In Case of Emergency:
What to Expect When you Arrive at an Emergency Room with Your Baby

by Audrey Paul, MD, PhD, FACEP , Karen Goodman, MD, and Catherine Verow, MS, CCLS

1. Triage
Certain patients require more immediate treatment than others. In order to help ER staff prioritize, triage is the first stop for all new patients in the ER.

At triage, a nurse will perform a preliminary physical examination. The baby's weight, heart rate, temperature, oxygen level and, sometimes, blood pressure will be measured. If you have a copy of your newborn emergency card, now is the time to share it. The parent or caregiver bringing the child to the ER will be asked the baby's medical history, including birth history, and the reason why the baby was brought to the ER.

Important Tip: If, after answering these questions, you feel the triage nurse is missing certain information, tell him or her. More information is better than less.

2. Evaluation by a Physician or Nurse Practitioner
After triage, you and your baby will be directed to a waiting room or taken directly to a treating room to be seen by a physician.

Important Tip: Since newborns are particularly susceptible to infection, you should ask to be placed in a more isolated area or, if available, a private room.

Next, a physician, nurse practitioner or physician's assistant will see your baby. Your baby's medical history will be reviewed and additional questions may be asked. This will be followed by a physical examination. The health professional conducting the exam, may consult with one or more colleagues. If necessary, the treating physician may request that one or more sub-specialists examine your baby and make recommendations about care.

Important Tip: If you think your baby's condition may require a particular specialist, don't hesitate to inquire whether that physician is on staff and is available – either "in house" or "on-call." Learn more about all the pediatric subspecialities from the American Academy of Pediatrics.

3. Testing
If your baby is less than 60 days old and has a fever of 100.4 or higher or exhibits other physical symptoms, a series of important tests known as "rule out sepsis" or "fever work up", will be done. In order to rule out or identify infection, physicians will need to draw samples from your baby for labwork, and conduct tests including:

- urine tests
- blood tests
- spinal fluid tests
- additional screenings commonly include a mucus swab, EKG, or X-ray

For the urine test, the area in which your baby urinates is cleaned. A catheter (a tiny flexible plastic tube) is used to collect urine. The tube is coated with Vaseline to make the procedure more comfortable. A quick urine "dip" test assesses whether there are signs of infection. The urine is also sent out to be cultured, to see if any bacteria grow over time. Culture results usually come back after one to two days.

Blood, like urine, is sent for a rapid tests to look for clues of infection. Blood cultures are also sent out, to see if bacteria grow. Like a urine culture, blood culture results usually take one to two days. More rapid tests like a "CBC" gives doctors information about a baby's white blood cell count. White blood cells are the cells that fight infection and may be elevated in babies when they have infections.

In order to test for serious infections that may spread to the brain, a spinal tap is performed.

Important Tip: If it is not offered, you should ask for numbing cream to be applied to your baby's back before the spinal tap is done.

During this test, your baby may be held in a flexed position (knees to chest) on his/her side or sitting up. A small spinal needle is placed in the lower back between the back bones. Spinal fluid is collected and sent to the lab for rapid tests that come back in 1-2 hours, as well as cultures which take one to two days to grow. Rapid tests can help determine whether your baby has a bacterial or viral infection. Some centers can run additional viral studies to determine if the cause of your baby's infection is viral.

Depending on your baby's symptoms, the doctor may order additional tests like a chest x-ray to look at your baby's lungs or an electrocardiogram ("EKG") to look at your baby's heart. Depending on the season, a doctor may collect mucus from your baby's nose to test for viruses like flu or RSV.

Important Tip: While your infant is being examined, if at all possible, hold your baby. Holding your child not only promotes close physical contact, it gives you an active role in supporting your child in a positive way. Holding and cradling your baby in your arms can help make her/him feel safe, thereby reducing stress and anxiety. Also, speaking in soft tones to your baby and singing can be comforting for both of you.

4. Treatment

After the tests are completed, your baby may be given antibiotics through an intravenous line. Sometimes antibiotics may be given before the tests are done.

5. Admission

A baby less than 28 days old, who has a fever, will be admitted to the hospital for further observation and treatment. This is the standard of care at all hospitals. Antibiotics will be continued until all the culture results come back. Parents are always encouraged to stay with their baby, who will be placed in a crib.

Babies may be hospitalized on a general pediatric floor, or a floor with closer monitoring like an intensive care unit or a neonatal unit.

