

Emergency Information for Children with Special Needs

Date form completed _____ Revised _____ Initials _____

By whom _____ Revised _____ Initials _____



Name _____ Birth date _____

Nickname _____

Home address _____ Home/work phone _____

Emergency contact names & relationship _____

Parent/guardian _____

Signature/consent* _____

Phone number(s) _____

Primary language _____

Physicians

Primary care physician _____

Emergency phone _____

Fax _____

Current specialty physician _____

Emergency phone _____

Specialty _____

Fax _____

Current specialty physician _____

Emergency phone _____

Specialty _____

Fax _____

Anticipated primary ED _____

Pharmacy _____

Anticipated tertiary care center _____

Diagnoses/Past Procedures/Physical Exam

1. _____

Baseline physical findings

2. _____

3. _____

4. _____

Baseline vital signs

Synopsis

Baseline neurological status



Emergency Information for Children with Special Needs

Diagnoses/Past Procedures/Physical Exam Continued

Medications

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

Significant baseline ancillary findings (lab, x-ray, ECG)

Prostheses/appliances/advanced technology devices

Management Data

Allergies: medications/foods to be avoided

1. _____
2. _____
3. _____

and why

Procedures to be avoided

1. _____
2. _____
3. _____

and why

Immunizations

<i>Dates</i>	_____	_____	_____	_____	_____
DPT	_____	_____	_____	_____	_____
OPV	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____
HIB	_____	_____	_____	_____	_____

<i>Dates</i>	_____	_____	_____	_____	_____
Hep B	_____	_____	_____	_____	_____
Varicella	_____	_____	_____	_____	_____
TB status	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

Antibiotic prophylaxis

Indication

Medication and dose

Common Presenting Problems/Findings with Specific Suggested Managements

Problem

Suggested diagnostic studies

Treatment considerations

_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments on child, family, or other specific medical issues

Physician/Clinician signature

Print name
