

# EMERGENCY CARE INFORMATION

Rachel E. Ford  
Consumer Affairs Liaison  
Solano County Mental Health

September 24 & 25, 2009  
Lifespan Respite & Crisis Nursery Conference  
Burbank, CA

## instructions for **EMERGENCY INFORMATION** forms

If your loved one has **DNR ORDERS &/or an ADVANCED DIRECTIVE** follow the advice of your legal counsel & medical team. This form may still be of assistance in **other than a life threatening emergency**.

**PRINT** all personal information as noted.

**Emergency Contacts** should be very familiar with your loved one's medical and/or mental health issues as well as being accepting of any religious convictions you may have for your loved one. Emergency contact persons should have copies of this document.

Be sure you have the **correct spelling** of any medications & all medication & non-medication for the **KNOWN DRUG ALLERGIES** and **CONTRA-INDICATED MEDICATIONS**. State if allergies/reactions to medications or substances have been **life threatening**. State what other "allergic" reactions are. Be sure you list all medications, over the counter drugs, vitamins and herbal remedies your loved one is taking as all of these can interact with emergency or general medication your loved one may need to have prescribed to them.

List all other allergies in order of severity. State if **ALLERGIES** have been **life threatening**. State what "allergic" reactions are.

**PRIMARY MEDICAL or DEVELOPMENTAL DIAGNOSIS** List the diagnosis and how it manifests itself in an emergency; as well as how it attributes to your loved ones day to day life. There are extremes in every diagnosis and no one will know how your loved one is generally affected if there is not baseline information. Consult your loved one's primary care physician for the primary diagnosis if you are unsure. Remember we are thinking from an **EMERGENCY ROOM** perspective at this time, not necessarily an educational perspective.

**PRIMARY PSYCHIATRIC DIAGNOSIS** List the diagnosis and how it manifests itself in an **EMERGENCY**, as well the effects in your loved one's day-to-day life. There are extremes in every diagnosis and no one will know how your loved one is generally affected if there is not baseline information. Consult your loved one's primary psychiatrist or clinician for the primary diagnosis if you are unsure. Remember we are thinking from an **EMERGENCY** medical or psychiatric perspective at this time, not an educational perspective.

**MEDICATIONS** Check medication labels for **correct spellings**. List the dose as mgs. or cc's when possible. List the time of day each dose is taken. Route means, by mouth, rectum, shot, g-tube, etc. List the reason your loved one is given the medication as the same **medications can be prescribed for more than one reason**.

If you are listing your **RELIGIOUS CONVICTIONS**, please remember that **in a true EMERGENCY** the medical staff will not be able to read this paper. If you refuse medical treatment for your loved one, or have other religious restrictions to medical treatment, you must follow the recommendations of your religious counsel. For this section on **Religious**

**Convictions**, state that no blood is given of course, but I also mean to include, does your loved one pray at bedtime or meals or for comfort? Are you Catholic or Jewish or Buddhist . . . ? Are their food prohibitions because of faith? Does your loved one practice particular rituals that should be included in their care?

**MAJOR SURGERIES** are those that took place in the operating room and/or **under general anesthesia**. Ask the doctor if you are unsure.

**MINOR SURGERIES** are whatever you &/or your child's physician say they are.

**SECONDARY MEDICAL or DEVELOPMENTAL DIAGNOSIS'** are things that **currently** effect your loved one, but are **of lesser concern** than the primary diagnosis, in an EMERGENCY situation. List these items from date of occurrence with the **most recent issue being at the top**. Place an asterisk (\*) by the diagnosis or issues that will have further explanation in the later pages. Does your loved one have diabetes, hypertension, thyroid problems? This is all important because all medical problems can affect how people behave and the types of medication they take can interfere with the emergency medication that your loved one may need to have prescribed. It is very important that you list all of the medication that your loved one is taking as it may be contra-indicted with emergency medications. This includes herbal supplements, vitamins and over-the-counter medications.

**SECONDARY PSYCHIATRIC CONCERNS:** are things that **currently** affect your loved one, but are **of lesser concern** than the primary diagnosis, in an EMERGENCY situation. Place an asterisk (\*) by the diagnosis or issues that will have further explanation in the later pages.

**PREVIOUS/RESOLVED CONDITIONS** are issues that have affected your loved one in the past but are **not currently an issue**. An example could be an issue that was resolved surgically or an issue that a loved one dealt with in past therapy or one that they grew out of. Again you can check with your loved one's physician/clinician if you are unsure.

**ALLERGIES are restated**, as they would apply to your child's environment if your child was away from you for an extended period of time. **Reiterate issues of anaphylaxis – life threatening situations.**

**COPING SKILLS** Emergencies can be difficult for everyone. What can be done by a stranger to help your loved one cope? Do they need to have everything told to them step-by-step? Should only one person work with them? Should no one speak to them unless it is absolutely necessary? What can the do to help your loved one use the coping skills they have?

**COMFORT** What Kind of comfort does your loved one need? Can they be touched or held? Can someone sing a particular song or say a prayer? Is there a "lovie" in the backpack that staff should be looking for?

