

# ACCESS Health

## Do You Have a Disability and Suffer From Chronic Constipation?

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**D**o you have....

- ◇ Fewer than three bowel movements per week?
- ◇ The need to strain during bowel movements at least 25 percent of the time?
- ◇ A feeling of not being able to complete your bowel movement at least 25 percent of the time?
- ◇ Hard or lumpy stools at least 25 percent of the time?

If you answered “yes” to at least two of the items above and have experienced these symptoms for at least three months, then you may be suffering from “chronic constipation”.

**What is Chronic Constipation?** Chronic constipation differs from occasional (short-term) constipation in that chronic constipation can last for months or even years rather than days. Chronic constipation symptoms vary from person to person. To some, chronic constipation means infrequent bowel movements; to others, it may mean hard stools or difficulty passing stools (straining). Still others may experience chronic constipation as a sense of incomplete emptying after a bowel movement.

**If you have Chronic Constipation, you are not alone!** Some people will have occasional constipation, which can be relieved with change in diet, an increase in exercise, or over-the-counter laxatives. A large number of Canadians and Americans, with and without a disability, suffer from chronic constipation, which may require medical attention.



**Volume Three**

**Issue Three**

**Spring 2013**

**Inside this issue:**

<i>Do You Have a Disability and Suffer from Constipation?</i>	<i>1</i>
<i>Swimming is for Everyone</i>	<i>8</i>
<i>Fitness for Everyone</i>	<i>11</i>
<i>How to Live Well With Chronic Pain</i>	<i>14</i>
<i>Health Effects of Smoking</i>	<i>16</i>
<i>The ER or the Urgent Care Clinic: Do You Know Which One To Choose?</i>	<i>18</i>

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## What is the difference between “occasional” and “chronic” constipation?

### OCCASIONAL CONSTIPATION

Infrequent

Occasional or short-term condition that may temporarily interrupt usual routine

May be brought on by behaviour, change in diet, lack of exercise, illness or medication.

May be relieved by diet, exercise, over-the-counter medications

### CHRONIC CONSTIPATION

Present for at least 3 months and may persist for

Long-term condition that may dominate personal and work life

Not only related to behaviour, change in diet, lack of exercise, illness or medication. May also be caused by physical problems.

May need medical attention and prescription medication

**What are the risk factors for chronic constipation?** Several factors can put you at a greater risk for chronic constipation:

- ◇ **Age:** If you are older than 65 years of age.
- ◇ **Gender:** If you are female.
- ◇ **Dietary:** If you do not drink enough fluids or eat enough fiber.
- ◇ **Decreased Mobility:** If you are not physically active, either by choice or due to a disability.

**How is chronic constipation diagnosed?** To help answer this question, your health care provider may ask you more about your symptoms, including:

- ◇ How many bowel movements do you have per week?
- ◇ Do you have difficulties having bowel movements? Even if you are having bowel movements on a regular basis, do you suffer from:
  - \* straining or difficulty passing stools? \* feeling of incomplete movement?
  - \* prolonged time to expel stools? \* need for manual maneuvers to pass stools?

- ◇ What is the size of your bowel movements?
- ◇ How consistent are your bowel movements?
- ◇ How long have you had these symptoms?

Your health care provider may also ask you about which types of treatments you have already tried to manage your symptoms.

**Stool Forms:** In your discussion about size and consistency of your stools, your health care provider may use a visual aid, such as the **Bristol Form Scale**, to help you better describe your stools. This can help you and your health care provider determine if you are suffering from chronic constipation. Types 3 and 4 are considered “normal” stools, as these are the forms that most people without constipation describe. Types 1 and 2 may indicate constipation. Types 5 to 7 tend towards diarrhea.

<b>Bristol Stool Chart</b>		
Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. <b>Entirely Liquid</b>

**Warning signs of more serious problems:** While chronic constipation can be worrisome and reduce the quality of everyday life, there are some warning signs that along with your constipation symptoms may mean you have a more serious health problem. Tell your health care provider if you also have:

- ◇ Unintentional weight loss
- ◇ Rectal pain or bleeding
- ◇ Vomiting
- ◇ Fever
- ◇ Family history of cancer, irritable bowel syndrome or celiac disease.

