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Saving precious minutes in a medical crisis

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By NANCY CHURNIN / The Dallas Morning News
nchurnin@dallasnews.com

When Larry Ray, 88, of Plano collapsed in his apartment after a seizure April 28, there was one thing he didn't have to worry about – navigating the emergency room.

After several visits over the years, the survivor of seven bypass surgeries was prepared. He had a bag packed and ready to go by his front door with contact phone numbers for his doctors and friends, a list of his medications and other essentials. Experts say that anyone who cares for an elderly friend or family member should prepare for potential emergency-room visits, because simple preparation can save time – and lives.

"It's particularly good when you call an ambulance because everything happens so fast, you don't have the time to go around and say I want this or that," Ray said by phone from his hospital room. "It's just common sense, but it makes a difficult time go better."

Also in the bag: a medical power of attorney document, which gives Paul Friedrich, a volunteer with The Senior Source, a local support group for people over age 55, the right to speak for Ray if he cannot. Friedrich, 71, of Dallas accompanied Ray to the Heart Hospital Baylor Plano. He brought his own emergency file that includes copies of Ray's driver's license, Medicare card, supplemental insurance card, the back and front of his credit card and copies of his legal documents as well.

Friedrich also brought Ray's medications, both to show his doctors and so he wouldn't be billed to duplicate pills that he already had.

Being prepared helps you stay calm in a crisis, says Friedrich, who notes that it can speed up admission, diagnosis and treatment when every second counts. For Ray, speed was particularly critical this time as he had two heart attacks and underwent three operations during this one stay.

"We sailed through the emergency room," Friedrich says. "If you come in and say, 'He's got heart pains, he's having trouble breathing, here's a list of all his medications, here's a list of his doctors, here's my medical power of attorney,' you get whisked right back to a room where they can get to work on him right away. If you don't have this information, the doctors have to start from scratch trying to figure out what's wrong. And that takes time."

Friedrich learned the importance of readiness when his mother-in-law, who is now in a nursing home, suffered a massive stroke 13 years ago. Now, after years of caring for his elderly mother and aunt, who have since passed away, and training with The Senior Source, he says he is glad that he knows how to help Ray, who has no family and with whom he has forged a close bond.

"Everyone needs to think this through before an emergency happens," Friedrich says. "Larry has become a family member. I think a great deal of him. I appreciate seeing him well taken care of just as I would if he were my own father."

WHAT TO TAKE TO THE EMERGENCY ROOM

Anyone who cares for an elderly person should have these items ready to go:

Medications: Bring medications in the original bottles if possible. Have a complete, accurate list of all medications noting the dosage, strength and times to be taken. (EmergencyCareForYou.org has a downloadable form.)

Medical history: List tests, surgical histories and recent doctor summaries.

Insurance: Have a single sheet of paper with insurance and identification information. In case you forget the originals, you should have back and front copies of the insurance card, driver's license, supplemental insurance card, drug prescription card and credit cards.

Legal documents:

You should have:

- A medical power of attorney for patients who cannot make their own decisions.
- A living will and code status (advance directives about what the patient would want regarding a ventilator or cardiopulmonary resuscitation). Have two copies of medical directives – one for the hospital and one for the emergency technicians in an ambulance.
- A HIPAA (Health Insurance Portability and Accountability Act of 1996) form, with the caretaker or child listed as an approved name so that medical staff can share information without the patient's approval. Without the form, this federal law prohibits medical staff from talking to anyone but the patient. The form is available at www.hhs.gov/ocr/privacy/hipaa/faq/index.html

Call list: Emergency contact information (a spouse, adult child or power of attorney), names and phone numbers for primary-care physicians and specialists, along with how long the patient has been seeing them.

Plano resident Larry Ray also carries:

- Address book with 15-20 numbers for doctors and friends and a copy of the directory for the people in his retirement home.
- A bag within a bag containing a small pair of scissors, paper clips and rubber bands (to organize the loose papers he receives from the hospital), pen or pencil, pocket calendar (because he may otherwise lose track of time in the hospital) and notebooks.
- Two to three extra batteries for his hearing aids.
- \$5-\$10 in change for newspapers and sundries.

- His glasses and a book to read.
- Toothbrush and toothpaste, comb, brush and slippers.
- A change of clothes.

OTHER TIPS

- To spare the feelings of a loved one, consider faxing observations from the patient's doctor of symptoms and behaviors, because elderly patients will often understate their problems. Ask the nurse to put it on the patient's chart.
- Make sure you've supplied all your contact information to the office manager and receptionist in the facility where your senior lives.

SOURCES: Mark Sargent, clinical manager, Baylor Regional Medical Center at Plano Emergency Department; Dr. Mitch Carroll and Dr. Shounak Das, Texas Health Presbyterian Hospital Dallas Senior Medical Center;

Lue Taff, director of the Elder Support Program at The Senior Source, the American College of Emergency Physicians, the Sun-Sentinel (Fort Lauderdale, Fla.)

Additional resources

- The Senior Source: 3910 Harry Hines Blvd. 214-823-5700 or www.theseniorsource.org.
- American College of Emergency Physicians: [www.emergency careforyou.org](http://www.emergencycareforyou.org).