HEALTH BASICS

Recognizing medical emergencies

Recognizing medical emergencies means identifying warning signs that need immediate professional help.

WHAT IT IS
Identifying health problems that may need immediate care

WHERE IT COMES UP
Sudden illness, serious injury, poisoning, or mental health crisis

WHY IT MATTERS
Faster treatment can reduce death or lasting harm

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Emergency medical services or emergency department staff

HOW IT IS CHECKED
Rapid assessment of breathing, circulation, awareness, and vital signs

Overview

Recognizing a medical emergency is the process of noticing warning signs that someone may need immediate medical care. It is not a disease or a diagnosis.

You do not need to identify the exact cause before asking for help. Emergency clinicians can examine the person, measure vital signs such as heart rate and blood pressure, and arrange tests. Your role is to recognize that waiting could be unsafe.

A problem is more likely to be an emergency when it is sudden, severe, rapidly worsening, or affecting breathing, blood flow, movement, or awareness. Serious injuries, poisoning, overdose, and an immediate risk of self-harm or violence can also be emergencies.

If someone appears to be in immediate danger, call your local emergency number. In the United States, this is 911. Follow the emergency dispatcher's instructions.

How it works

The body needs a steady supply of oxygen-rich blood. Emergencies can interrupt this supply

by blocking breathing, stopping the heart, causing major blood loss, or reducing blood flow to the brain or other organs.

A quick initial check focuses on:

Emergency teams use this information to decide what must happen first. They may begin treatment before knowing the final diagnosis.

Some warning signs are less obvious. A heart attack may cause pressure, squeezing, or discomfort rather than sharp pain. A stroke may cause sudden speech difficulty or weakness without pain. Sepsis, the body's extreme response to an infection, may first appear as confusion, breathing difficulty, clammy skin, or severe illness.

Trust what you observe. A major, unexplained change from someone's usual condition can matter even when it does not match a familiar picture.

- Airway: whether air can pass through the mouth and throat
- Breathing: whether the person is breathing normally
- Circulation: whether the heart is pumping and severe bleeding is controlled
- Awareness: whether the person is awake, responsive, and behaving normally

Why it matters for your health

Some treatments work best when started quickly. For example, certain treatments for stroke or a blocked heart artery are time-sensitive. Prompt care can also limit harm from severe allergic reactions, poisoning, major bleeding, or breathing problems.

Calling emergency services does more than arrange transportation. Dispatchers can give immediate instructions, and an ambulance team can assess and treat the person on the way to hospital. Driving may be unsafe if the person's condition could worsen or if the driver is distressed.

Not every health problem requires emergency care. The level of care should match the situation:

When you are unsure whether an immediate situation is dangerous, an emergency dispatcher or local urgent medical advice service can help assess the next step. Do not delay a call while searching online if someone may be in immediate danger.

- Emergency care now: possible immediate threat to life, breathing, circulation, awareness, or safety

- Urgent or same-day care: a significant problem that needs prompt assessment but appears stable
- Routine follow-up: stable concerns, medication questions, planned monitoring, or symptoms that are not severe or worsening

What can go wrong

Several conditions and situations can create medical emergencies. Their warning signs can overlap, and a person may not have every typical sign.

Heart attack or cardiac arrest: Call for emergency help for new chest pressure, squeezing, fullness, or pain, especially with shortness of breath, sweating, nausea, or discomfort in the arm, back, neck, jaw, or stomach. Cardiac arrest means the heart suddenly stops pumping effectively. The person becomes unresponsive and is not breathing normally.

Stroke: Think FAST-face drooping, arm weakness, speech difficulty, time to call emergency services. Sudden loss of vision, severe balance problems, confusion, numbness, or weakness may also occur. Note when the person was last known to be well.

Severe breathing problems: Choking, gasping, inability to speak normally, very laboured breathing, or pale, blue, or grey lips or skin require immediate help. Skin colour changes may be easier to see on the lips, tongue, gums, palms, or around the eyes.

