

Provincial Emergency Patient Information Resources (PEPIR)

Provincial Discussion Series on Emergency Patient Discharge October 25, 2024 I acknowledge with gratitude, that we are gathered on the
traditional, ancestral and unceded territories of the [the
x^wməϑk^wəýəm (Musqueam), Skwxwú7mesh (Squamish), and
səlilwətaɬ (Tsleil-Waututh) First Nations who have nurtured and
cared for the lands and waters around us for all time. I give
thanks for the opportunity to live, work and support care here.



Agenda



1. Updates on Improved Resources

2. Updates on Access Strategies

3. Next Steps & Future Engagement

Keeping You Engaged



Keep meeting?

• Suggestions to improve your experience and the value of the meetings?

Monthly?



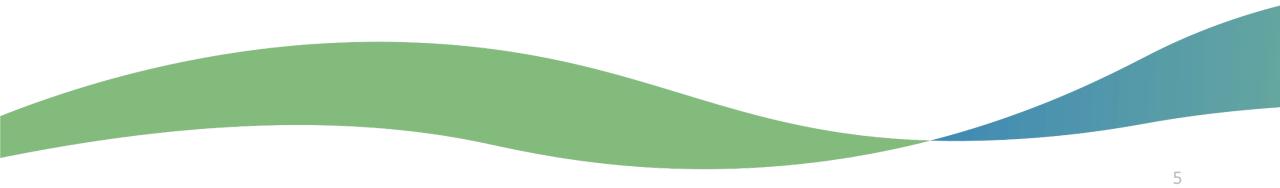
Best day and time to meet?

- Be specific!
- Morning? Lunch? ...3pm Thursdays?