**What causes constipation?** There are two types of chronic constipation: *primary and secondary constipation*.

Primary constipation consists of 3 sub groups:

- **Normal-transit constipation:** With this most common form of primary constipation, you may pass your stools at a normal rate, but still feel like you're having difficulty moving your bowels.
- **Slow-transit constipation:** If you have slow-transit constipation, your stools pass more slowly through your colon. Along with this delay, damage to the muscles and nerves in the colon and rectum may occur. This damage may reduce your ability to sense when you need to have a bowel movement.
- **Pelvic floor dysfunction:** If you have pelvic floor dysfunction, you may have difficulty coordinating your rectal muscle contractions (squeezing motions). You may have a lot of straining and feel like you haven't completed your bowel movement. You may also be using manual maneuvers (your fingers) to help pass the stools.

Secondary constipation: Secondary causes of constipation include other health conditions and medications.

- **Health conditions:** Other health conditions can cause chronic constipation. Be sure to tell your health care provider if you suffer from any of the following:
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- \* Endocrine/metabolic problems (diabetes, thyroid disease, etc.)
- \* Neurological problems (Parkinson’s disease, multiple sclerosis, etc.)
- \* Physical abnormalities (narrowing of the colon, tears in the anus and rectum, etc.)
- \* Mental health problems (depression, eating disorders, anxiety, etc.)
- \* Digestive tract problems (Crohn’s disease, colon cancer, etc.)

• **Medications: Some medications can cause chronic constipation:**

Table. Common Causes of Constipation	
<b>Dietary and Lifestyle Factors</b>	
<ul style="list-style-type: none"> <li>• Low-fiber diets</li> <li>• Insufficient fluid intake</li> <li>• High consumption of milk and dairy products</li> </ul>	<ul style="list-style-type: none"> <li>• High consumption of caffeinated and diuretic beverages (eg, coffee, alcohol)</li> <li>• Low physical activity levels</li> </ul>
<b>Gastrointestinal Disorders</b>	
<ul style="list-style-type: none"> <li>• Anorectal abscess</li> <li>• Anal fissures</li> <li>• Diverticulosis</li> <li>• Enterocele</li> </ul>	<ul style="list-style-type: none"> <li>• Hemorrhoids</li> <li>• Inflammatory bowel disease</li> <li>• Irritable bowel syndrome</li> <li>• Tumors</li> </ul>
<b>Idiopathic</b>	
<ul style="list-style-type: none"> <li>• Normal colon transit and evacuation</li> </ul>	<ul style="list-style-type: none"> <li>• Evacuatory disorders</li> <li>• Slow colon transit</li> </ul>
<b>Medications</b>	
<ul style="list-style-type: none"> <li>• Antacids</li> <li>• Anticholinergics</li> <li>• Antidiarrheal agents</li> <li>• Antiparkinsonian agents</li> <li>• Antihistamines, especially diphenhydramine</li> <li>• Antipsychotics</li> <li>• Barium sulfate</li> <li>• Calcium channel blockers</li> <li>• Digoxin</li> </ul>	<ul style="list-style-type: none"> <li>• Diuretics (eg, furosemide)</li> <li>• Laxatives (when abused)</li> <li>• Minerals (ie, calcium, aluminum, iron supplements)</li> <li>• Nonsteroidal anti-inflammatory drugs</li> <li>• Opioids</li> <li>• Theophylline</li> <li>• Tricyclic antidepressants</li> </ul>
<b>Metabolic and Endocrine Disorders</b>	
<ul style="list-style-type: none"> <li>• Autonomic neuropathy</li> <li>• Diabetes mellitus</li> <li>• Hypercalcemia</li> <li>• Hypokalemia</li> </ul>	<ul style="list-style-type: none"> <li>• Hypomagnesemia</li> <li>• Hypothyroidism</li> <li>• Renal failure</li> </ul>
<b>Neurogenic Causes</b>	
<ul style="list-style-type: none"> <li>• Multiple sclerosis</li> <li>• Parkinson’s disease</li> <li>• Pelvic floor dysfunction</li> </ul>	<ul style="list-style-type: none"> <li>• Spinal cord injury</li> <li>• Stroke</li> <li>• Traumatic brain injury</li> </ul>
<b>Psychiatric Disorders</b>	
<ul style="list-style-type: none"> <li>• Anxiety</li> </ul>	<ul style="list-style-type: none"> <li>• Depression</li> </ul>
<b>Surgery</b>	
<ul style="list-style-type: none"> <li>• Postoperative ileus</li> </ul>	

