Some

people have suggested that patients with nonurgent medical problems should be prevented from coming to emergency departments to solve overcrowding. However, ambulance diversion and gridlock are caused by the lack of inpatient bed capacity in hospitals, not by patients with nonurgent medical conditions.

Emergency departments have a federal mandate to care for patients regardless of their ability to pay. About half of emergency services go uncompensated, and cutbacks in reimbursement from Medicare, Medicaid, and other payers, as well as payment denials, all reduce hospital capacity. Our nation’s health care system no longer has the surge capacity to deal with sudden increases in patients needing care, such as from natural disasters or a terrorist attack.





Urgent Care

Urgent care centers are an option for common medical problems when a physician's office is closed or unable to provide an appointment. These facilities can be convenient, but are not a substitute for emergency care or a solution to emergency department overcrowding. They are also not a substitute for having a primary care physician. These centers don't have the same equipment or trained staff that emergency departments have. They treat minor illnesses and injuries, such as flu, fever, earaches, nausea, rashes, animal and insect bites, minor bone fractures and minor cuts requiring stitches. Many centers also do physical exams, vision and hearing screening and lab tests and X-rays.

Urgent care centers do not have a federal mandate to treat patients, regardless of their ability to pay. Most accept health insurance, but require payment at the time of service. Patients can usually walk in without appointments, and most don't wait long for treatment. These centers often have extended hours in the evenings and weekends. A growing number of shopping malls and stores are developing these clinics.

If you have a serious illness or injury, you should go to the closest emergency department. If you go to an urgent care center with a serious illness or injury, you will be sent or transported to a hospital emergency department, which will delay your care.

Trauma Care

If you become seriously injured in a car crash, you may be transported by helicopter to a trauma center. Some hospitals are designated as trauma centers and are staffed with special experts to treat patients with the most serious life-threatening injuries, such as severe head trauma or bodily injuries from falling objects.

Trauma centers exist as part of organized trauma systems and are ranked in four designations, according to the level of equipment and staff expertise. Levels 3 and 4 trauma centers have limited facilities and may need to stabilize and transfer the sickest patients to higher levels of care. The most comprehensive services are available at Levels 1 and 2 trauma centers; Level 1 trauma centers also are required to conduct research on improving trauma care.

To qualify as a Level 1 trauma center, a hospital must have a number of complex capabilities, including an emergency department, a high-quality intensive care ward, an operating room staffed around the clock and access to advanced equipment. Levels 1 or 2 trauma centers have trauma surgeons and other medical specialists, such as neurosurgeons and orthopedic surgeons available around the clock at a moment's notice. Emergency physicians and trauma surgeons work together as a team on patients.

Many lives have been saved of people injured in remote areas who have been flown or transported to trauma centers. Yet some parts of the country are under-served by trauma centers and expert trauma care may be many miles away from the injured person. Some have closed or downgraded their designations over funding issues.



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