Agenda



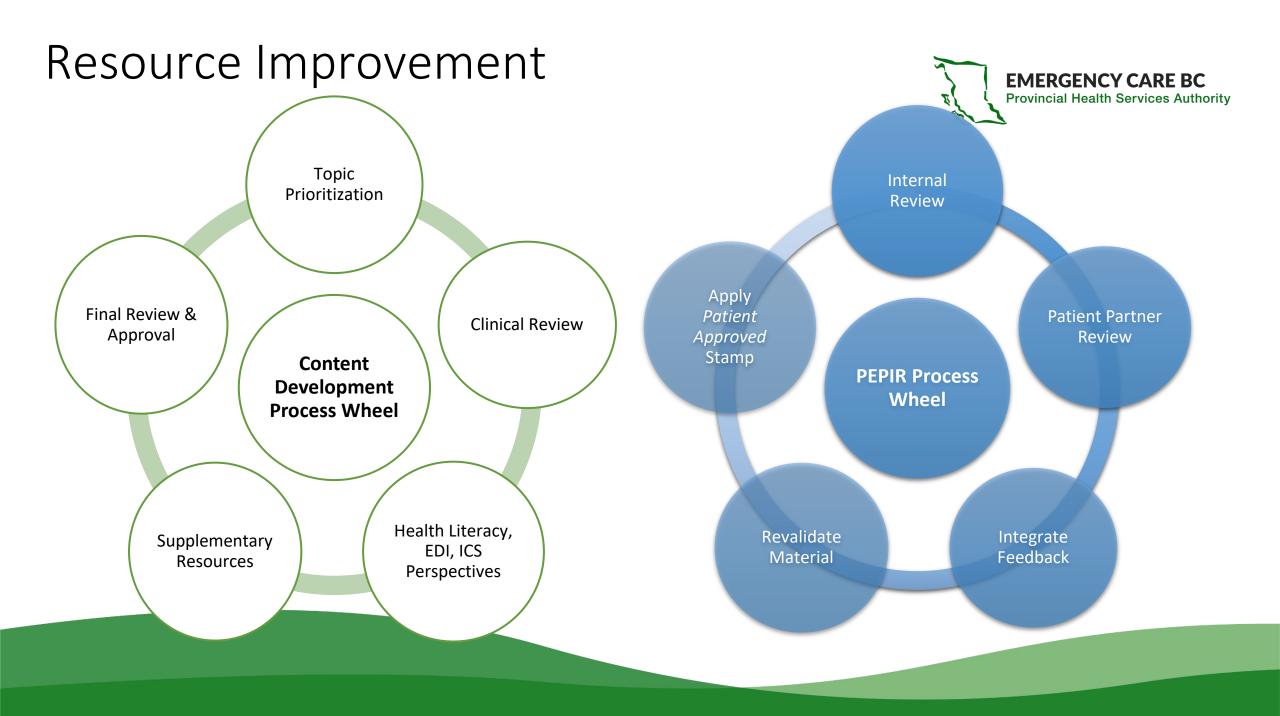
1. Updates on Improved Resources

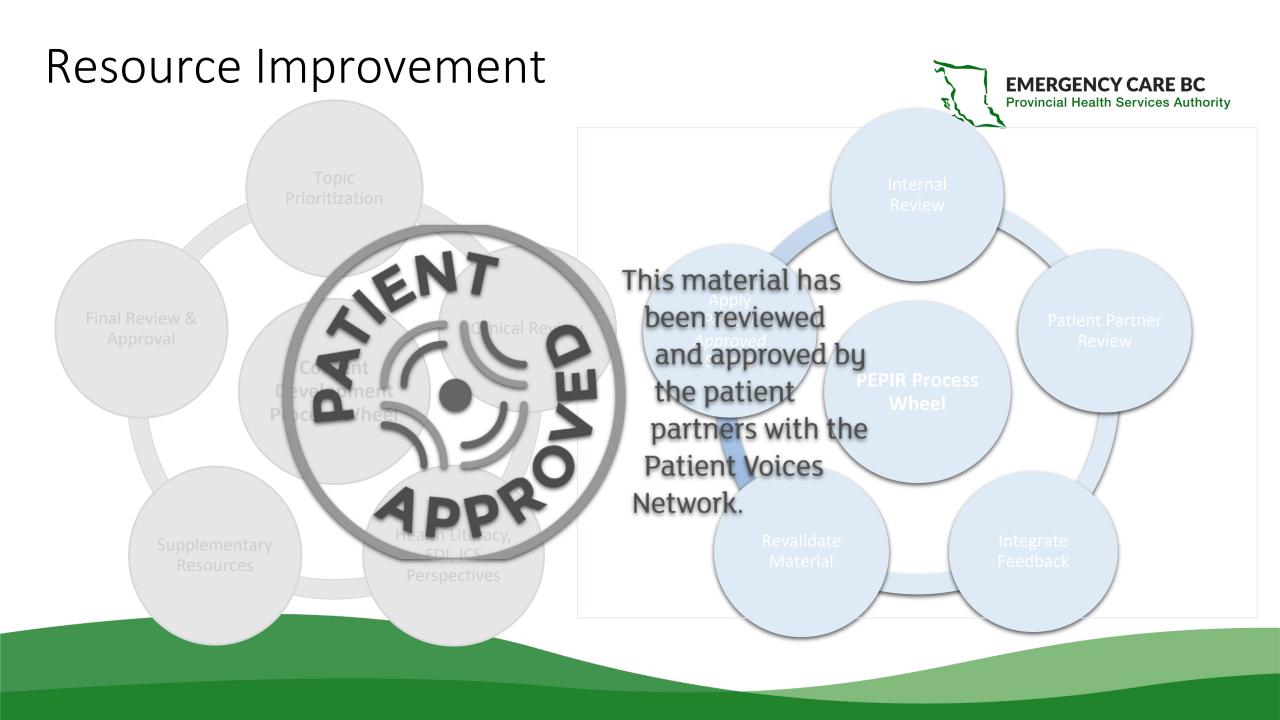


Acknowledgement

- Gurleen Cheema, Health Quality BC Summer Intern
- Lisa Li, UBC Work Learn Student
- Jack Auraha, UBC Work Learn Summer Student
- Paul Collins-Williams, ECBC Project Manager
- Jason Lau, ECBC Communications Specialist
- Prerna Pant, ECBC Project Manager
- Dr. Emily Stewart, Emergency Physician
- Dr. Jatina Lai, Emergency Physician
- Dr. James Simmonds, Emergency Physician
- Dr. Julian Marsden, ECBC Provincial Medical Lead, Clinical Quality
- Preceptors, supporters, volunteers, EM community and many many others









Cast and Splint Care

A cast or splint is used to support and protect an injury. Casts or splints stop the injured part of your body from moving so that it can heal faster and in the right position. How long you need to wear your cast or splint depends on the injury you have.

There are many types of casts or splints:

- A cast will be made of fiberglass or plaster. There is a soft layer beneath the hard outer layer that protects your skin.
- A splint can be made of plaster which forms the shape of half a cast, or a piece of metal with soft padding. A splint will be held in place with tape or a large bandage wrap.

🕖 When to Get Help

Go to the nearest Emergency Department or Urgent Care Centre if:

- You have severe, increasing pain or if your pain is not well controlled with pain medicine.
- · Your fingers or toes turn blue or grey.
- You feel numbness or tingling in your fingers or toes.
- · Your cast feels very tight and/or you have severe swelling.
- · You cannot move your fingers or toes.
- · Your skin underneath the cast is stinging or burning.