Keep a list of medications - prescription and over-the-counter, including vitamins and supplements. Check with your health care provider to find out if they may be causing your constipation. You may be able to reduce your dose or find an alternative that will not lead to constipation.

**How can your chronic constipation be managed?** While lifestyle changes may help, you may be like many people with chronic constipation who need additional treatment:

Lifestyle changes: Your health care provider may suggest some lifestyle changes that may help reduce your symptoms:

- Increase your fiber intake: Adult men should eat at least 30 grams a day; adult women should eat at least 20 grams a day. Whole grain foods, fresh fruits and vegetables, legumes and nuts are considered the best sources.
- Increase your exercise.
- Drink more fluids: It is recommended that adults consume approximately eight 8-ounce glasses of water (or other fluids) a day.
- Don't ignore the urge to use the bathroom: set up a regular time to use the toilet.

Pharmaceutical treatments: (over-the-counter and prescription medications) It is important to understand that not all laxatives and treatments are the same. Discuss your options with your health care provider. If over-the-counter products don't work, your health care provider may recommend a prescription medication.

**REMEMBER, IF YOU HAVE CHRONIC CONSTIPATION YOU ARE NOT ALONE. TALK TO YOUR HEALTH CARE PROVIDER TODAY!!**



## Swimming is for Everyone

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**S**wimming is an activity with a lot of benefits. Arming people with “water smarts” opens up a whole world of possible water activities. Plus, it’s a fun way to stay in shape and a great way to relax! Acting as a natural cushion for our bodies, water really is a friend to people of all ages and ability levels. Check out these important points **BEFORE** you head to the pool:

- Is the facility accessible? Are change rooms built to fit your needs? (i.e. changing table, family changing area)
- Are there programs that interest you and will benefit you?
- Is staff available for assistance? Are there volunteers who may offer you assistance?
- Are there trained adapted aquatic specialists available?
- Is there good access into/out of the water, such as ramps, lifts or a gradual slope into the pool?
- Is a “commode chair” or shower chair available to wheel into the pool and shower area?
- Are there toys such as pool noodles, balls and floating toys available?
- Are there appropriate personal flotation devices (PFDs) available?
- Are there other families with special needs that the pool staff knows of?
- Should you have more information regarding the effect of exercising in the pool and the type of medication you are taking (i.e. blood thinners, anti-convulsants, etc.)
- Are there any movement restrictions your doctor or therapist needs to inform you about?

**What is Your Goal?** For yourself, your child, a parent, or the whole family.

- Is it to learn how to swim (i.e. stroke mechanics)?
  - Is it to gain confidence in the water?
  - Is it for exercise or to stay in shape?
  - Is it to help you enjoy other water activities such as canoeing and sailing?
  - Is it for relief of pain and discomfort or a chronic condition?
-

## What Type of Pool to Choose . . .

Factors to be considered include the ability level and needs of the participant and the facilities available in your community.

### Facility Options:

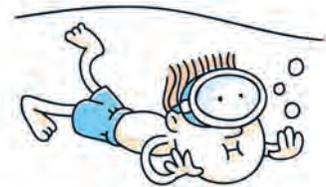
- Wading pools are often warmer than “regular” pools; however, warmer water tends to tire a swimmer more rapidly. Periodic rests by the pool edge are recommended.
- Therapy pools are normally warm water and are designed specifically for passive and relaxed exercises.
- Shallow ends of the pool are more conducive to water instruction.
- Jacuzzis and hot tubs are NOT for swimming or submerging. They are recommended for short warm-up periods at the end of a swimming session only.
- Support rails in the pool may be advantageous.