Important Tip: If your baby is not admitted, make sure you understand why and what the discharge instructions are. You can always ask more questions if you are unclear or feel uneasy about anything that has been discussed. If you do not feel comfortable taking your baby home, you may request that your baby receive further observation either in the ER or by admitting the baby to the hospital.

Don't hesitate to ask any question, or ask for more information if you feel you do not understand what the doctor is telling you. While there are general standards of care, not everything is set in stone. Physicians can and do exercise their judgement. You and your doctor should come to an agreeable, comfortable plan together. Remember that you are your baby's best advocate!

Conclusion: If your baby exhibits any changes or symptoms that appear severe or life threatening, go to the closest ER immediately. If your newborn does not have a fever, and does not appear to be in immediate distress, but something still does not feel right to you, trust your instincts! Call your pediatrician. An ER visit may or may not be necessary, or your pediatrician may recommend that you go to a pediatric ER. When speaking to your pediatrician, ask if your ER is staffed with pediatric emergency medicine physicians 24/7, since pediatric emergency physicians are often more comfortable managing pediatric emergencies especially in newborns.

Ultimately, you are your baby's best advocate, and you know your baby best. If you have any questions trust your instincts and always call your pediatrician. In an emergency, if you do go directly to the ER, you should contact your pediatrician. Your pediatrician can be helpful not only medically (by providing information to the hospital staff) but also emotionally. Your doctor knows you and your baby and can help you deal with a stressful situation.

Remember, newborns show symptoms and signs of illness differently than older children, so staying attuned of and being aware of the best expertise and being prepared for the places to go for any potential newborn emergency can be life saving!

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In Case of Emergency:
Items and Information to Have on Hand

by Audrey Paul, MD, PhD, FACEP , Karen Goodman, MD, and Catherine Verow, MS, CCLS

Normal temperature in a newborn generally ranges from 97°F to 100.3°F (36°C – 38°C). Any number above or below these No one wants to think about an emergency, but taking a moment to assemble simple items and information now, can be extremely helpful in the event of an emergency where you have to think fast, act fast, and head to an Emergency Room. Similar to preparing a bag for yourself for the hospital, prior to baby's delivery, it's prudent to keep a "just in case" baby bag handy for emergency use. Hopefully you won't need it! Items to pack in your emergency bag include:

For Baby:

- Pacifiers
- Baby bottles
- Correctly sized diapers and changing gear
- A change of clothes
- A rattle, stuffed animal and soothing blanket similar to what they are familiar with and comforted by
- A swaddling blanket, if you use one

For Parents:

- A change of clothing
- A breast pump if you might need one (hospitals can provide these but usually not immediately)
- A non-perishable snack, particularly important for post partum/breastfeeding moms
- Contact information for family, friends for information and support
- Contact information for a baby sitter (if needed for an older child)
- A card with medical information that will be helpful to both you and to hospital staff during an emergency visit – and also alleviate stress
- A reminder note to yourself to request the following as soon as possible after your arrival in the ER:
- "Sweeties" solution. This is an oral analgesic available in a pacifier form to help alleviate some pain and anxiety in the newborn. If it is not available, you can create your own sweeties type by dipping the pacifier or your finger in a sugar water solution and giving it to the baby to suck prior to a painful procedure.
- Numbing Cream. If your baby has a fever, a spinal tap is likely to be ordered. Ask if a numbing cream for the back is available immediately, so that it has time to start working.

Remember that parental anxiety can be passed onto your infant and increase the baby's anxiety as well. The more relaxed you are, the more relaxed your child will be. You can help create a relaxed environment by being prepared.

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In Case of Emergency:
What You Need to Know about Emergency Rooms. Not all ER's are the same.

by Audrey Paul, MD, PhD, FACEP , Karen Goodman, MD, and Catherine Verow, MS, CCLS

There are many options for places that take care of babies. It's important for you to know what your local options are. These may include:

- general emergency rooms
- pediatric emergency rooms within general emergency departments
- pediatric emergency departments within children's hospitals.

Although routine testing and evaluation of a sick baby is provided in all emergency rooms, experience with newborns and ready availability of services, specialties and, even, equipment can and do vary between emergency rooms.

Preparedness Tip:
Familiarizing yourself with all of your options for emergency care will help you make the best decision for your baby, should an emergency arise.

Pediatric ER's offer specialized services that may not be available in general emergency rooms.

Pediatric emergency rooms are staffed by physicians, nurses and other health professionals who are specially trained in treating children. In addition to general pediatricians, pediatric ERs often have doctors who have completed a fellowship in pediatric emergency medicine. This type of fellowship is an advanced medical training program, lasting three years, offered to physicians who have completed a residency in pediatrics or emergency medicine.