To Learn More:

- · Ask your health care provider.
- Use HealthLinkBC: call 8-1-1 (7-1-1 for deaf or hard of hearing) or go online to <u>www.HealthLinkBC.ca</u>

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Cast and Splint Care - continued

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Notes:

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Swelling It is normal to have some swelling from your injury for 2-3 days. This processes your part or policit to find a bit tight or going. These are things

How to Care for Yourself at Home

may cause your cast or splint to feel a bit tight or snug. There are things you can do at home to help with swelling.

- Elevate your injured arm or leg above the level of your heart for the first 1-3 days. Support them with pillows or rolled up towels.
- Apply ice or a cold compress to your injury for the first 1-3 days. Do this for 15 minutes every hour while you are awake. Wrap the ice well to avoid getting your cast wet and to avoid making direct contact with your skin.
- Gently exercise your uninjured fingers or toes by moving or wiggling them slowly to prevent stiffness.

Weight Bearing

Depending on the type of cast/splint you have, you may not be able to put weight on your injury (e.g., standing or walking) for a few days. Follow instructions you were given by the doctor.

PLASTER CAST

Do not put weight on it for 3 days.

FIBERGLASS CAST

It is okay to put weight on the cast right away.

PLASTER SPLINT

Avoid putting weight on it for 1-3 days.

Keep Your Cast or Splint Dry

Avoid getting your cast or splint wet in the shower, bath, or pool.

 Wrap your cast or splint in a towel, place a plastic bag over the towel, and wrap tape around the open end of the bag to prevent water from getting in.

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Cast and Splint Care - continued If your fiberglass cast or splint ...

- · Gets wet on the outside, wipe it off.
- Gets wet inside, use cold air from a hair dry to dry it.
 - + Cracks, arrange to see your family doctor or go to a walkin clinic.
- · If your plaster cast or splint gets wet, soft or cracks, see your family doctor or a walk-in clinic.

Caring for your cast and splint:

- Do not trim or reshape your cast.
- Do not bend your metal splint.
 - + Do not hit your cast or splint against hard surfaces. + Avoid getting dirt or sand inside your splint or casts.

Caring for your skin:

- It is common for skin underneath your cast to feel itchy.
- You can blow cool air from a hair dryer into the cast.
- DO NOT:
 - + Put powders or lotions under your cast.
 - + Put objects like coat hangers or pencils inside your cast.
 - + Pull the padding out from your splint or cast.
- · If skin around your cast becomes red or irritated, talk to your family doctor, or go to a walk-in clinic. Use a soft piece of material (like cotton pads, small towels) to protect your skin while you wait to see them.

CAST REMOVAL

- Do NOT remove your cast yourself.
- · You may be asked to have another x-ray to see if everything is healing properly.
- Your doctor will let you know approximately when your cast will be removed and where this should be done.

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https://emergencycarebc.ca/clinical_resource/patient-information-sheet/cast-and-splint-

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(June 2012) by Providence Health Care.

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Find this information sheet on the ECBC website:

Cast and Splint Care - continued

HOW TO ELEVATE YOUR INJURY

Notes:

Additional Information

 How to care for your cast (video) https://www.youtube.com/wa tch?v=aKlrDB5ovtY

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Bronchiolitis

Bronchiolitis is an infection that affects the "bronchioles", which are the small tubes (airways) that bring air in and out of your lungs. It most often affects children younger than two years old.

-0 What to Expect

Bronchiolitis usually begins with common cold symptoms, such as:

- Fever (Temperature greater than 100.4°F or 38°C)
- Runnv nose
- Cough
- Eating less than usual

After 2-3 days, your child may develop the following symptoms:

- Breathing faster than usual
- Having trouble breathing
- Pauses in between breaths, sometimes up to 20 seconds
- Wheezing (a whistling sound when your child is breathing in)
- A severe cough
- Difficulty feeding or eating less than usual.
- · In most children, symptoms will resolve over two to three weeks.



坐 When to Get Help

Go to the nearest Emergency Department or Urgent Care if:

- Is younger than 3 months and has a fever (38°C or 100.4°F)
- Is younger than than 2 years old and fever greater than 40.5°C (104.9 °F)
- Develops blue lips, gums, fingernails, or skin
- · Has difficulty breathing, or looks like they are getting tired or working hard to breathe
- Is breathing very fast

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Recommended Follow-Up

Follow up in ____ days.