**COMMUNICATION** with strangers in a stressful &/or a new situation will be trying for anyone. Would your loved one have difficulty with communication in these circumstances? How could a stranger make this situation more comfortable? Does your loved one use PECS or an

augmentative device? Where might these items be kept? Does your loved one sign? If so, is it because they are deaf, or is there another reason? What is the best way to explain things to your loved one that will be understandable and not frightening?

**AMBULATION / MOBILITY** will state if your loved one uses a walker, cane or wheel chair that they might not be in, in a car wreck. How would the Emergency Room staff know the accuracy of your loved one's disabilities, if it isn't written down some where. The staff might assume that the accident that brought your loved one to the hospital has caused their limited mobility & other issues. List all issues clearly. Does your loved one crawl, or have an unusual gait? Describe the ambulation or mobility of your loved one, so the hospital staff will know if the EMERGENCY that brought your loved one to the hospital has limited their skill.

**FEEDING** not only includes what your loved one prefers to eat, but more importantly, how does your loved one feed himself? Is food pureed? What will your loved one **refuse to eat**? Does your loved one avoid everything that is red? Does your loved one need supervision, so they won't choke? You are also going to reiterate **food allergies**.

**TOILETING** is not always using the toilet. It is the explanation of the **assistance your loved one does need in order to not have to wear diapers**. Is your loved one **incontinent**, at all times or only at night? Will stress cause your loved one to have toileting difficulties? Try to think this through for a true EMERGENCY &/or a long stay away from familiar surroundings. Where are non-latex diapers kept and what about specialty hygiene supplies, like catheters?

**SLEEP ISSUES** are about helping your loved one get some rest, in the strange sterile environment of the hospital, especially if you not able to be with them immediately? Again, reiterate religious, toileting and communication issues here. What can a stranger do to help your loved one feel rested and reassured that everything will be OK and that they should go to sleep?

# EMERGENCY INFORMATION

**Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**d.o.b.** \_\_\_\_\_ address: \_\_\_\_\_  
**Insurance #** \_\_\_\_\_ work phone \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ cell phone \_\_\_\_\_  
Phone# \_\_\_\_\_  
Military Unit \_\_\_\_\_ 1<sup>st</sup> Sgt: \_\_\_\_\_ phone \_\_\_\_\_

**Wt:** \_\_\_\_\_ **Ht:** \_\_\_\_\_ (date taken) \_\_\_\_\_ **HIV: pos** \_\_\_\_\_ **neg** \_\_\_\_\_ (date taken) \_\_\_\_\_

**IMMUNIZATIONS:** \_\_\_\_\_ **Tetanus:** \_\_\_\_\_ **Blood Type:** \_\_\_\_\_

**ORGAN DONOR:** \_\_\_\_\_

**KNOWN DRUG ALLERGIES :**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTRA-INDICATED MEDS :**  
\_\_\_\_\_  
\_\_\_\_\_

(other)**ALLERGIES:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIMARY MEDICAL or DEVELOPMENTAL DIAGNOSIS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIMARY PSYCHIATRIC DIAGNOSIS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[reford@solanocounty.com](mailto:reford@solanocounty.com)

Name: \_\_\_\_\_

Insurance# \_\_\_\_\_

**CURRENT MEDICATIONS:**

medication	dose	time	route	reason

**RELIGIOUS CONVICTIONS:**

---

---

---

---

---

**MAJOR SURGERIES**

---

---

---

---

---

\* see attached pages for further information

**MINOR SURGERIES**

---

---

---

---

---

**SECONDARY MEDICAL DIAGNOSIS**

---

---

---

---

---

[reford@solanocounty.com](mailto:reford@solanocounty.com)

Name: \_\_\_\_\_

Insurance#: \_\_\_\_\_

**SECONDARY PSYCHIATRIC DIAGNOSIS:**

---

---

---

---

---

**PREVIOUS/RESOLVED CONDITIONS:**

---

---

---

---

---

**ALLERGIES**(as needed for an extended stay away from family or care-provider)

---

---

---

---

**COPING SKILLS:**

**COMFORT:**

Pg 4 of 4

Name: \_\_\_\_\_

Insurance#: \_\_\_\_\_

**COMMUNICATION:**

**AMBULATION / MOBILITY:**

**FEEDING:**

[reford@solanocounty.com](mailto:reford@solanocounty.com)

**Pg 5 of 5**

**Name:** \_\_\_\_\_

**Insurance#:** \_\_\_\_\_

**TOILETING:**

**SLEEP ISSUES:**

*We are here to offer supportive services to the Solano County Mental Health community, and to individual mental health consumers in a sensitive and culturally competent way that promotes education on mental health issues and service, co-occurring concerns in life, information on anti-stigma and support of Wellness and Recovery through better personal health, hope for one's future, personal responsibility and personal empowerment.*

Solano County Mental Health  
Rachel E. Ford  
Consumer Affairs Liaison  
275 Beck Ave., MS 5 – 250  
Fairfield, CA 94533  
[reford@solanocounty.com](mailto:reford@solanocounty.com)  
707 – 784 -8362 desk  
707 - 421 – 6619 fax