

The Prepared Traveler

NFG quarterly insights for global travelers



Edition 3:

Global travel insurers and assistance providers partner with New Frontier Group for global cost and care management. We see firsthand situations travelers encounter when unexpected medical issues arise and travelers must navigate unfamiliar healthcare systems.

The Prepared Traveler newsletter is designed as a resource for travelers. We hope it helps you stay informed and prepared so your health outcomes improve and unnecessary medical services can be avoided.

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FEATURE ARTICLE:

Urgent Care or the Emergency Department? A Traveler's Guide to Knowing Where to Go

It happens on almost every trip eventually: a stomachache that won't quit, a twisted ankle on uneven cobblestones, a fever that spikes at two in the morning in an unfamiliar hotel room. In the moment, the question is always the same: Is this a walk-into-urgent-care problem, or a get-to-the-emergency-room-right-now problem? Away from your regular doctor, in a city or country you don't know well, that call can feel like a guess.

It doesn't have to be. Public health researchers and emergency medicine societies have spent the last two decades studying exactly this question which symptoms turn out to be low-risk, and which ones are quietly dangerous even when you feel like you can push through.

Here's what that evidence says, in plain language, so you can make a faster, calmer call the next time it matters.

The 30-second framework: Before getting into symptoms, it helps to frame the decision:

1. How sick does the patient look right now, and how fast could that change? Urgent care is built for problems that are uncomfortable but stable. Things that will still be manageable in an hour. The ER (and 911) exist for problems where the clock is actively running: a clot dissolving treatment options by the minute, an infection tipping into shock, bleeding that isn't controlled.

2. Does age or a health condition change the math? The single biggest factor in whether a "minor" complaint turns serious is who it's happening to. A sprained ankle in a 30-year-old and the same sprain in an 80-year-old on blood thinners are not the same referral.

3. When genuinely unsure, round up. Every industry guideline on this subject says the same thing: the cost of an unnecessary ER visit is far smaller than the cost of a delayed one.

What's usually a good fit for urgent care

Large-scale studies of emergency department visits (including a review of over 200,000 ED visits and 396 different reasons for coming in) found a long list of complaints where the odds of needing hospital-level care were under 2%. In plain terms, these are the visits that usually resolve with a prescription, a splint, or reassurance, not an admission:

- **Minor injuries** — sprains, strains, simple closed fractures of a finger or toe, and cuts that don't need more than stitches or glue (nothing gaping, nothing near a joint with deep involvement, no numbness or loss of pulse below the injury).
- **Everyday infections** — sore throat, ear pain, sinus pressure, mild fever with a cough, and uncomplicated urinary symptoms in someone who isn't pregnant and doesn't have flank pain.
- **Skin issues** — rashes, insect bites, and cellulitis that's localized and not accompanied by fever or spreading redness.
- **Mild flare-ups** — an asthma or COPD flare where the patient is still speaking in full sentences and responds to a first round of treatment.
- **The administrative stuff** — medication refills, physicals, vaccines, and wound rechecks.

A separate, widely cited RAND analysis estimated that somewhere between 14% and 27% of all ER visits fall into this "could have been handled at urgent care" bucket. That is a meaningful chunk of unnecessary time and cost for patients who didn't need to be there.

When to go straight to ER

The flip side of that research is just as useful: a smaller set of presentations carry a real chance of hospitalization or a time-critical diagnosis, and urgent care centers aren't equipped (or staffed) to manage them. These go straight to the ER, or to 911:

Chest pain or pressure — especially with shortness of breath, sweating, or pain spreading to the arm or jaw. Cardiology guidance is explicit on this one: call 911 rather than driving. If it is a heart attack, the ambulance can start treatment before arrival.

Sudden stroke symptoms — facial drooping, arm weakness, slurred speech, sudden loss of balance, or sudden vision change. Clot-dissolving treatments for stroke are only effective within a narrow window from symptom onset, so minutes matter more here than almost anywhere else in medicine.

Signs of a serious infection (sepsis) — fever combined with confusion, a fast heart rate, fast breathing, or low blood pressure. This combination is a recognized emergency trigger in critical care guidelines, not just a "bad flu."

A severe allergic reaction — throat tightness, difficulty breathing, or widespread hives with dizziness after a known exposure. Even after an EpiPen is used, current allergy-society guidance calls for an ER evaluation because symptoms can return hours later.

Sudden, severe abdominal pain — particularly with a rigid or board-like abdomen, or any abdominal pain during pregnancy.

A fever in an infant 2–3 months old or younger — Pediatric guidelines treat this as an automatic emergency visit regardless of how the baby otherwise looks or acts.

Significant trauma — anything involving a high-energy mechanism (a fall from a significant height, a serious vehicle collision, a penetrating injury) or visible deformity, uncontrolled bleeding, or loss of sensation. National trauma-triage guidelines route these straight to the highest level of trauma care available, bypassing both urgent care and, often, a smaller community ER.

A mental health crisis — suicidal or homicidal thoughts with a plan or means, or acute confusion and agitation.