Name of Provider

Reason Date/Time

Location

Contact Info





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PDS Title - continued

Notes:

When to Get Help (cont'd)

Nostrils get bigger when they breathe

- Starts grunting
- Is very sleepy and difficult to wake up
- Chest caves in near their neck or below their ribs when they breathe (retractions).

To Learn More Ask:

- Your health care provider.
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How to Care for Yourself at Home

- Do NOT give your child Aspirin (acetylsalicylic acid).
- · If your child has a fever, they can be given over- the-
- ŵ counter acetaminophen (brand name Tylenol and Tempra) or ibuprofen (brand name Advil). Ibuprofen is not
- · If your child has a stuffy nose, saline nose drops can be used to help. Suction bulbs, found at most pharmacies, can also remove

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- · Encourage your child to drink fluids.
- · clear liquids to soothe their throat and help loosen mucus.

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Medication

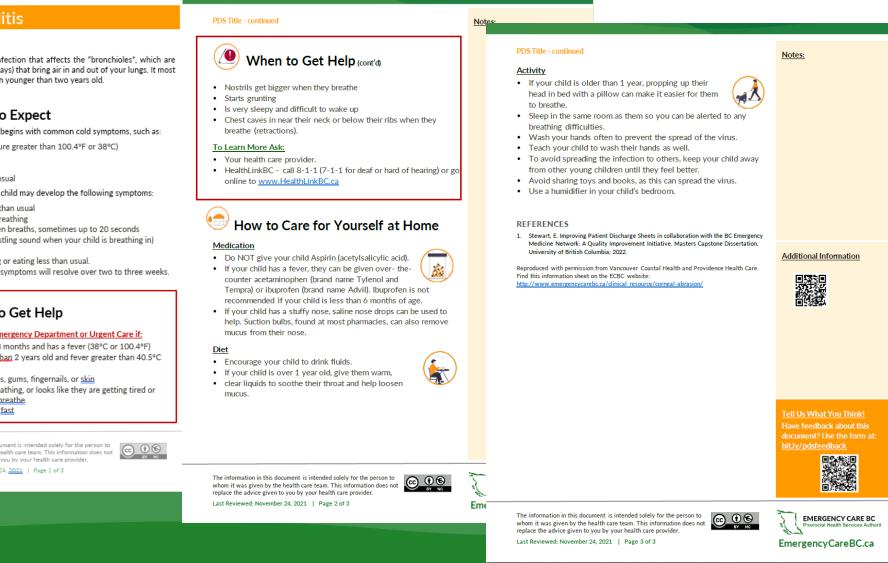
- recommended if your child is less than 6 months of age.
- mucus from their nose.

Diet

- If your child is over 1 year old, give them warm,

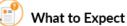
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Agenda



1. Updates on Improved Resources

2. Updates on Access Strategies

Rapid Discharge Sheets

Patient Information Resources -Infectious Illness (Adult)

Scan the QR code(s) circled below by your physician/nurse for more information on diagnosis, symptoms, at-home care and recommended follow-up instructions.

To scan a QR code: Open the camera app on your mobile phone, centre the QR code you want to scan, hold your phone steady and tap the notification that pops up to open the link.

You can view the document directly on your phone or click on the "Email Or Text this Resource To" button to send it as an email or text message and save it for future reference.



For more information and to find other patient information resources, visit the ECBC website at <u>emergencycarebc.ca/pds</u>. Have feedback? Fill out our survey at <u>bit.lv/pdsfeedback</u>.

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Rapid Discharge Sheets

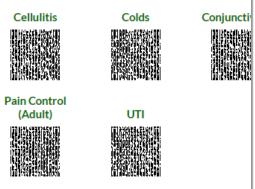
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Patient Information Resources -Bones, Muscles and Joints

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EMR Integration



ED Patient Discharge Handout X List	4 1
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ED Patient Discharge Handout	^
Visit Information C C C ED Assigned Provider/Time Time Seen: TestED, Emergency-Physician2, MD 01/26/2023 10:33 Primary Care Physician Test, Alex	
Discharge Diagnosis 1:Gastresophageal Reflux Disease (GERD); 2:Abdominal Pain NYD	
Patient Instructions Scan the QR code below or visit https://emergencycarebc.ca/resource_type/patient-information-sheet/ for more information on your discharge diagnosis, symptoms, at-home care and recommended follow-up instructions from Emergency Care BC. Please note: Not all disc diagnoses have an Emergency Care BC Patient Information Resource.	harge
Note Details: ED Patient Summary, TestED, Emergency-Physician6, MD, 11-Sep-2024 15:27 PDT, ED Patient Discharge Handout Save & Close	Cancel