Water Entry: If you require diapers while in the pool, talk to the pool staff to find out which type would be most suitable for use in the water.

## Starting from Scratch . . .

### Introductory Activities:

- Go and watch a set of beginner’s swimming lessons or aquacize lessons before the real thing, this will give you a sense of the environment.
- Drop into your local public library and select books on simple water games and songs for younger participants.
- Ask about available parent and child classes. If there are none offered, organize one with the help of other interested people in your community.
- Phone the facility to find out if you can attend on a drop-in basis or if you can register for a designated session. Ask about fees and any restrictions.



## Finishing Up and Toweling Off

Changing from pool clothes to street clothes may be uncomfortable for some people due to the temperature change. Try some of the following:

- Move to a jacuzzi for a short warm up.
- Have soft, warm towels ready and near the pool to handle the chill more effectively.
- Position yourself near the hand dryer while getting dressed.
- Warm clothes up by placing them in a sauna, if available.
- Have a high energy snack handy for nourishment.

## Safety Smarts

- No child should be left unattended near the water.
- Inform the pool staff of any medical conditions to which they may need to respond (e.g. seizure disorders, cardiac or respiratory conditions, etc.). They may also have some tips to assist you.
- Report any conditions that may seem unusual but is handled by the assistant.
- Participants with seizure disorders require stand-by assistance.
- Ask pool staff to review safety rules with each participant.
- Discourage children from throwing objects into the pool from the deck; this may place people with disabilities off balance and/or invite a retrieval.
- Wear water shoes to provide better traction on pool decks during entry and exit.

## Remember:

Being safe in and around water is a lifelong skill which contributes to a year-round leisure fun activity!



## Fitness for Everyone

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**A**s the fitness boom spreads to all segments of society it was only a matter of time to see the impact it would have on those with a disability. Decades ago fitness for people with a disability was unheard of. Those with disabilities were not thought of as a population that needed to be concerned about fitness.

Much has changed in the past couple of decades with the introduction of ParticipAction, the Active Living Movement and sport for athletes with a disability. More than ever before, individuals with a disability are including physical activity as part of their lifestyle.

The realization that an active, healthy lifestyle is as important, if not more important, for people with a disability as their “able-bodied” counterparts, has brought forward a new “attitude” for people with a disability - fitness is for anyone ... anywhere!

**Benefits:** Becoming active, whether it is the first time in your life or after an injury, is an important step for everyone with a disability because of the immense benefits:

- Improved quality of life
- Improved energy levels
- Improved self-image
- Having control over your body
- Improved mobility
- Fewer medical complications



### Where to Start:

- Consult your physician regarding your plans to become active. Get their professional opinion and recommendations.
  - Set goals, determine your needs and do your homework.
  - Find a fitness program, facility or activity that meets your needs.
  - Look for qualified and knowledgeable staff such as someone with a degree in Phys.Ed., a Professional Fitness & Lifestyle Consultant or a Certified Fitness Consultant.
  - Make the commitment and get started!
-

**Setting Attainable Goals:** Goals can include losing weight, improving aerobic fitness so that you don't get "winded" going up stairs or ramps or it may be as simple as wanting to feel better! Whatever your goal ... make sure it is realistic, attainable and written down! Revisit your goals and update them if necessary. Finally, develop a plan of action!

### **Components of a Fitness Program:**

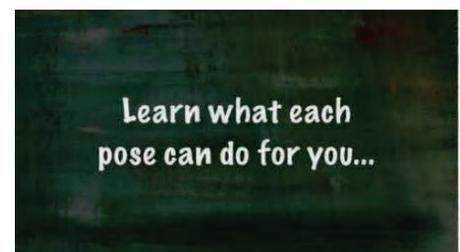
Warm-Up: To get your body "ready" for activity, a warm-up is recommended. Five to ten minutes of slow jogging, wheeling or cycling will prepare your body by getting your blood flowing and muscles and joints ready for activity.

Aerobic Fitness: Aerobic fitness allows individuals to improve the efficiency of their hearts and lungs. Aerobic fitness is the key to maintaining or improving body composition (i.e. losing weight) and improving daily function (i.e. having more stamina). It is recommended that training should be followed 3-5 times per week for 20-60 minutes each session to improve aerobic fitness. You can do this by walking, wheeling, jogging, cycling, swimming, rowing ... just to name a few.