Three factors that shift the decision

A few circumstances change the calculus enough that they deserve their own callout.

- **Age** — The same chief complaint carries dramatically different risk depending on the patient's age. Research on ED outcomes found that, compared with a 25–44 year-old, the odds of needing hospitalization for an identical symptom were roughly 2.5 times higher in a 45–64 year-old, 5 times higher at 65–74, and 7 times higher at 75 and older. A minor fall in an older adult deserves a lower threshold for ER evaluation than the same fall in a younger patient.
- **Blood thinners** — Any head injury even one that seems trivial warrants an ER visit in a patient on anticoagulants, because the bleeding risk isn't visible from the outside.
- **Pregnancy** — Trauma and significant abdominal pain, spontaneous vaginal bleeding in this population are routed to the ER as a matter of course, both for the parent's safety and to rule out pregnancy-specific emergencies.

The bottom line for travelers

This isn't a replacement for a clinician actually examining you, and it isn't a checklist for diagnosing yourself from a hotel room. It's a way to make a faster, calmer decision when something goes wrong far from home, and to recognize the handful of symptoms that should never wait for the next available urgent care appointment. When a symptom doesn't clearly fit either bucket, the guidance from every source above is the same: treat it as an ER case and let the clinicians downgrade it if they can. It's always easier to be sent home from an emergency department than to wish you'd gone.

Traveling with Medication – Quick Tips:

Medication planning deserves a place on every travel checklist. Regulations vary by country, replacement medications may not be readily available, and lost luggage can become much more serious when necessary medication is packed inside.

The CDC recommends traveling with enough medication for your entire trip **plus extra in case of unexpected delays and keeping medication in your carry-on**. Key tips include:

1. **Keep it with you** - Pack essential medications in your carry-on rather than checked luggage. That way, a lost or delayed suitcase doesn't also mean lost medication.
2. **Bring Extra** - Travel disruptions happen. Carry enough medication for your planned trip plus an additional supply in case your return is unexpectedly delayed.
3. **Make sure it is labeled** - Keep prescription medications in their original, labeled containers. The CDC also recommends carrying copies of written prescriptions, including the generic names of medications.

4. **Check before you fly if its available where you are going** - A medication that is routinely prescribed or available over the counter in one country may be controlled or restricted in another. Before traveling internationally, check your destination's medication requirements, particularly if you take controlled substances or injectable medications.

5. **Consider the temperature** - Medication can be affected by extreme temperatures. If your prescription requires refrigeration or special storage, make arrangements before you travel. Don't assume a hotel room, airplane or travel bag will provide appropriate conditions.

6. **Know the generic name for your medication** - Brand names vary around the world. Keeping a list containing both the brand and generic names, dosage and prescribing physician information can make it easier to communicate with a healthcare professional or pharmacist if you need assistance abroad.

Your Body Has a Travel Schedule, Too – Quick Tips

Helping your internal clock catch up with your itinerary

An airplane can cross an ocean in hours. Your body isn't always quite as fast.

Your body operates on a roughly 24-hour internal cycle that helps regulate when you feel awake, hungry and sleepy. Crossing time zones suddenly puts that internal schedule out of sync with the clock on the wall. Your watch changes instantly. Your body takes longer.

So when planning an international trip, think about giving yourself time to arrive, too. Here are some tips to help reset your clock faster:

Get Outside - Natural light is an important cue for your internal body clock. Spend time outdoors after arrival and use daylight strategically to help your body adapt.

Move to Local Time - Once you arrive, begin eating and sleeping according to your destination's schedule when practical.

Be Careful With Naps - A short rest after a long journey can help. Sleeping for several hours in the middle of the day, however, may make adjusting to your new schedule more difficult.

Hydrate - Long flights and travel days can leave you dehydrated, which can add to feelings of fatigue.

Give Yourself Time - If possible, avoid scheduling your most demanding activities or meetings immediately after a major time-zone change.

US Fun Fact

If you are traveling in the US this fall, consider participating in Halloween festivities. Halloween Is Big Business in the US. It's celebrated officially on October 31, but you'll see decorations and parties appear weeks earlier. American individuals and businesses decorate homes, carve pumpkins, visit haunted attractions, attend costume parties and hand out candy to children who go door-to-door saying trick or treat. It has become one of the country's most recognizable fall traditions. Pumpkins are a big part of Halloween and fall, so if you are wondering why everything taste like pumpkin spice, come fall season, stores fill with pumpkin-spice everything from coffee and cookies to cereal and candles. Interestingly, pumpkin spice usually refers to a blend of warming spices such as cinnamon, nutmeg, ginger and cloves rather than pumpkin itself.

**Prepared travelers don't have to know exactly what will happen.
They simply need to know what to do when the unexpected happens.**

If a medical issue arises while you are traveling, the NFG team can guide you to appropriate medical facilities including urgent care clinics, pharmacies and hospitals. **Contact us at 949.429.7130. Call 911 for medical emergencies in the U.S.**