Health Gateway Integration



→] LOG IN

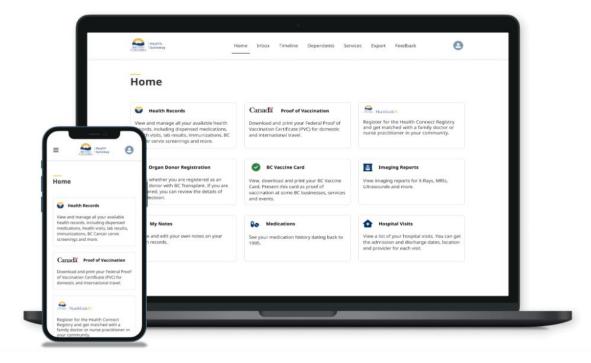


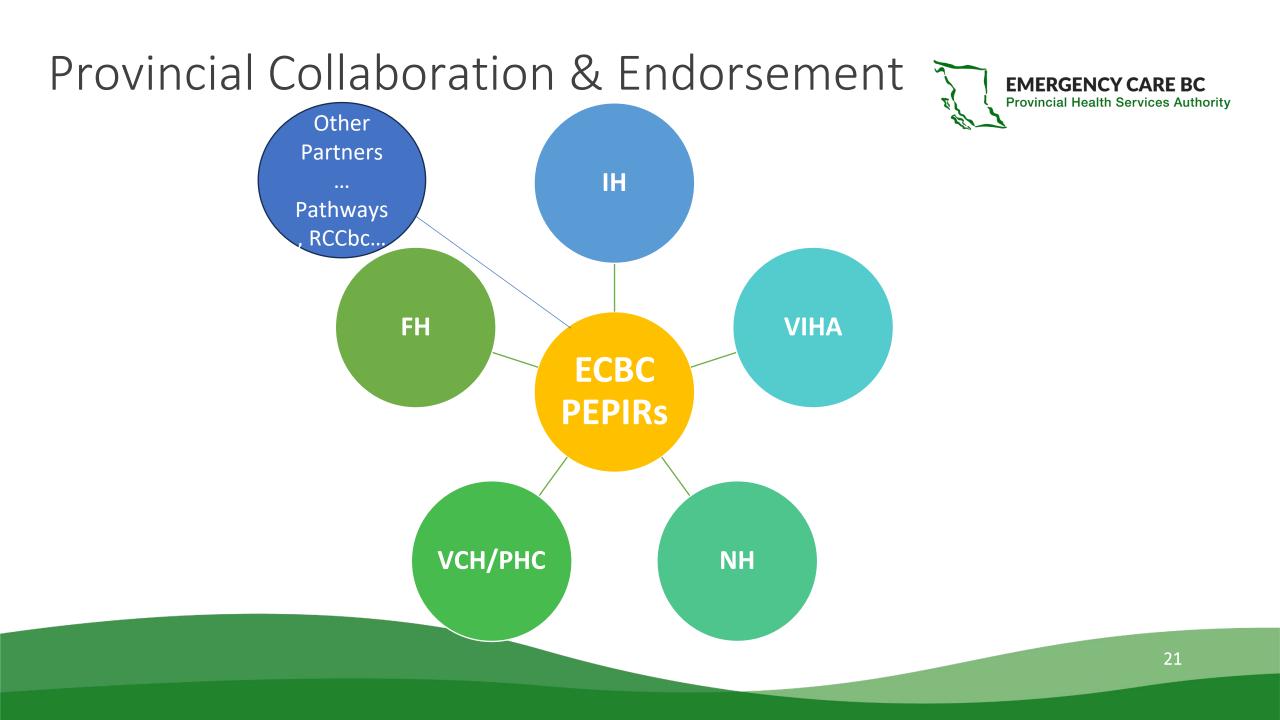
Access your health information online

Health Gateway provides secure and convenient access to your health records in British Columbia

LOG IN WITH BC SERVICES CARD

Need an account? REGISTER





Enabling High-Quality ED Patient Discharge 🗎

BC Relevance – Tailored, reviewed, prioritized for local/regional

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High Quality – Content control, maintain standards

Align and improve tools across all HAs

Awareness Campaigns (e.g., Posters in waiting rooms...)

Advance Tech Solutions (Health Gateway, EMR integration...)

Agenda



1. Updates on Improved Resources

2. Updates on Access Strategies

3. Next Steps & Future Engagement



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