

## **The Emergency Room**

Ironically, good planning is often the best way to prepare for the unexpected. However, for people with spondylitis, a trip to the ER may require even more than the average amount of forethought.

So, what can a person with spondylitis expect if all else fails and a trip to the ER becomes a necessity? The answer to that depends a lot on to whom you speak, and in which hospital ER you eventually end up.

But, how well are you prepared? And how well do you think you would fare in a medical emergency?

For just one moment, imagine yourself arriving in a hospital emergency room after a traffic accident.. You are unconscious and unaccompanied by either friend or family member. What is the one thing you will need most in order to be adequately prepared for this situation? The answer is: fast, up-to-date, and accurate personal information. What would the ER staff know about you and the current state of your health? And what about any medication that you may have taken in the past two weeks? This vital information could have a direct impact on the outcome of your treatment.

The Practical Journal of Emergency Physicians, addressing the difficulties associated with the optimal management of people with spondylitis, concluded that standard treatments might actually do more harm than good. It is reported that routine procedures, designed to minimize the possibilities of spinal injury, have the potential to exacerbate or even precipitate a spine problem in AS patients. And another study from the Thomas Jefferson University Hospital in Pennsylvania reports that it is important to recognize that people with spondylitis are at greater risk for serious spinal injury and increased neurological complications even in the event of a minor trauma.

However, your experience in the emergency room may still largely rely upon the individual knowledge and experience of its staff because, as yet, the American College of Emergency Physicians has not published a clinical policy outlining guidelines with respect to patients with ankylosing spondylitis. But all is not left to chance. New immobilization procedures, such as “splint in position,” are now being reviewed by the curriculum board as a result of one particularly famous case in which the fused, inebriated, elderly patient died after standard immobilization.

Unfortunately, sometimes not even the most careful planning will guarantee a successful outcome. Spondy Plus encountered horror stories from some very well-informed people who described their ER experience as frightening. One respondent suffered a terrible experience, when the staff, not familiar with the

varied physical limitations sometimes associated with AS, demanded that he lay flat on a gurney otherwise he could not be transported. And others have suffered the avoidable humiliation of having their heads hit against the bed rail when being “rolled” from side to side- a supposedly routine task.

Admittedly, some tests and procedures are extremely difficult to execute if patient if bending and stretching are involved, and these and can be particularly painful for a person with spondylitis if not managed appropriately. Even the use of a feeding tube can become a surgical procedure when the head is bent to the chest. However, very often, when the medical team is prepared for the task, difficult procedures such as intubation can sometimes be modified in order to circumvent physical limitations. One such example is the use of a flexible fibre optic laryngoscope, which unlike the rigid standard equipment, can pass through small gaps in the teeth or through the nose and bend to the contour of the airways. Thanks to advances in technology, the well-informed and skilled physician has now more options when treating a person with fusion of the joints, extremely limited mobility of the neck or reduced mouth opening secondary to AS.

### **What else can be done?**

Do you know if the information in your medical records is accurate? One SAA member was horrified recently when a routine verification of her medical records revealed errors relating to her condition. And even listed a dizzying array of prescribed medication, of which she had no knowledge. Fortunately, she was able to rectify the problem, and make corrections to her recorded medical history.

Apparently, one of the reasons for the confusion over medical records in this country stems from the fact that there is no federal statute governing a patient's access to his or her health records. In some states, medical files cannot be seen by the patient, even though any health care practitioner may have access to them.. And currently, only 28 states explicitly protect and ensure a person's rights to review her medical records and correct any errors she finds. Ask your doctor to see your records so that you can verify their accuracy.

If you're out of town when emergency strikes, how quickly can your medical records be made available? Many organizations around the globe make this an easy task, and here are some possible solutions:

### **The Emergency Information Card**

Credit-card sized printed information including blood type, medications, allergies, physician names, medical condition, emergency contact and other valuable information. Initial fee \$14.95

### **Medical Information Card**

2201 Buena Vista SE Suite 311  
PO Box 40724  
Albuquerque New Mexico 87196-0724

**Medic ID's International**

Medical Identification Jewelry  
Starting price \$55

**Life-Fax**

Stores medical data from a form filled out by its members. Members receive a membership card with a number and a Life-Fax phone number. Medical information can then be requested by fax. A living will may be included as part of the material. Initial membership \$19

Life-Fax  
200 Market Place  
Suite 140  
Roswell, GA 30075  
(800) 487-0329 or  
(770) 5524140

**Medic Alert**

A non-profit paid membership group. Does not store complete medical records but provides vital medical facts from a 24-hour emergency number. Member ID is worn on a bracelet or pendant. Initial fee \$35

Medic Alert  
2323 Colorado Avenue  
Turlock, CA 95382  
(800) 763-3428

**EMX Card -**

Member ID gives access to stored data can read off a computer screen by multilingual operators or sent by fax. Initial cost \$45  
EMX card (800) 225-5369

And around the United States, technological information systems are being used in numerous hospital emergency departments. Many hospitals are now equipped with electronic record keeping systems. For example, if you are in one of the 45 medical centers across the nation using the EMStation electronic record keeping system, your complete medical history can be instantaneously accessible to physicians, pharmacies and hospital staff by communication with virtually every hospital information system. With this system in place, patient records are no longer lost or misfiled, and physicians' handwriting no longer has to be deciphered. The number of emergency rooms using this or other electronic record keeping systems will certainly grow because of the ACEP's push toward

the reliable and prompt flow of medical information. Hospital currently using this windows-based application are Boston Children's Hospital, HealthSouth (Richmond, Virginia), Coordinated Health Services ( a major emergency department services provider), and Florida Hospital in Orlando.

And as millions of dollars continue to be spent on counter measures to treat people with allergic reactions to drugs prescribed and unnecessary procedures done in the emergency room. And the fact remains, that the crux of emergency medicine is still often having to make quick decisions based on insufficient patient information. So in conclusion, when it comes to preparing for emergency medical care, taking responsibility and good planning may prove to be crucial to our well-being.