



## Legal Aspects of Medical Emergencies

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The patient emergency may present before or after the in-office visit. Physicians and office staff must be prepared to recognize crucial clinical clues and respond appropriately. Many offices operate telephone triage lines, or a more formal nurse-on-call program.

Regardless of formality, these programs share common goals and also encounter similar challenges. Hindsight is always 20/20. What can be done better prospectively to make the critical, yet often subtle distinctions that warrant an emergency referral, rather than simply scheduling the patient for another “routine” office appointment?

### Tips to Detect an Impending Emergency

- **Listen**—to what is said and how it is said. How does the patient (or family member) describe the concern? Be attentive to their choice of words and adjectives (“worst headache of my life”), body part involved (“the pain wraps around my entire upper chest,” “my stomach feels bloated”), and tone of voice (alarm, urgent, frightened, anxious).
- **Engage**—ask probing questions to elicit the important clinical details: time of onset, pattern (“what makes it better or worse?”), history (“have you ever felt like this before?”).

- **Access**—the patient’s medical record or EMR, to quickly put the call into clinical context: are the patient’s complaints new and different? Has there been a recent intervention, procedure, or new medication that may be causing or contributing to the patient’s problem? Is the acuity and severity of the occurrence out of the ordinary or worse than expected given the patient’s history? Is there a family, social, work or medical history that warrants a change in the differential diagnosis?
- **Ask for Help**—don’t hesitate to ask an experienced colleague, your supervisor, or physician to help sort out a confusing or complex clinical picture. There is no “I” in Team. Fresh eyes and a different clinical experience can be crucial to making a correct diagnosis.
- **Don’t Cling to a Diagnosis; Things Can Change**—stubbornly clinging to a pre-conceived diagnosis and being reluctant to rethink the situation can have disastrous consequences. Often mistakes are made, or a correct diagnosis is delayed because:
  - ▶ Providers hold fast to an established diagnosis or condition and do not recognize that a new complication is emerging.
  - ▶ A medicine is having an unexpected side effect.
  - ▶ The patient’s recovery is taking longer than normal.
  - ▶ A post-operative complication has developed.
  - ▶ The vital sign trend line is moving in the wrong direction for the diagnosis that you thought was right.
- **Take Good Notes**—documentation is crucial! It must be accurate, specific and timely. Capture the details of what the patient is describing: area of complaint, time of onset, duration, character, etc. And NEVER alter or destroy evidence after the fact. The penalty for “spoliation of evidence” can be staggering.

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