Muscular Fitness: Muscular fitness involves, for the most part, endurance or strengthening exercises using a resistance (i.e. body weight, exercise machine, dumbbells, etc.) to "overload" the muscle. It is recommended that a minimum of two sessions per week with 8-12 repetitions be completed. Eight to ten exercises involving major muscle groups including chest, back, arms, legs and abdominal should be performed.

Flexibility: Regular stretching, whether you actively do it yourself, have someone help you, or do it in combination, will help improve flexibility. Make sure that when you stretch, you stretch muscles around all the joints in your body. It is important to:

- Stretch slowly without jerking or bouncing
- Stretch and hold for 15-20 seconds each
- Avoid pain
- Don't hold your breath
- Stretch muscles around all body joints (head-toe)



Cool-Down: A cool-down, including low intensity activity, allows you to return to your pre-exercise state.

### **Exercise & Modified Equipment Tips:**

- Develop your program with variety. Don't do the same routine day after day. This will avoid "repetitive injury" and "boredom"!
- Exercise with a partner. This will provide motivation and assistance in completing exercises or getting on and off equipment.
- Keep the intensity low to start with for both aerobic and muscular fitness. Don't progress too quickly, its a leading cause for dropping out.
- Pick an activity or facility that is convenient. If it's not, it will be too easy to "skip" a workout.
- Use a mall or school (with long hallways) to do aerobic exercise in the winter. Some of these have programs already. Great for wheelchair users and those with limited mobility!
- Use "grip cuffs", hooks or other assistive devices to help hold a weight (for those with grip impairment). These can either be made or purchased from fitness or rehabilitation specialty stores.
- Another option for aerobic exercise, for wheelchair users, is to purchase a stationary bicycle (check out a garage sale) and place it on a table and use the pedals as "arm cranks".
- There are numerous "accessible" products for people with special needs, many of which are available from local fitness suppliers.
- Ensure that equipment is spaced adequately, with clear passageways and free of overhanging obstacles



## How to Live Well With Chronic Pain: Steps you can take today

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**I**t's easy to feel overwhelmed when you live with chronic pain. Every day life can be a struggle that seems impossible to overcome. You push yourself with every ounce of energy right down to your soul, and it feels like nothing's there. Simple activities that others take for granted can be a laborious undertaking, like sitting to watch a child or grandchild's little league game, going grocery shopping or trying to concentrate during a meeting.

It's especially frustrating when family, friends, even doctors and nurses tell you that you should be feeling better, you're not trying hard enough, you're addicted to pain pills or that you're just a complainer. Exhausted, depressed and hurting, you just want to feel better.

To take back control of your life, stay hopeful. Keep moving forward. Life can be enjoyed and lived well. Start with these basic steps:

