Emergency physicians and pediatricians provide medical care to many children with special needs because of chronic, complex medical illnesses. Care of these children may be complicated by the lack of patient history information, and unusual and uncommon disease processes.

To optimize emergency care of children with special needs, the American College of Emergency Physicians supports these principles:

- A mechanism should be available to quickly identify the child with special health care needs when that child presents for emergency care.
- Records of each child's special needs should be maintained in an accessible and usable format.
- The exact form in which relevant information is stored may vary depending on individual physician and patient preference.
- A universally accepted form should be disseminated for use by prehospital providers, parents, physicians, and other child advocates.

Figure 1 depicts the recommended form titled, "Emergency Information Form for Children with Special Needs."

1A similar policy suggesting use of this form has been adopted by the American Academy of Pediatrics.
# FIGURE 1

## Computerized Emergency Information Form

### Emergency Information Form For Children With Special Health Care Needs

<table>
<thead>
<tr>
<th>Today's date</th>
<th>Who is completing this form? You must confirm consent to use this form:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your name</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consent required</th>
<th>Name of person completing this form:</th>
</tr>
</thead>
</table>

### Patient ID

- **Parents’ name**:
- **Birthdate**: Address
- **Primary language**: Nickname
- **Contact phone**: Parent/guardian

### Care Provider

- **Provider’s name**: Specialties
- **All contact phone numbers (E-mail optional)**
- **Fax**

### Facilities & Providers

- **Primary care provider**
- **Specialist-1**
- **Specialist-2**
- **Specialist-3**
- **Specialist-4**
- **Specialist-5**
- **Others**

### Anticipated primary emergency department (name, phone, other)

### Anticipated tertiary care center (name, phone, other)

### Clinical Baseline

- **Diagnosis/Problem list (list all starting with most important)**
- **Baseline physical findings**
- **Baseline vital signs**
- **Baseline neurologic status**
- **Immunologic competency status**
- **Synopsis of clinical status**

### Medications (doses, purpose)

### Anesthesia procedures (drug, dose, indication)

### Significant baseline x/radiographic/magnetic resonance imaging studies

### Prostheses, appliances, advanced technology devices, life support

### Allergies: Medications, foods, substances to be avoided and why

### Advanced directives (include date of last review)

### Procedures to be avoided and why

### ED Management

- **Describe common presenting problems/findings**
- **Suggested studies**
- **Treatment recommendations**

### Immunizations

- **UPP dates**: Varicella status
- **DTP dates**: Hep B dates
- **OPV or IPV dates**: Hep A dates
- **MMR dates**: Meningococcal
- **HIB dates**: Tdap status
- **Pneumococcal-7**: HP virus
- **Other**

### Check or enter at least two of the most likely disasters that could affect this patient:

- [ ] Power failure
- [ ] Hurricane
- [ ] Tornado
- [ ] Earthquake
- [ ] Tsunami
- [ ] Blizard
- [ ] Avalanche
- [ ] Land/Mudslides

### Other

### Disaster Planning & Drills

- **Disaster drilled or practiced with patient**
- **Documentation of completed drills and planned dates for future drills**

<table>
<thead>
<tr>
<th>Date</th>
<th>Disaster type</th>
<th>Example drills</th>
<th>Describe type of drill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>