




GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

DDS TRANSMITTAL #19-9

TO: Developmental Disabilities Administration (DDA) Providers

CC: DDA, Quality Assurance and Performance Management Administration (QAPMA)

FROM: Erin Leveton, Deputy Director for QAPMA 

DATE: June 28, 2019

RE: Use of Urgent Care Centers and Emergency Rooms

The Department on Disability Services (DDS), Developmental Disabilities Administration (DDA), is sharing this transmittal to support providers in understanding the differences in medical care provided by Urgent Care Centers (URs) and Emergency Rooms (ERs), and which option to consider for a person's medical care needs. When a person's medical condition is life-threatening or limb-threatening (involves severe wounds or amputations), the person should be transported to the ER. All Direct Support Professionals (DSPs) must be trained and evaluated on their knowledge to know when it is a true emergency such as choking, unresponsive, stroke, etc., and in such cases, DSPs must immediately call 911.

When the person's medical condition is non-life-threatening, however, a UR may be a more appropriate option as the wait and processing time is likely to be minimal in comparison to the ER and is a proper medical care alternative. In each instance and as applicable, the provider nurse should conduct an appropriate assessment of the person to determine the proper level of medical care indicated by the specific circumstances.

As a reminder, the person's primary care provider (PCP) should be notified of any UR or ER visit and provided with any resulting care instructions.

Urgent Care Centers

URs are meant to address non-life-threatening situations; are staffed with doctors, nurse practitioners and nurses who have the authority to make specialty referrals or emergency care referrals as needed; have the appropriate equipment (x-ray machines, onsite labs, etc.) to provide a wide range of person care onsite; and can make referrals for specialty or emergency care, as indicated.

A visit to the UR is most appropriate when a person suddenly develops symptoms like elevated temperature, painful urination or abdominal pain. It is also appropriate when the PCP is unavailable or the PCP's office is unable to accommodate the person because the health event occurs after office hours. A UR visit is appropriate when the situation requires immediate medical attention but is not a life-threatening emergency. In each of these cases, a nurse should assess whether the person should be taken to the UR (rather than the ER) to be seen by a clinician and receive applicable testing, diagnosis, and prescriptions prior to discharge.



Examples of when an UR visit may be appropriate include when:

- A person develops pink eye/conjunctivitis or blepharitis, which is not a life-threatening emergency. The person should be taken to the UR to be seen by a physician or nurse practitioner in a timely manner for antibiotic eye drops to be administered to the infected eye.
- A person with a bad skin reaction /cellulitis can be seen by the physician or nurse practitioner and treated at the UR.

URs are equipped to treat most common conditions such as:

- Earaches and infections;
- Minor cuts, sprains and burns;
- Fever and flu symptoms;
- Cough, cold and sore throat;
- Animal or insect bites;
- Abdominal pain, nausea and vomiting;
- Mild asthma;
- Urinary tract infections;
- Headaches;
- Back and joint pain;
- Skin itching or skin reaction; and
- Non-traumatic motor vehicle accidents.

Most URs are open late as well as on weekends and holidays.

Below please find a list of some URs in the Metropolitan Washington area:

- MedStar Prompt Care - 228 7th Street, SE, Washington, DC 20003.
- Patient First - 8206 Georgia Ave., Silver Spring, MD 20910.
- Fast Track Urgent Center - 13428 New Hampshire Ave., Silver Spring, MD 20904.
- MedStar Prompt Care - 1805 Columbia Rd., NW, Washington, DC 20009.
- Metro Best - 7733 Alaska Ave., NW, Washington, DC 20012.
- Patient First - 10424 Baltimore Ave., Beltsville, MD 20705.
- MedStar Prompt Care - 5454 Wisconsin Ave., Chevy Chase, MD 20815.
- MedOne - 7930 Old Georgetown Rd., Bethesda, MD 20814.
- Patient First - 6201 Annapolis Rd., Landover Hills, MD 20784.
- MEDICS USA - 2750 14th Street, NW, Suite C, Washington, DC 20009.
- MedStar Prompt Care - 6401 America Blvd., Hyattsville, MD 20782.
- Patient First - 9000 Woodyard Rd., Clinton, MD 20735.

Providers should familiarize themselves with urgent care centers closest to them, learn their hours of operations, and know which insurances they accept.



Emergency Rooms

ERs are meant to address life-threatening and true medical emergencies. In addition to all medical services that URs provide, ERs are equipped to treat trauma, provide specialty care, give all needed diagnostic tests and perform emergency surgical procedures.

Examples of when an ER visit is appropriate include when:

- A person develops the symptoms severe vomiting, constipation and abdominal pain, because these symptoms co-occurring indicate a bowel obstruction. This situation is an emergency requiring emergency treatment because the person is unable to eliminate/move bowels and at the same time cannot keep food in. The person should be taken to the ER (instead of the UR) because the person may need surgery. (By contrast, some constipation or non-severe abdominal pain may not require the ER, depending on the severity of each individual symptom.)
- A person presents with tarry black stool, which is an indication of gastrointestinal bleeding. This person should be taken to the ER. This situation requires extensive diagnostic exams and specialty care will be needed.
- A person's feeding tube becomes dislodged. This person should be taken to the ER because feeding tube reinsertion requires specialty care: an endoscopic procedure.

ERs are equipped to treat any serious medical condition, including:

- Signs of heart attacks, including chest pain;
- Signs of stroke, like sudden onset of numbness in the arms or legs, disorientation or difficulty speaking;
- Sudden dizziness or loss of coordination;
- Seizure or loss of consciousness;
- Shortness of breath or severe asthma attack;
- Major trauma;
- Blurry vision or loss of vision;
- Severe cuts or burns;
- Overdose;
- Uncontrolled bleeding;
- Verbalized suicidal or homicidal feelings;
- Coughing or vomiting blood; and
- Severe allergic reactions.

We hope this information is helpful. If you have any questions about this transmittal, please contact DDS's Titilayo Ilori, RN, MSN, Supervisory Nurse Consultant, at (202) 590-7536 or at Titilayo.Ilori@dc.gov or Chioma Nwachukwu, DNP, RN, APHN-BC, Supervisory Nurse Consultant, at (202) 615-8268 or at Chioma.Nwachukwu@dc.gov.