



Family Caregivers
of British Columbia

Family Caregivers of BC

PREPARING FOR A VISIT TO THE EMERGENCY DEPARTMENT

Should you have more questions, we invite you to give our staff a call at our toll-free Caregiver Support Line, open Monday - Friday 1-877-520-3267



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A visit to the Emergency Department (ED) can be an overwhelming experience for an older person with dementia and their care partner. In 2017, Family Caregivers of British Columbia offered a Webinar titled: Acute Care for Caregivers <https://www.familycaregiversbc.ca/events/webinars/>. This article offers additional insights from a dementia care perspective.

Being ready for an ED encounter is a step in the right direction. “Readiness” is like earthquake preparedness, you don’t know when you will need it, but you are better off prepared. Getting to the ED is stressful and when we hurry, it is easy to forget things. Avoid crisis decision making, get organized a head of time. Pack a ready to go bag. This will contribute to a successful visit by permitting you to focus on your care partner. Items to consider are: money for the parking meter, copies of important documents and medical history, aids to support distraction, and warm sweater or slippers.

Arriving at the ED

On arrival, an ED Nurse will assign an urgency of need score between 1 and 5. A score of 1 means the needs are life threatening and the patient will be seen by a doctor immediately. A score of 5 indicates low priority. The score is made quickly and based on the reason you came to the ED (the problem, signs and symptoms you report).

Being in the ED

The urgency of need score will determine how quickly you are seen and possibly where you will sit and wait to be seen. Surviving a trip to the ED is more than having past medical information, CareCards, medication lists, GP contact information, or healthcare representation agreements. All of these are important to support the ED team do its work. But for the older person living with dementia, there is more the ED staff need to know. You can help the staff see what is hard to see. This includes understanding the person’s strengths and abilities that need to be protected as part of the plan of care, and not lost because of the reason they have come to hospital.

Communication tools can help with this. These tools cue staff to understand who their patient was before their illness. Check out these communication tools on the Alzheimer’s Society website.

English: www.alzheimer.ca/hospitalvisits
French: www.alzheimer.ca/visiteshopital





The communication tools can alert ED staff to “behaviour that has meaning.” People living with dementia may communicate their needs in ways that only their caregivers understand. You are familiar with early cues for restlessness and agitation, fatigue, fear, or how pain is expressed. Your knowledge gives meaning to behaviours that might be misunderstood as “disruptive.” The Know Me – About Me tool provides such information as well as care strategies or approaches that you know work. ED staff can adopt these approaches so that powerful medications can be avoided.

Leaving the ED

You will get information on the medical diagnosis and the medical plan of care BUT it is important to leave, understanding what is going to happen next. State what you need to succeed at home. Ask for time, perhaps to gather medical supplies, or equipment for home. Ask for community resources to be set up BEFORE you leave ED. Don't be persuaded to wait for community services to contact you once you are home. Leave with names and phone numbers in hand.

Organizing and planning ahead is important but remember to act on your expert caregiver knowledge. You have it and it will make a difference to the care received by your care recipient.