

In today's world, so many people do not have medical insurance that when things get bad they go to the Emergency Room (ER) of a hospital.

As a Chronic Fatigue Syndrome/Chronic Fatigue and Immune Dysfunction Syndrome/Myalgic Encephalopathy (CFS/CFIDS/ME) patient, going to an ER should be the last thing you do rather than the first. For a serious accident, broken bones or body parts that aren't where they should be, definitely head to an ER. Know that you will be there for hours and if you need to eat (i.e. diabetics) bring something with you, if possible.

There are some things you should know first: ER's triage, treat and transfer. They do not do follow-ups and do not deal with chronic long-term issues. They are trained in solving a problem, not in preventing one. Some patients who repeatedly end up there become "frequent fliers" at the ER. The doctors and nurses have special training in trauma which means they stabilize and then send you out; either to be admitted, or released to home or another facility. The physicians hardly ever see the patients after the ER so when a CFS/CFIDS/ME patient walks through the door, in the majority of cases the medical staff doesn't know what to do with or for CFS/CFIDS/ME. It is imperative that you, the patient, have a clear idea of what you need from this visit and stick with it. If your foot is broken, get it set. Having Orthostatic Intolerance has nothing to do with the broken foot. If you are running a high fever and haven't slept in 4 days, they should know you have a faulty immune system. Do not go in expecting an answer to CFS/CFIDS/ME. Instead, try to find a primary care physician with whom you can work. This is easier said than done but we don't want patients unrealistically setting expectations that can not be met. There is a time and place for an ER visit and it is for *emergencies*.

According to the American College of Emergency Physicians Foundation (ACEP) at [www.Emergencycareforyou.org](http://www.Emergencycareforyou.org)

the following are the reasons to go to an Emergency Room:

**Good** Reasons to Go to an Emergency Room:

### Bad Reasons to Go to an Emergency Room:

Loss of consciousness.

Signs of heart attack that last two minutes or more. These include: pressure, fullness, squeezing or pain

Signs of a stroke, including: sudden weakness or numbness of the face, arm or leg on one side of the body

Severe shortness of breath.

Bleeding that does not stop after 10 minutes of direct pressure.

Sudden, severe pain.

Poisoning (Note: If possible, call your local poison control center first and ask for immediate home treatment)

A severe or worsening reaction to an insect bite or sting, or to a medication, especially if breathing is difficult

A major injury, such as a head trauma.

Unexplained stupor, drowsiness or disorientation.

Coughing up or vomiting blood.

Severe or persistent vomiting.

Suicidal or homicidal feelings.

Earache.

Minor cuts where bleeding is controlled.

A minor dog or animal bite where bleeding is controlled (but see your doctor-a rabies shot may be necessary).

A broken bone (call your doctor to see if he/she can treat you the same day, if not- or if bone is showing).

A sprain.

A sunburn or minor burn from cooking.

An insect sting or delayed swelling from a sting (if there is breathing difficulty, go to the ER).

A skin rash.

Fever (if there is a convulsion, go to the ER).

Sexually-transmitted diseases.

Colds and cough, sore throat, flu.