Anaphylaxis: This is a severe allergic reaction. Warning signs include swelling of the tongue or throat, breathing difficulty, faintness, or a rapidly developing reaction involving more than one part of the body. Use prescribed emergency medicine as directed and call emergency services.

Major bleeding or serious injury: Bleeding that is heavy or will not stop, a severe head or neck injury, a deep wound, a major burn, or an injured limb that is cold, pale, numb, or badly misshapen may need emergency care.

Poisoning or overdose: Call for help if someone may have taken a dangerous substance or too much medicine. Unresponsiveness, abnormal breathing, seizures, or collapse are emergencies. Do not make the person vomit unless a poison specialist or emergency professional instructs you to do so.

Seizure: Emergency help is important if the person has trouble breathing, remains unresponsive, has repeated seizures without recovering, is seriously injured, or has no known history of seizures.

Sepsis: A person with an infection who becomes confused, very short of breath, clammy, unusually difficult to wake, or severely unwell needs urgent assessment. If the condition

appears life-threatening, call emergency services.

Immediate mental health danger: A person who is about to harm themselves or someone else needs emergency help. Stay nearby if it is safe, reduce access to weapons or other dangerous items if you can do so safely, and contact emergency services. In the United States, 988 also provides crisis support, but 911 is appropriate when danger is immediate.

What you can do

If an emergency may be happening, call your local emergency number. Give the location first, describe what happened, and answer the dispatcher's questions. Put the phone on speaker if you need your hands free.

While waiting:

Move someone only when they face an immediate danger, such as fire or traffic, or when movement is needed to provide lifesaving first aid.

Preparation can make an emergency response easier. Keep an up-to-date record of medications, allergies, major health conditions, emergency contacts, and relevant medical devices. Store it where family or caregivers can find it, and carry a copy when appropriate.

Ask your clinician whether a known condition requires a personal emergency plan. Useful questions include which warning signs require an emergency call, how prescribed rescue medicine should be used, and when to seek same-day rather than routine care.

First aid and CPR courses provide practical training. There is no home test that can rule out every emergency. Smartwatches, blood pressure monitors, pulse oximeters, and other devices may provide useful information, but a normal reading should not delay help when serious warning signs are present.

- Follow the dispatcher's instructions
- Start CPR and use an automated external defibrillator if advised and able
- Apply firm pressure to serious external bleeding
- Keep the person still after a possible neck, back, or major head injury
- Do not give food, drink, or medicine unless instructed
- Do not leave an unconscious person alone

Common questions

What if I am not sure whether it is an emergency?

Call emergency services when there may be an immediate threat to breathing, circulation, awareness, or safety. Describe what you see rather than trying to name the diagnosis. The dispatcher can guide you.

Should I drive the person to hospital?

An ambulance is generally safer when the person is unstable, unresponsive, having severe breathing problems, showing possible stroke or heart attack signs, or likely to worsen during travel. Follow local emergency advice.

Can someone seem better and still need care?

Yes. Symptoms can temporarily improve after a stroke-like episode, allergic reaction, head injury, overdose, or serious chest discomfort. Improvement does not always mean the danger has passed.

When is routine follow-up appropriate?

Routine care is suitable for stable concerns without severe or rapidly worsening symptoms. Examples include reviewing long-term medicines, discussing a non-urgent test result, or creating an emergency plan for a known condition.

Is there one test for a medical emergency?

No. Assessment may include vital signs, a physical examination, an electrocardiogram of the heart, blood tests, or imaging. The tests used depend on what happened and what clinicians find.

Sources

- MedlinePlus Medical Encyclopedia: Recognizing medical emergencies , U.S. National Library of Medicine
- American Heart Association: Warning Signs of a Heart Attack , American Heart Association
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- Centers for Disease Control and Prevention: About Sepsis , CDC
- MedlinePlus: Anaphylaxis , U.S. National Library of Medicine
- Poison Control: Get Help Online or by Phone , America's Poison Centers

- 988 Suicide & Crisis Lifeline , U.S. Substance Abuse and Mental Health Services Administration