

## Directing Your Care: Injured when away from home

From our recent Health and Wellness committee meetings we have put together a list of topics that members felt needed clarifying for residents. The general themes surround navigating the medical system and how Lathrop Wellness services might be able to help. I'll call this on-going series "*Directing Your Care.*" In the Lampost dated 3/29, I discussed how the pendant and pull cord system brings help when you need it at home. (see "Responding to an Emergency: Lathrop's Safety Net" in the Wellness Matters section on the Resident website.) Today we'll consider what might happen should you be injured while out in the community, including choices around directing the ambulance.

Should you need acute care when away from home, whether it be from tripping over a curb, involvement in a motor vehicle collision or a cardiac event while visiting out of state, the immediate issue is the same. Help is needed from the nearest source. In these times, there is almost always a cell phone in the pocket of a nearby acquaintance or a soon to be passing stranger. Basic life support training starts with securing the area from further danger, determining if someone is breathing, immediately calling 911 if they are not, and initiating CPR. If someone is alert but needs immediate care they should be transported in an ambulance, not a personal car. (An argument could be made if you're in the wilderness but we'll leave that out...) Should a stable person become unstable while being transported, you want professionals who are able to intervene.

Once an ambulance crew arrives, they are charged with stabilizing the individual and transporting her to the nearest facility where the appropriate level of care is available. In our area, in the case of motor vehicle accident or what is considered trauma, that means going to Baystate Medical Center ER in Springfield. Outside of obvious trauma, crews will transport you to the nearest hospital, for initial assessment and should it be necessary once you are stabilized, transfer you to a higher level facility where specialty care is available (cardiac or stroke intervention etc). If you have a preference about another more or less equidistant facility, most ambulances are willing to respect your request. Again this suggests that you are stable and the hospital of choice is within the area. This willingness varies by town EMS policy.

Once you are stable and care decisions are to be made, or you are sitting idle in your ER bay wondering what is going on, this is when you would contact your health care proxy, family member or friend. The ER staff along with the in house medical team will determine if you need admission for further care, transfer, or can be discharged home for follow up in the community. Only the patient or legally appointed proxy can direct care decisions. While Lathrop Support CNAs are on duty, 7am-10pm daily, one of our two nurses is on-call and can provide some consultation around your situation should that seem helpful. Please remember we are wellness nurses, not doctors or nurses active with day to day care of acute care patients. We are certainly not able to influence decision making with your medical providers, but there may be some benefit as you consider issues around arranging possible care needs when you return home.

Next up in our series, who is the hospitalist and how are decisions made about transfers out of the hospital?