- Pediatricians focus on the overall healthcare of babies and children
- ER physicians focus on birth to death healthcare for emergencies
- Pediatric emergency medicine physicians have specialized training in both pediatrics and emergencies

Pediatric ERs may exist not only within a general hospital emergency department but also within a children's hospital. In a children's hospital, pediatric ER doctors are more likely to have access to other pediatric sub-specialists, including physicians who have received fellowship training in cardiology, neurology, and other subspecialty areas.

Preparedness Tip:
Investigate and make note of the types of services (pediatric or general care) available at your local hospitals. Make note of the location of the nearest pediatric ER. Not all Doctors practice at all local hospitals.

Another important consideration in deciding where to seek treatment is your pediatrician. Pediatricians are often affiliated with one or more hospitals that allow him or her to be more involved in your baby's care. Along with you, your baby's doctor is also your baby's best advocate. Even if you go directly to the ER, your pediatrician can be helpful not only medically (by providing information to the hospital staff) but also emotionally, and also in an emergency. Your pediatrician knows you and your baby and can help you deal with a stressful situation.

Preparedness Tip:
Discuss with your pediatrician which hospitals they are affiliated with, whether this is a pediatric ER, and what their local ER recommendations are in the event of an emergency. The closest ER (general OR pediatric), is the best ER in a serious emergency. *"My newborn is "burning up." She must have a fever of at least 104°F and is having trouble breathing." "My son fell from the kitchen counter after I bathed him."*

In these or any other situation in which your baby is in distress or has suffered an injury requiring immediate treatment, it is important to get medical care as quickly as possible. Try to be calm. Go to the nearest ER. If required, the emergency department can transfer your baby to a more specialized setting once your baby has received appropriate care and is determined to be in stable condition.

Preparedness Tip:
Familiarize yourself with the location of the ER that is closest to you.

When to call 911?
Of course you should call 911 if your baby has turned blue, cannot be aroused or is having trouble breathing. You should also call 911 if your baby appears seriously ill, and you are concerned about driving to the emergency room. The same applies if you cannot drive or have no means to get to the emergency room. If your baby is not in distress, you can drive your baby to the emergency room. Make sure that your baby is properly secured in a car seat, or if you take alternative transportation always also make sure that your baby is in a car seat. If you drive, it may be comforting to have another adult present to assist with and keep an eye on the baby, while you drive.

Preparedness Tip:
Map your route to the nearest ER and the nearest pediatric ER, in case of emergency. Even If you need to call 911 to get to the nearest ER, in the event of an emergency you will may need this information for someone else to follow the ambulance and/or to share this important information with friends and family who offer assistance.

CPR Training/ When to do CPR?
Many local hospitals and community centers offer potentially lifesaving CPR classes for parents. It is advisable to take one of these classes so that you can perform CPR as trained, in the event of an emergency. It is recommended that if someone is able to perform CPR, this should be started prior to calling 911 (or concurrent if someone is able to perform CPR while someone else calls 911). Current recommendations are to perform CPR for one minute prior to calling 911, if you are alone.

Conclusion: If your baby exhibits any changes or symptoms that appear severe or life threatening, go to the closest ER immediately. If your newborn does not have a fever, and does not appear to be in immediate distress, but something still does not feel right to you, trust your instincts! Call your pediatrician. An ER visit may or may not be necessary, or your pediatrician may recommend that you go to a pediatric ER. When speaking to your pediatrician, ask if your ER is staffed with pediatric emergency medicine physicians 24/7, since pediatric emergency physicians are often more comfortable managing pediatric emergencies especially in newborns.

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When to Take Your Newborn to the ER: Falls, Cuts and Bruises

by Audrey Paul, MD, PhD, FACEP , Karen Goodman, MD, and Catherine Verow, MS, CCLS

Generally, cuts that are small with easily controlled bleeding can be managed by your pediatrician. Falls with head injuries and bruising should be seen by your pediatrician and, in a newborn, will require a visit to the ER.

Falls from any height can be more serious for younger babies whose bones and skulls are not as well formed. Any falls with head injuries and/or bruising should be seen by your pediatrician and, in a newborn, require a visit to the ER. After a fall you should immediately call your pediatrician who will likely refer you to the emergency room for further testing. This may include x-rays and other computer-assisted imaging (such as CT scans).

If your baby has a cut and is bleeding, the first thing you should do is apply direct pressure to stop the bleeding and then clean the cut with water. After applying direct pressure to the wound, you should call your pediatrician to determine whether stitches may be needed.