- 1. You are your first priority.** Many people "feel guilty" doing this, but it's selfish not to. The better you feel, the better you are able to be with those around you. So ask yourself, what makes me feel better, happier, and more content with my life? Then make sure to schedule time for what you need every day. Quiet time is a must, whether it's through meditation, prayer, taking a walk or reading. Sometimes it seems that everything desirable is out of reach. Think of activities you might be able to manage, even on your worst days. Is it a bubble bath, looking at magazines, getting a massage? There is something for everyone everyday. Take care of your emotional needs, too. Validate yourself and surround yourself with positive, supportive people as much as possible.
  - 2. Accept where you are right now and whatever feelings you may have.** Do not fight against your situation or your feelings. This will only hinder your recovery. Accepting things as they are brings feelings of peace. Identify where you are in this moment and how it feels. Just as someone on a diet needs to know his or her starting point, it's important to pay attention to your starting point each day.
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3. **Set reachable, realistic goals.** Focus on what you can do now and celebrate every small accomplishment. Pace yourself! Resist the temptation to overdo on a good day. That can start a downward pain cycle. By pacing yourself, you will gradually increase your good days and begin to feel "more normal." You'll start to develop stability.
4. **Don't minimize your achievements.** Feel proud of whatever you can do and don't compare yourself to anyone else. Many times, just making it through the day is a big accomplishment. Give yourself a pat on the back. Encourage and congratulate yourself like you would a best friend.
5. **Use positive self-talk frequently throughout your day.** Are you criticizing yourself in your mind? Replace these thoughts with encouragement and kindness. Tell yourself what a good job you are doing. Don't hold back. Your emotional well-being and state of mind have a profound impact on your energy and pain. Lift yourself up.
6. **Think through what is really important.** Focus on what makes you feel better. If you are involved in activities or situations that make you feel worse, try to avoid them. If you can't stop right away, work to limit your involvement and make a plan to stop. You are your own best advocate.
7. **Be empowered.** This is your life. Talk to your doctors and other health professionals about your goals. Write out questions and get information. Keep a file on yourself. Ask for help from others when needed. Join organizations to advocate with others. Face your fears. Stay open to all possibilities, but trust your own judgment. Do what you feel is best for you.
8. **LOVE YOURSELF to help heal.** Decide what is right and good for you. Replenish before giving. Take responsibility for meeting your own needs, emotionally, physically and spiritually. Do not feel guilty for needing different things than other people. What may seem like pampering may be what is needed to feel your best. If others don't understand that is their issue, not yours.



Just implementing one or two of these steps consistently can have a positive, profound effect on decreasing your pain and increasing your energy. Believe your health and your life can be better. It doesn't happen overnight, but if you take good care of yourself and practice these positive steps, it will make a difference. Your pain is real. How you live with your pain is something you have control over. Start small. Don't worry about your progress or speed, just keep moving in the right direction. A life with chronic pain can be a life enjoyed and lived well. It starts with one step. You are not alone.

Rebecca Rengo-Kocher, MA, MSW, LCSW, ACSW, is a coach, speaker and educator with over 26 years of experience. She is the author of "Beyond Chronic Pain: A get-well guidebook to soothe the body, mind and spirit."

## Health Effects of Smoking

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**T**here is strong medical evidence that smoking tobacco is related to more than two dozen diseases and conditions. It has negative effects on nearly every organ of the body and reduces overall health. Smoking tobacco remains the leading cause of preventable death and has negative health impacts on people of all ages: unborn babies, infants, children, adolescents, adults, and seniors.

### **Serious health problems that can result from smoking tobacco:**

**Lung cancer:** Lung cancer is the leading cause of death due to cancer in Canada. Smoking tobacco is the single most important preventable cause of lung cancer, accounting for 85% of all new cases of lung cancer in Canada. Smoking causes genetic changes in the cells of the lung that lead to the development of lung cancer.

**Other cancers:** Research shows that smoking tobacco can lead to respiratory and upper digestive tract cancers, particularly cancer of the mouth, throat (pharynx), voice box (larynx) and esophagus. Research also indicates that smoking tobacco is

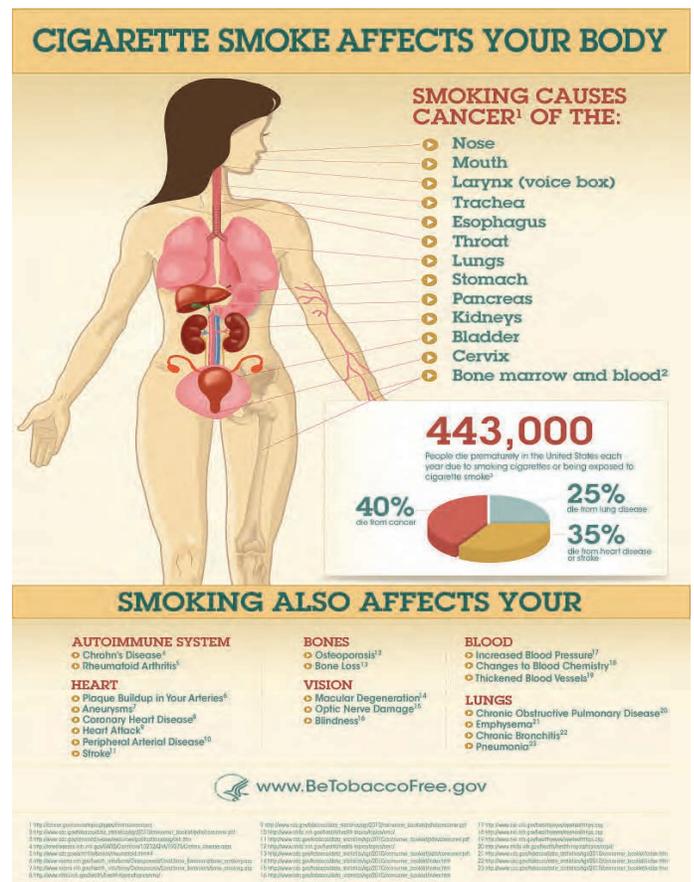
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a contributing cause of leukemia and cancers of the bladder, stomach, kidney and pancreas. Female smokers are at greater risk for developing cervical cancer.

