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| **Emergency Information Form for Children With Special Health Care Needs** |

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| **Name**: Little Johnny | **DOB**: 1/1/16-  2 years old | **Male** | **Language**: Spanish |

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| **Home Address**: 123 Sesame St Omaha, NE |

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| **Parent/Guardian**: Little Johnny’s mom | **Parent/Guardian**: Little Johnny’s Dad |
| **Phone Number**: 402-123-4567 | **Phone Number**: 402-234-5678 |

**Care Team:**

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| **Primary Physician**: Dr. Doolittle | **Phone**: 402-345-5678 |
| **Specialty Physician**: Dr. LoveHeart  **Specialty**: Cardiologist | **Phone**: 1-855-850-KIDS (5437) |
| **Specialty Physician**: Dr. Breathe  **Specialty**: Pulmonology | **Phone**: 1-855-850-KIDS (5437) |

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| **Closest Emergency Room**: Community Hospital |
| **Primary EMS**: Community EMS |
| **Home Health**: Home Nurses R Us |
| **School/Daycare**: Community School/ afterschool care at Mrs. Smith’s |
| **Primary Hospita**l: Children's Hospital & Medical Center 1-855-850-KIDS (5437) |

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| **Immunizations up-to-date**: yes |

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| **Allergies**: NKDA | **And Why**: |

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| **Medications**: |  |
| Lasix | Albuterol prn |
| Digoxin | oxygen |

Signature/Consent\*:\_Little Johnny’s Mom

\*Consent for release of this form to care providers

Projectaustin@childrensomaha.org www.childrensomaha.org/projectaustin

“It is the parent/guardians’ responsibility to keep the EIF current.  Children’s cannot assume responsibility for keeping the EIF current.”

**Diagnoses & Baseline Physical Exam:**

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| **Diagnoses:**  Tracheostomy dependent  Chronic lung disease- oxygen prn  Dextrocardia, double outlet right ventricle, VSD- s/p VSD repair 3/3/03 | **Baseline Vitals:**  SpO2 85-95%  **Baseline physical exam:**  Mild subcostal retractions  Heart tones best heard on right side of chest  Dusky undertone to fingers  Sternal scar  **Baseline neuro exam:**  Nonverbal- makes sounds, laughs, cries  Uses modified sign language to communicate needs  Interactive with environment and socially  Slight developmental gross motor delay- able to sit without support, stands with support |

**Emergency Management:**

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| **Problem**:  **Respiratory Distress Tracheostomy** | **Treatment Considerations**:   |  | | --- | | Open airway with head tilt/chin lift | | Check patency of trach- **D**islodged, **O**bstruction, **P**ulmonary  problems, **E**quipment | | Administer O2 with high flow oxygen mask via facemask or  trach | | Suction to assess trach placement and patency | | If not patent or dislodged: | | Deflate cuff and change trach | | Consider BVM via trach or mouth with oral airway | | Consider definitive airway if tube change failure | | Monitor pulse oximetry and EtCO2 | | Consider IV/IO access | | Stop feeds and place feeding device to gravity drainage | | Bring "go bag" to hospital | |

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| **Procedures to be avoided**: Oxygen should only be administered to maintain SpO2 85-95%, avoid fluid volume overload- fluid resuscitation should start at 5-10 mL/kg |

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| **Medical Devices & Equipment:** Tracheostomy 3.5 uncuffed Bivona |

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| **Comments**: Johnny likes a blanket and pacifier for comfort. Avoid loud sounds and lights. Tell him what you are going to do before you do it; he is apprehensive of healthcare workers. |

Physician/Provider Signature: Dr. Doolittle

Print name: Dr. Doolittle\_\_

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| **Date form completed**: 6/1/16 | **Revised**: 6/1/17 **Initials**: TS |
| **By whom**: TS | **Revised**: \*\*\* **Initials**:\*\*\* |