Nosebleeds or bleeding that does not stop easily can be a sign of a bleeding disorder or infection.

Because newborns are not mobile, bruising is fairly unusual. Some babies have birthmarks; these should not be confused with bruises. If you do see bruising on a baby (and are uncertain whether this is a birthmark) the baby should be examined to rule out other causes, including possible issues involving blood clotting.

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When to Take Your Newborn to the ER: Fevers

by Audrey Paul, MD, PhD, FACEP , Karen Goodman, MD, and Catherine Verow, MS, CCLS

Normal temperature in a newborn generally ranges from 97°F to 100.3°F (36°C – 38°C). Any number above or below these temperature ranges can be cause of concern. A fever is defined as a temperature greater than or equal to 100.4°. A "cold" baby ("hypothermic" in medical speak) has a temperature below 97°F.

If you suspect your baby has a fever, or low body temp, your baby's temperature should be carefully taken with a rectal thermometer. Rectal thermometers are more accurate than underarm or ear thermometers.

Note: If you do not possess a thermometer and your baby feels very warm, it is best to err on the side of caution and assume your baby is febrile. Call your pediatrician and follow their directions for a febrile/sick newborn.

You should always call your pediatrician when you think your baby is too warm or too cold. Febrile newborns should receive immediate medical attention.

Do not to give your newborn acetaminophen (Tylenol®) until your baby has been evaluated.

Conclusion: If your newborn does not have a fever, and does not appear to be in immediate distress, but something still does not feel right to you, trust your instincts! Call your pediatrician. An ER visit may or may not be necessary, or your pediatrician may recommend that you go to a pediatric ER. When speaking to your pediatrician, ask if your ER is staffed with pediatric emergency medicine physicians 24/7, since pediatric emergency physicians are often more comfortable managing pediatric emergencies especially in newborns.

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When to Take Your Newborn to the ER: Changes in Behavior and Appearance that are Cause for Concern

by Audrey Paul, MD, PhD, FACEP , Karen Goodman, MD, and Catherine Verow, MS, CCLS

Babies grow and change rapidly, especially in the newborn period. Many changes are positive; some, however, can be a sign that your baby is not feeling well and needs medical attention. The following symptoms are causes for concern and a sign that you need to seek immediate medical attention.

Crying Changes:
While it may be hard to tell if your baby is crying from colic, a baby who has changed from his/her normal behavior and is inconsolable despite usual attempts to soothe, may be sick.

Color Changes:
Changes in your baby's skin color can be a sign that something is not quite right. Specific changes to be wary of include:

- Turning blue, especially around the lips or face.
- Yellow, pale or mottled skin (or any other changes from your baby's normal skin tone).
- Rapidly spreading rash.

Tone Changes:
Infants are not known for their superior muscle tone. But you know how your baby normally feels, the strength of their grip, and how they support themselves. Be aware if this changes.

- Feels unusually limp or weak, different than "normal".

Sleeping Pattern Changes:
Changes that might indicate a problem with your newborn include

- Sleeping much more than usual
- Acting less alert
- Having difficulty waking your baby (baby is not arousable)

Breathing Changes:
Changes in breathing patterns, including the following, are especially concerning.

- Slow breathing
- Rapid breathing
- Irregular breathing pattern (different from normal pattern)
- Nostrils flaring
- Belly or ribs moving unusually with breathing - breathing seems labored.
- Not breathing

Feeding Changes:
A baby's feeding pattern may change over the first month for a number of reasons. He or she becomes more alert. Mom's breast milk may become more available. The baby may be able to drink more during feeding and, therefore, may be able to go longer between feeds. Changes to be concerned about include:

- Sudden difficulty in baby's sucking at the breast or bottle
- Loss of appetite, skipping feedings without increasing amounts during other feedings
- Slower feeding (baby takes much longer than usual to finish the same amount of milk/formula)
- Sweating or sudden difficulty in breathing during feeds (when this cannot be attributed to a stuffed nose or being overdressed)
- Vomiting (especially if projectile or green!)

Movement Changes:
Certain unusual & repetitive movements may indicate your baby is having a seizure. These may include:

- eye blinking
- repetitive lip smacking (not sucking)
- jerking of one side or arm or leg

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Newborn Emergency Medical Information

Baby's Name:

Baby's Birth Weight:

Nearest Pediatric ER:

Nearest ER:

Pediatrician Name:

Pediatrician Tel:

Ob/Gyn Name:

Ob/Gyn Tel:

Medical History:

Medications:

Allergies/Potential (Family) Allergies:

Additional Information: