

## **DO YOU NEED** MEDICAL **ASSISTANCE?**

Your health is important to us. Use the following guide to determine the appropriate avenue for requesting medical services.

#### **MEDICAL EMERGENCY**

Is this life threatening? Would you call 911 or go to the Emergency Room?



#### **Please report a MEDICAL EMERGENCY:**

- Chest pain
- Severe shortness of breath
- Coughing or vomiting blood
- Bleeding that won't stop
- Loss of consciousness
- Seizure
- Severe abdominal pain (2+ hours)
- Loss of vision or eye injury
- Stroke-like symptoms (new numbness or weakness)



#### **URGENT MEDICAL NEED**

Do you need to be seen today? Would you go to Urgent Care?



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#### Sign up for sick call to be evaluated by a member of the health care team in a timely manner:

- Cold symptoms (fever, sore throat, cough)
- Vomiting/diarrhea
- Sprains/fractures
- Allergic reaction
- Cuts and minor burns
- Acute asthma flare

#### **ROUTINE MEDICAL CARE**

Can this wait more than a day? Would you go to your Primary Care Office?

#### **KITE** your provider to schedule a routine appointment:

- Chronic migraine headaches
- Chronic pain
- Prescription issues
- Flare of chronic disease
- Chronic rash
- Questions about your medical care

This pilot improvement trial is part of the Patient Centered Medical Home (PCMH) Project 600-PS003 R. 4/27/2023





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