Acute medical problems account for a large proportion of visits to primary care providers. Yet, only a small proportion of these visits can be classified as true emergencies—conditions that carry an immediate risk of mortality or significant morbidity. Despite their limited incidence, misdiagnosis or improper treatment of patients with medical emergencies can be catastrophic.

Over the last decade, emphasis has been placed on reducing the number of emergency room (ER) visits due to their high cost. The Affordable Care Act specifically underscored the need to shift care from the ER into medical offices (preferentially primary care offices). Medical practices have been encouraged to become Patient-Centered Medical Homes that have the ability and availability to prevent their patients from needing to go to ERs. Similarly, Accountable Care Organizations have tried to unify hospitals, their ERs, and medical practices in working together to reduce ER visits and hospital admissions.

This increased emphasis on shifting care from the ER to the office has expanded the need for acute care access in office settings. Although most of these visits will likely not be emergent, logic would suggest that the overall number of emergencies in office settings will increase. As a result, it is imperative for providers and their staff to be knowledgeable in the diagnosis and management of such events: The need to recognize, assess, and treat efficiently. In this issue of the Medical Clinics of North America, Dr Szot has enlisted experts from around the country to provide an overview of the
most common and important emergencies that office-based providers may face. I am confident that it will serve as a valuable reference.

Bimal H. Ashar, MD, MBA, FACP
Division of General Internal Medicine
Johns Hopkins University School of Medicine
601 North Caroline Street
#7143
Baltimore, MD 21287, USA

E-mail address: Bashar1@jhmi.edu