Emergent, Urgent, and Not Emergent/Not Urgent Medical Care: What's the Difference?

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Emergent/Emergency

A condition where **every minute matters**. There is a **risk of death or serious, permanent harm** without **immediate** medical intervention.

Urgent

A condition that is not immediately life threatening but still requires prompt medical attention to prevent complications or worsening illness. Waiting minutes, hours, or a few days (i.e. 3 to 5 days) is unlikely to cause serious harm, but waiting weeks or months would risk serious harm to a child's health, development, or overall wellbeing.

Not Urgent/Not Emergent

A condition that **can safely wait** for a scheduled appointment, routine follow-up, or watchful waiting. If not addressed immediately or even within a specific timeframe, it is unlikely to cause serious harm to a child's health, development, or overall wellbeing. These concerns can typically be evaluated safely in a primary care clinic or outpatient setting, even if a child has to wait many weeks or months for an appointment.

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<u>Resources for Symptoms:</u>

- Children's Hospital Colorado Nurse Triage Line (Available 24/7/365): 720-777-0123 or 1-855-543-4636
- **Poison Center: 1-800-222-1222 (24/7/365)**
- Children'sMD app

Examples of Emergent Medical Concerns

Appropriate medical location for medical care: Call 911, Emergency Room

- Not breathing normally (not breathing or pauses in breathing, breathing too fast, breathing too hard (retractions, nasal flaring), stridor, wheeze, can't speak in full sentences)
- Vomiting blood, or when pooping the output looks like blood and not poop
- Not waking up normally, not responding normally, loss of consciousness

- Focal neurologic symptoms – limp without preceding injury, facial droop, slurred speech, can't use extremity (arm/leg/hand/foot)
- Head injury followed by any of the following: decrease in level of alertness, confusion, headache, vomiting, irritability, difficulty walking, focal neurologic symptoms
- Fever (100.4 degrees Fahrenheit or higher) in any child <2 months old or fever with neck stiffness in any age child
- Dark red or purple rash that doesn't fade when you push on the rash, rashes that are severely painful, rashes with blistering, or rashes that happen along with swelling of eyelids, lips, tongue or face
- Bleeding that doesn't stop with constant pressure for 10-20 minutes
- Injuries leading to obvious deformity or inability to use body part
- Severe allergic reaction (anaphylaxis – lip swelling, tongue swelling, throat itchy, severe nasal congestion, vomiting, full body hives, difficulty breathing, shortness of breath)
- Severe pain (worst of life, 10/10, focal (located in a specific place), does not improve with supportive measures (i.e. over the counter medications like acetaminophen or ibuprofen)
- Severe dehydration (no urine output for >8 hours)
- Change in vision
- Seizure in a child with no history of seizures or seizure that does not stop in 5 minutes with rescue medications
- Suicide attempt or concern that a child plans to attempt suicide (active suicidal ideation)
- Ingestion of toxic substance (call poison control first; they will tell you if you need to go to the Emergency Room. Phone number: 800-222-1222).
- Assault (Ex. Physical, sexual, etc.)
- Any bite by snake or bat, or any animal bite with deformity (visible abnormality) or that includes face or hand

Examples of Urgent but Not Emergent Medical Concerns

Appropriate location for medical care: Primary Care Office same day appointment or appointment within 3 days, Urgent Care

- Worsening of a condition
- Infectious Concerns
    - Mild bacterial infections (ear infection, skin infection, sore throat, possible urinary tract infection)
    - Ongoing vomiting and diarrhea that has not improved over the course of a few days (i.e 3 days). N*ote: diarrhea after a viral infection can last weeks, but vomiting should typically be short lived (1-3 days)*
    - For a child >2 months of age, a fever (100.4 degrees Fahrenheit or higher) lasting more than 5 days
    - Rashes that occur with fever, rashes or sores with honey-colored crusts, skin that is red and painful, especially if spreading or with red streaks (lines) spreading out from the main red area
- Injuries

    - Musculoskeletal (bone and muscle) injuries that lead to swelling, limping, redness of joint, or inability to walk or use limb, but no obvious deformity
    - Concussion evaluation/follow up
    - Human bite
    - Bites or stings with spreading redness, spreading swelling, or any signs of more generalized illness (e.g., fever, vomiting)
- Procedures
    - Dental procedures
    - Ear tube (PET) placement for recurrent ear infections, especially if hearing is affected
    - Bloodwork, imaging or other testing to aid in a new diagnosis or to aid in management of a known condition that is worsening (e.g., growth faltering/failure to gain weight work up, swallow study)
- Symptoms/ Behavioral Concerns
    - New bedwetting in a child who was previously dry at night or new day time accidents
    - Sleep problems/snoring (e.g., obstructive sleep apnea)
    - Behavioral problems that threaten schooling, childcare or placement disruption
    - Developmental evaluations
    - Unintended weight loss

Examples of Not Urgent/Not Emergent Medical Concerns

Appropriate location for medical care: Primary Care Office

Common Symptoms & Illnesses

- Fever (100.4 degrees Fahrenheit) lasting less than 5 days in a child 2 months or older who is otherwise well appearing, able to drink fluids, interactive, without breathing difficulty, no neck stiffness, and fevers reduce with over-the-counter medications (acetaminophen/Tylenol, ibuprofen/Motrin or Advil)
- Mild cold symptoms (runny nose, congestion, sore throat, mild cough without breathing difficulty)
- Cough without shortness of breath, chest pain, wheeze, or difficulty breathing
- Mild sore throat without difficulty swallowing, breathing, or drinking fluids
- Mild ear pain without fever or drainage
- Mild vomiting or diarrhea in a child who is staying hydrated and alert
    - Hydrated = maybe not eating normally, but drinking fluids well and peeing at least 3 times in 24 hours
- Rash without fever, pain, blistering, or facial involvement
- Mild stomach pain and able to keep fluids down (able to take 1–2 oz without vomiting), fewer than three vomiting episodes in 24 hours (not counting cough-related vomiting), and no focal tenderness, fever, or severe tenderness.
- Headache that improves with rest or over the counter medication, with normal behavior, and there are **no symptoms pointing to a specific nerve or brain area being affected** (limp without preceding injury, facial droop, slurred speech, not using arm/leg/hand/foot normally)
- Pink eye without significant pain, swelling or vision changes
- Seasonal allergies

Injuries

- Minor cuts or scrapes that are not deep and stop bleeding with pressure
- Mild ankle, wrist, or knee pain or sprains without deformity (visible abnormality), swelling, or inability to walk
- Bruises from normal play without significant swelling or loss of function

Chronic or Ongoing Concerns

- Mild eczema flares
- Constipation (difficulty or infrequent bowel movements) without severe abdominal pain or vomiting
- Bedwetting that isn't new (a child who has never been consistently dry at night, even if they are school-aged)
- Mild, intermittent asthma symptoms that respond to usual medications
- ADHD follow up for patients who are stable (symptoms well-controlled, without significant medication side effects)

(Non-Urgent) Procedures, Imaging, and Testing

- Routine X-rays for chronic or mild musculoskeletal (bone and muscle)/joint pain
- Screening labs (Complete Blood Count (CBC), lead, lipids)
- Follow up imaging for known stable conditions
- Follow-up bloodwork for known, stable conditions (e.g., mild anemia)