



EMERGENCY INFORMATION SHEET FOR PATIENTS WITH SEVERE OR CHRONIC ILLNESS



I. APPLICATION:

This policy provides information regarding the Emergency Information Sheet for Patients with Severe or Chronic Illnesses and offers guidelines regarding completion of the form, as well as utilization of the information by the prehospital care providers. Attachment A is the blank form; Attachment B is a completed sample form.

II. CRITERIA:

- A. Adult and pediatric patients with severe or chronic illnesses, especially those unable to communicate well, may benefit from having a summary of their medical history and current treatment regimen available for review by prehospital care providers.
- B. Information on the form will assist prehospital and hospital personnel to obtain pertinent medical history, current treatment regimens, and other information necessary to assist in assessment of the ill child or adult.
- C. The patient's personal physician or hospital intensivist should complete the form when the patient is discharged from the hospital. The form should be updated as needed to ensure that only a current version is available.
- D. The family is responsible to ensure that only the most recent version of the form is available to prehospital care providers.

III. AVAILABILITY:

- A. Forms are available from the medical staff office at hospitals and hospital emergency departments. The forms are also available from the Orange County Emergency Medical Services Office (714) 834-3500, or at www.oc.ca.gov/hca/medical/ems. The form should be printed on pink paper.
- B. It is suggested that the form be kept in a prominent location on the patient's refrigerator.
- C. Prehospital personnel should ask family members if the patient has a completed Emergency Information Sheet; paramedics should also look for the form on the patient's refrigerator.
- D. The form should accompany the patient to the emergency department. A copy of the form can be included in the patient's permanent medical record.

Approved:

P/P: 330.53
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**COUNTY OF ORANGE, CA HEALTH CARE AGENCY
EMERGENCY MEDICAL SERVICES
EMERGENCY INFORMATION**

Attachment A

Name _____ Date form completed _____ Initials _____
 Home Address _____ Revised _____ Initials _____
 _____ Revised _____ Initials _____
 Emergency contacts Birth date _____
 Name (relationship)/phone: Home phone _____
 1. _____ 2. _____

Primary care physician _____ Phone _____ Fax _____
 Specialty physician _____ Phone _____ Fax _____
 Specialty physician _____ Phone _____ Fax _____
 Anticipated Primary ED _____
 DNR form completed: _____ yes _____ no Pacemaker type and settings: _____

Diagnoses	Allergies
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Synopsis

Medications

1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____

Significant baseline physical findings

Significant baseline ancillary findings (lab, radiography, ECG):

Medications to be avoided	and why:
1. _____	_____
2. _____	_____
3. _____	_____

Procedures to be avoided	and why:
1. _____	_____
2. _____	_____
3. _____	_____

Antibiotic prophylaxis _____
 Indication _____
 Medication and dose: _____

Common presenting problems/findings with specific suggested managements

Problem	Suggested Diagnostic Studies	Suggested Treatment
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments on child, family, or other specific medical issues:



**EMERGENCY MEDICAL SERVICES
EMERGENCY INFORMATION**

Name Jamie Doe Date form completed 9-1-96 Initials _____
 Home Address 123 Main Revised _____ Initials _____
Plainsfield, New Jersey 08103 Revised _____ Initials _____
 Emergency contacts Birth date 3/10/82
 Name (relationship)/phone: Home phone 609-123-4567
 1. Lisa Doe (mother)/609-123-4567 2. Fred Doe (father)/609-123-4567

Primary care physician Dr. James Jones Phone 609-765-4321 Fax 609-765-4322
 Specialty physician Dr. Mary Hart (cardiology) Phone 609-123-7654 Fax 609-123-7655
 Specialty physician Dr. William Johnson (neurology) Phone 609-123-8976 Fax 609-123-7655
 Anticipated Primary ED Memorial Hospital

DNR form completed: yes no Pacemaker type and settings: _____
 Diagnoses Allergies
 1. Transposition of great arteries (TGA) 1. _____
 2. s/p Mustard Repair 2. _____
 3. s/p CVA, right side 3. _____
 4. s/p Pacemaker 4. _____

Synopsis
 TGA is a cardiac condition in which the aorta originates from the right ventricle and the pulmonary artery originates from the left ventricle. Mustard repair uses a baffle to divert blood to the atrium such that vena cava blood is directed to the mitral valve and blood from the pulmonary veins is directed to the tricuspid valve. As a result, normal blood flow from the vena cava through the lungs and back out to the peripheral arteries is restored. Jamie's superior vena cava (SVC) inlet to the atrium is also obstructed, and SVC blood is diverted through the azygous system to the inferior vena cava for return to the heart.

Medications
 1. Enalapril 5 mg orally, daily 2. _____ 3. _____
 4. _____ 5. _____ 6. _____

Significant baseline physical findings
 Jugular venous distention is normal for Jamie as a result of obstruction of her SVC. If she is very tired or sedated, a right foot drop will develop and she will posture with her right hand.

Significant baseline ancillary findings (lab, radiography, ECG):
 ECG infrequently paced (<20%), frequent premature atrial contractions common

Medications to be avoided and why:
 1. _____
 2. _____
 3. _____

Procedures to be avoided and why:
 1. Massive upper-extremity fluid in- SVC is obstructed and blood must flow to IVC. Use lower-extremity veins for large
fusions. Normal IVs are okay
 2. _____
 3. _____

Antibiotic prophylaxis SBE prophylaxis
Indication Oral and GU procedures

Medication and dose: For oral, amoxil 3 g 1 hour before procedures, 1.5 g 3 hours after procedure. For GU, ampicilin 2 g plus gentamicin 80 mg. 30 minutes before; repeat 6 hours after first dose.

Problem	Suggested Diagnostic Studies	Suggested Treatment
<u>Wheezing indicates new pulmonary hypertension</u>	<u>Echocardiogram</u>	<u>Captopril 12.5 mg, sublingual</u>
<u>Lacerations</u>	<u>None</u>	<u>No antibiotics for simple lacerations</u>

Comments on child, family, or other specific medical issues:
 Jamie is very knowledgeable about her problems; if you discuss anything in front of her, include her in the conversation.