

This checklist is intended for use as a quick reference guide that may help you decide where to go for care. If you are uncertain where to go, please contact your provider.

	VIRTUAL WALK-IN VISITS	PRIMARY CARE OR WALK-IN VISITS	EMERGENCY ROOM
Allergic reaction that causes difficulty swallowing	CALL 911		
Animal or insect bites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Asthma attack (severe) <i>(or call 911)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Broken bone <i>If skin is punctured, go to the ER or call 911</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Burns <i>If severe, go the ER</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chest pain (severe)	CALL 911		
Concussion <i>If loss of consciousness, go to the ER</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Coughs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cuts <i>If uncontrolled bleeding, go to the ER</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diarrhea	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eye injuries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	VIRTUAL WALK-IN VISITS	PRIMARY CARE OR WALK-IN VISITS	EMERGENCY ROOM
Fever <i>Any fever in patient under 3 months old or any patient with fever of 105-plus degrees, go to the ER</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Headache <i>If severe, go to the ER</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nausea or upset stomach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Numbness in arm or leg, difficulty speaking, face drooping	CALL 911		
Rashes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Seizure	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sinus pain	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shortness of breath <i>If severe, go to the ER or call 911</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sore throat <i>If child, go to Walk-In</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sprained ankle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urinary tract/bladder infections	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vomiting <i>If vomiting blood, go to the ER</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>