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Emergency Medicine: Open Access

Opinion Article

Management of the Emergency Medicine and Emergency Room Services System

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DESCRIPTION

Emergency medicine is a branch of medicine that deals with treating undifferentiated, unplanned patients who have injuries or acute illnesses that need rapid medical intervention. Emergency physicians conduct acute investigations and procedures to revive and stabilize patients, but they rarely offer long-term or on-going care. Emergency physicians typically work in intensive care units, pre-hospital settings provided by emergency medical services, and hospital emergency departments. An emergency is any ailment that the thoughtful layperson, or someone acting on their behalf, believes requires rapid medical or surgical diagnosis and treatment. The basic goal of emergency medicine is to diagnose, treat, and manage patients who have suffered an unanticipated injury or disease.

The practice of emergency medicine is founded on the knowledge and abilities necessary for the prevention, diagnosis, and treatment of the acute and urgent elements of illness and injury that impact patients of all ages with a wide range of generalized physical and behavioral abnormalities. Time management is crucial in this field of expertise. As emergency medicine has developed, new responsibilities have been introduced in the following areas:

- Management of the emergency services system's medical and administrative components.
- Both natural and man-made disaster preparation and management.
- Growth of poison centers and toxicology.
- Education of medical workers and students as well as the general public.
- Preventing illness.
- Basic and clinical research, particularly in emergency interventions and resuscitation techniques.

Emergency room

A medical treatment facility that specializes in emergency medicine is known as an Emergency Department (ED), also known as an Accident and Emergency Department (A&E), Emergency Room (ER), Emergency Ward (EW), or casualty department. Patients who arrive without an appointment, either on their own initiative or *via* ambulance, are given acute care in an ED.

The emergency room is typically located in a hospital or other type of primary care facility. People with severe injuries or unexpected illnesses are transported to the emergency room or related department in a hospital for immediate care. The emergency room is one of the most frequent diagnostic errors occur, and their incidence and severity are considerable. Diagnostic errors are among the most significant medical safety issues that need to be addressed. This is due to the fact that the emergency department is a job that involves multitasking, numerous interruptions, and the need to act swiftly when dealing with undiagnosed first-time emergency patients.

Dual process theory states that we used both System 1, which is intuitive, heuristic, and unconscious, and System 2, which is analytical and logical conscious thinking, when making clinical decisions. Cognitive bias is the phenomenon that predisposes people to thinking in a way that results in them making poor decisions. Patients are frequently diagnosed in the emergency room using System 1, which is prone to cognitive biases. Although cognitive biases are widespread and unrelated to knowledge, the majority of people struggle to recognize their own cognitive biases. In reality, earlier research has shown that diagnostic mistakes affect between 0.6% and 12% of patients who visit the emergency room, and that 96% of these situations involve one or more cognitive elements.

To identify intubation-related difficulties, assess patient survival, and assess emergency department policies, 43 consecutive patients in need of endotracheal intubation in an emergency room were evaluated prospectively. Acute Respiratory Failure (ARF) in 22 patients and Cardiopulmonary Arrest (CPA) in 21 patients were the reasons for intubation. 24 of the 43 individuals experienced 38 problems. The rate of problems was unaffected by the incubator's department or level of training. Additionally, particular problems had no effect on survival. All 17 patients who survived belonged to the ARF group. Age 40 and admission PaO_2>40 mm Hg were similarly linked to a higher survival rate.

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