

Emergency Department Visit vs Urgent Care Visit

Urgent Care Visit

Urgent Care is appropriate for conditions that are not life-threatening but require prompt attention within 24 hours.

Examples include:

- Minor sprains, strains, or fractures (when the bone is not exposed or deformed).
- Fevers, colds, or flu symptoms, particularly when over-the-counter remedies are not effective.
- Mild asthma symptoms or manageable shortness of breath.
- **Minor cuts** needing stitches but without significant bleeding.
- Ear infections, sore throats, or sinus infections.
- Skin rashes or mild allergic reactions (without airway compromise).
- Urinary tract infections (UTIs).
- Minor **burns** or abrasions.
- Eve redness or irritation (e.g., conjunctivitis).
- Back pain, mild headaches, or other non-severe musculoskeletal complaints.

Emergency Department (ED) Visit

An Emergency Department visit typically involves conditions that are severe conditions that require immediate and advanced medical care, or potentially life-threatening.

Examples include:

- Chest pain or suspected heart attack.
- Stroke symptoms, such as sudden weakness, confusion, or difficulty speaking.
- Severe injuries, such as fractures, deep cuts, burns, or trauma from accidents.
- **Difficulty breathing** or respiratory distress.
- Uncontrolled bleeding or major wounds.
- Loss of consciousness or altered mental status.
- **Seizures**, especially in someone without a known seizure disorder.
- Severe allergic reactions (anaphylaxis) involving difficulty breathing or swelling.
- Severe abdominal pain, especially with other concerning symptoms like fever or vomiting.
- **Poisoning** or overdose.
- Intravenous (IV) Infusion and or medication administered via IV.
- Complicated labor or pregnancy-related emergencies.
- Any condition requiring advanced diagnostic tests (CT scan, MRI, Ultrasound) or specialty consultations immediately available in the Emergency Department.

For borderline cases, the patient's symptoms and the clinician's evaluation at triage will guide classification. Documenting the patient's presenting complaint and reasoning for the visit's designation is crucial for compliance with Centers for Medicare & Medicaid Services (CMS) guidelines and accurate billing.