

# Emergency

## Where drama reigns

By CRAIG PIECHURA

The very words create an air of anxiety — emergency room.

One expects to hear sirens and sobbing and see double doors rammed open by hospital carts whizzing by carrying unconscious patients with i.v. bottles attached to their arms.

The reality isn't quite so frantic. While it isn't something to look forward to, emergency room visits also don't have to be as traumatic as imagined.

If you've never been to the emergency room at Botsford General Hospital, here's what you can expect.

Once you are brought into the lobby, expect a wait, unless your injury or illness is seen as requiring immediate attention.

Waiting is the hardest thing for most patients and their loved ones to fathom. But patients are admitted on the basis of the severity of their illness, not on a first-come, first-served basis.

"We define an emergency as something unexpected happening in a person," said Dr. Ronald Lagerfeld, D.O., director of the emergency room at Botsford. "It's something the patient can't handle at home. Something they haven't come in contact with before."

"What many people misunderstand is that just because it's an emergency doesn't mean you'll see the doctor right away or get your problem taken care of immediately. The policy is we have to determine the severity of an emergency. And some people with an emergency who are not in great pain or danger do wait a half hour or 45 minutes before they see a doctor."

IMMEDIATE attention is given to persons bleeding heavily, persons experiencing chest pains or having difficulty breathing. Infants with problems warrant quick attention, Dr. Lagerfeld explains, because they are unable to express what's ailing.

Emergency rooms don't turn people away but the staff might advise a man with a bad stomach ache that it would be cheaper and better in the long run if he'd consult his regular physician.

Those who don't have a regular physician can find referral to one by the hospital staff. Minimum fee for an emergency room visit is \$85 although the hospital will accept anyone regardless of ability to pay.

The first person a patient or friend of the injured encounters is the emergency room secretary at the receiving desk. Contrary to popular opinion, their

sole duty isn't to cross-examine sick people or shake them down for Blue Cross cards or comparable medical insurance proof.

Their main job is to judge whether a patient has an immediate need for medical attention. Common sense prioritization is vital when up to 100 people are admitted daily into the emergency department.

HELEN UNGER, who's worked behind the counter of the emergency room front desk for 15 years, says the biggest help she can provide to emergency patients is a smile and a sincere interest in their problem.

"I figure I can help them some times just by listening to someone," Mrs. Unger said. "I don't get upset if someone who is drunk or on dope comes in. They need help. They're human beings and they're desperate. Everyone deserves respect when they get here."

Seeing people with medical emergencies day in and day out doesn't make the receptionists emotionally immune, says Mrs. Unger and another receptionist, Maude Purcell.

"You do take it home some times," Ms. Purcell said. Especially when a baby dies. That stays with you more than a few hours. You feel sorry more for the family than the patient."

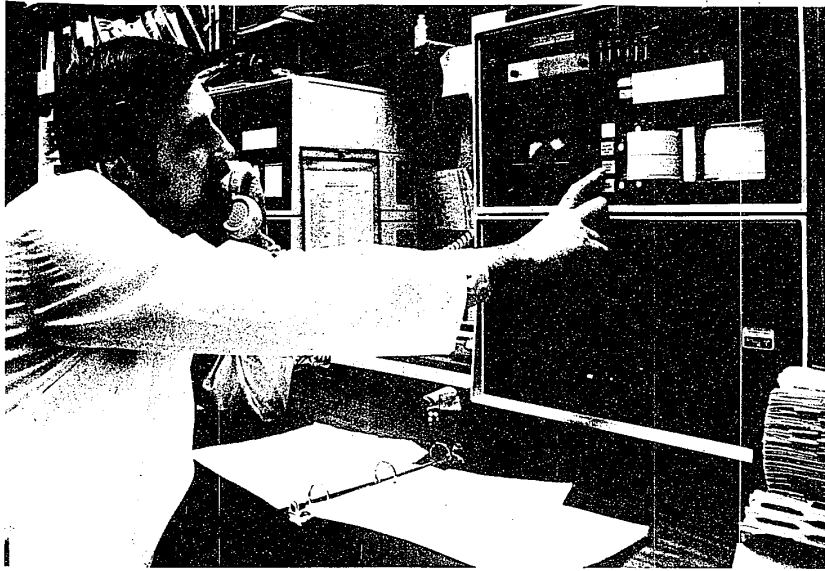
Family members who request or require counseling are able to consult with an emergency room social worker any time of day.

ROZETTA BRIDGES, day shift social worker, explained that she provides crisis intervention counseling, including counseling of the patient's family and close friends. Her job also entails work to curtail child abuse, spouse abuse, alcohol abuse, drug abuse and grief counseling for the bereaved. The social worker may also help patients and their loved ones with finance plans, transportation, home placement and out-patient care.

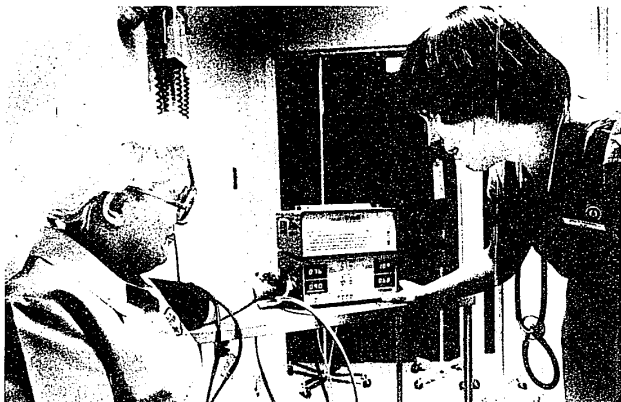
Last Tuesday Mrs. Bridges' day included counseling of a couple who brought in an infant suffering from a slight contusion caused by a fall.

Mrs. Bridges had to investigate to see if there was any evidence of child abuse. In interviews with the husband and wife, she said she determined that the father slipped outdoors and accidentally dropped the child. But, because of marital problems, she said, the woman was blaming her husband for the incident.

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From remote locations, emergency medical technicians are able to hook up with Botsford Hospital to relay information about a patient. Dr. Ronald Lagerfeld, who heads the emergency department, monitors a patient's heart. (Staff photos by Randy Borst)



### Prevention

Blood pressure monitoring is part of the service that can avoid more complicated problems in the future. Ruth Roberts, a Red Cross volunteer (left), has her blood pressure monitored by nurse Ulrike Marquis. (Staff photo)



### Diversity

Emergency rooms must be prepared for just about any type of injury, large or small. This area, staffed by head nurse Dorine Kramp (left) and nurse Ellen Neihoff, is used for minor surgery. (Staff photo)



Persons coming to the emergency ward are greeted by the emergency room clerk Helen Unger. (Staff photo)

Reception immediately following the services of the following:

Mr. Randolph Koorhouse requests the honor of your presence at the marriage of your daughter Wendy Anne to Mr. Steven William Peters Saturday, the nineteenth of June at ten o'clock Saint Theresa's

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Mrs. Howard Lee Crandall requests the honor of your presence at the marriage of her daughter Janet Louise to Mr. Hugh McLaughlin on Friday, the second of July at five o'clock First Presbyterian Church Louisville, Kentucky