

See in office vs. Urgent Care vs. Emergency Room vs. Call 911

Hilliard Pediatrics, Inc. – Dr. Tim Teller, M.D. – 6-13

There are times when your child may need to be seen at the urgent care or emergency room. This may be because of the **severity** of the illness signs and symptoms. It may be because it is **after hours**. Many of these questions are answered on our protocols on our website, however this handout tries to help you decide whether your child should be seen at the urgent care, emergency room, or wait until the next office day where we can see your child. Many insurance plans may cover the visits to the urgent care or emergency room differently. Although, depending on many factors, you may wait less time at the urgent care and it may be cheaper. We strongly recommend the **Emergency Department at Nationwide Children’s Hospital** and the **Urgent Care Close to Home centers at Nationwide Children’s Hospital**.

Call 911

Too short of breath to speak.

Sudden weakness.

Stopped breathing.

Car crash with ejection from the car.

Head injury by a high impact object.

Skin is blue or gray out beyond the area around the mouth or nose.

A pedestrian or bicyclist without a helmet struck by a motor vehicle.

Falls from a height more than the child’s own height and not acting normally.

Passed out and still unconscious or difficult to awaken after 2 minutes.

Choking causing fainting or color change. If brief episode with no fainting or color change that passes quickly, just observe.

Confused.

Neck or spine injuries.

First time seizure.

A car rollover.

Go to the Emergency Department

Severe pain.

Dehydration.

Broken bones with misshapen or out of place bones.

Bleeding that does not stop after 10-20 minutes of applying pressure.

Fever is 108 degrees or more.

Your child is lethargic. Medically, when we say “lethargic” we mean not responding to you normally and looking like “a limp rag doll”. Medically, we say “listless” when we mean lying around, but can get up off the couch occasionally and responds to you normally when you talk to them.

A burn to the skin \geq 2-3 inches across, a burn that goes all the way around an area (completely circles the wrist, for instance), or a burn with numbness.

Abdominal pain that causes someone to be doubled over in pain and not relieved in 15-20 minutes.

Infants less than 6 weeks of age with a fever of at least 100.5 degrees.

A bite wound that is jagged.

Croup with stridor that does not clear with home treatments (steamy shower or cold outside air).

If asthmatic, not responding to home treatments, and you hear a loud wheeze, there are retractions (muscles sinking in), cannot stop coughing, there is a blue color around the nose and mouth, or there is breathing rapidly.

Severe headache and stiff neck.

Go to the Urgent Care

Minor injuries that will likely not need a cast. Note: Nationwide Children's Hospitals' Urgent Cares can do suturing of simple lacerations.

Earaches or sore throats that are so uncomfortable that your child cannot wait until the next office day.

Urinary tract symptoms with fever, back pain, or more than mild abdominal pain.

Itchy, uncomfortable rashes that have not responded to topical anti-itch medicine or oral Benadryl® and you do not want to wait until the next office day.

Call the office for a routine appointment or come in for walk-ins

Fever for five days.

Respiratory symptoms for more than 10-14 days, unless allergy symptoms.

Late onset of a fever after a few days (or more) of nasal symptoms or cough.

Earaches.

Sore throats.

Urinary tract infection symptoms (burning, frequency, urgency).

A rash not responding to usual treatments at home.