

Preface

## Emergencies in the Outpatient Setting: Part I



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*Guest Editors*

The evaluation of patients in the outpatient setting frequently results in the need to transport them to the emergency department (ED) for definitive diagnosis and management. Many chief complaints and specific disease entities are more easily managed in the ED due to the availability of airway and resuscitation equipment and access to specialty consultant care. Any discussion of emergent patient presentations would be remiss without discussing the obvious fact that many of the urgent and emergent conditions that develop in our patients are difficult to take care of in the office.

Primary care providers who see patients in the outpatient arena should be fully prepared to treat and stabilize ill patients to a higher level of care prior to transport. Furthermore, these providers must have concrete knowledge as to what conditions should be managed in the ED and what complaints and entities are best handled in the office to avoid unnecessary transport and ED overcrowding. Finally, there is a need for the primary care physician to be familiar with and understand subtle and atypical presentations of disease as well as the classic appearance. Although many patients will be quickly transported to the ED for stabilization, diagnosis, and admission, it is the outpatient physician's obligation to recognize whether a potential life threat exists in the first place.

The main goal of Part I of this double issue is to review some common urgent and emergent conditions that present to primary care offices. Topics of discussion include, (1) what conditions can and should be treated in the office without necessitating patient transport; (2) what entities require urgent or

emergent transfer to the ED; (3) how to prepare your office for an emergency; and (4) what some of the “can’t miss” entities could be that primary care physicians should be familiar with. With these in mind, Part I focuses on topics that are common and potentially life- or limb-threatening. Our goal is to provide a useful resource for the outpatient physician on what to do when faced with certain urgent and emergent patient complaints and presentations.

In the pages that follow, several common patient complaints and presentations will be discussed as they relate to how they are handled differently in the outpatient versus inpatient setting. The authors acknowledge that several of the articles included in this double issue cover topics that, on the surface, appear to be only appropriate for ED evaluation. For example, why were we compelled to discuss arrhythmias, pulmonary embolism, myocardial infarction, aortic dissection, spinal cord compression, or extremity fractures? Are any of these entities taken care of in the office setting? The answer is a resounding, “No.” However, patients with these and numerous other conditions present initially to a primary care provider’s office. Outpatient practitioners should be well aware that they are, to some degree, on the front line of patient care as much as emergency physicians, and are poised to make a tremendous difference in the lives of patients who seek medical attention for urgent and emergent problems. Prompt recognition of emergent medical and surgical conditions often starts with simply considering what potential diagnoses may be present and in what setting would be most appropriate for patient care. So, although many of these entities are dismissed from the office as quickly as they entered, it is important to note that the primary care physician can make a difference by being knowledgeable of the acute care issues at hand and working under the assumption that a limb- or life-threat is present until proven otherwise. We hope that Part I of this double issue proves useful in refreshing or providing that very knowledge.

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