**Respiratory diseases:** The respiratory diseases associated with smoking are often grouped together and referred to as Chronic Obstructive Pulmonary Disease (COPD) that includes emphysema, chronic bronchitis and asthmatic bronchitis. Cigarette smoking connected to an increased risk of respiratory symptoms, including coughing, phlegm, wheezing and difficult or laboured breathing (dyspnea).

**Cardiovascular diseases:** Cardiovascular diseases are diseases and injuries of the heart, the blood vessels of the heart, and of the system of blood vessels (veins and arteries) throughout the body and brain. Cardiovascular diseases caused by smoking include heart attacks and angina (coronary heart diseases), blockages in the legs (peripheral vascular disease), and strokes (cerebrovascular diseases).

To read more on how cigarette smoking affects your body and tips on how to quit, visit <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/body-corps/index-eng.php>.



## The ER or the Urgent Care Clinic: Do You Know Which One to Choose?

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**D**eciding where to go for help, either at an urgent care center or the emergency room, can be tough, especially when you or someone in your family needs quick medical attention. But knowing where to go for appropriate care ahead of time is important because studies show that half of all emergency room visits are not for true emergencies.

**What's the Difference?** An emergency room and urgent care center offer some of the same types of services, such as X-rays and blood tests. But they differ in important ways. For example, an emergency room is open 24 hours a day, seven days a week, treats patients with life-threatening illnesses or injuries, and is staffed by physicians and nurses who are specially trained in handling various emergencies. An urgent care center has limited hours and is designed to treat minor medical problems.

**What's a True Emergency?** Although this is not a complete list, here are some examples of true emergency situations:

- Chest pain
  - Trouble breathing
  - Sudden, severe pain, such as a headache or stomachache
  - Head or back injuries
  - Bleeding or vomiting that won't stop
  - Loss of consciousness
  - Poisoning
  - Major burns and cuts
  - Choking
-

**What's an Urgent Care Need?** An urgent care center is the right place to go for medical problems that need immediate—but not emergency—attention. Some examples of these types of medical situations include:

- Minor sprains
- Small cuts
- Sore throats
- Fevers
- Ear infections

An urgent care center can be a good option at night and on weekends when your child's doctor may not be in the office, but it's not necessarily a medical emergency.

According to Prashant Mahajan, M.D., M.P.H., M.B.A., vice chief of emergency medicine, Children's Hospital of Michigan, "You don't want to rush to the ER if it's really not an emergency and can wait until a doctor's appointment. On the other hand, you don't want to hesitate to get medical attention if your child needs treatment right away. Many times it is a judgment call in deciding whether to take your child to the emergency room or urgent care center, but if you are in doubt, go to the nearest emergency room or call 911."

It can be frightening when a sudden illness or injury strikes, especially if your regular doctor is not available. You need to make a choice quickly about where to get the medical attention you need. But, it's also important to have all the facts before you seek care.



**Centre for  
Independent Living**

*Access HEALTH* is  
a quarterly publication.

Editor: Nancy Barry

365 Bloor Street East, Suite 902  
Toronto, ON M4W 3L4

Phone: 416-599-2458, x227

Fax: 416-599-3555

Email: [peers@cilt.ca](mailto:peers@cilt.ca)

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