

Emergency Information Form for Children With Special Needs



American Academy of Pediatrics



Date form completed: 1/1/97	Revised: 5/15/98	Initials: JH
By Whom: J. Heart, MD	Revised:	Initials:

Name: Blue, Little B.		Birth date: 7/4/96	Nickname: LB
Home Address: 1313 Mockingbird Lane, Anytown, USA, 11111		Home/Work Phone: 900-555-1212 (home) 777-8899 (work)	
Parent/Guardian: Sandra Blue, mother	Emergency Contact Names & Relationship: Beatrice Blue, grandmother		
Signature/Consent*: <i>Sandra Blue</i>			
Primary Language: English	Phone Number(s): 900-444-5566		
Physicians:			
Primary care physician: Marcus Welby, MD	Emergency Phone: 1-800-KIDS-RUS		
	Fax: 000-000-0000		
Current Specialty physician: P. Card. Jime Heart, MD	Emergency Phone: 000-000-0000		
Specialty:	Fax: 000-000-0000		
Current Specialty physician: P. Neuro. Joe Neuro, MD	Emergency Phone: 000-000-0000		
Specialty:	Fax: 000-000-0000		
Anticipated Primary ED: Smallville Hospital	Pharmacy:		
Anticipated Tertiary Care Center: Childrens All Star Regional Med Center			

Diagnoses/Past Procedures/Physical Exam:	
1. tetralogy of Fallot with pulmonary atresia; RV to PA conduit 2/97 VSD left, ductus and collaterals ligated	Baseline physical findings: gr III harsh murmur, few crackles at base of left lung, liver down 5 cm.
2. Asplenia syndrome	
3. Thrombosed bilat femoral, iliac veins and inferior vena cava	Baseline vital signs: P 90 BP 100/50 R 24, O ₂ Sat 85%
	Weight: 12 kg Date: 5/15/98
4. Seizure disorder: generalized tonic-clonic	
Synopsis: Asymptomatic, mildly cyanotic nb. Asplenia syndrome noted. Surgery of RV to PA conduit at 8 mos. of age. Post-op seizures-mild R CVA, hemiparesis resolved.	Baseline neurological status: Awake, age appropriate, interactive. Mild increased tone L>R. EEG 5/97: Mild assymetry with right-sided slowing

*Consent for release of this form to health care providers

Diagnoses/Past Procedures/Physical Exam continued:	
Medications:	Significant baseline ancillary findings (lab, x-ray, ECG):
1. Digoxin 50 mcg=qd BID	moderate cardiomegaly on cxr
2. Lasix 10 mg BID	chronic LLL atelectasis on cxr
3. Amoxil 200 mg BID	RVH on EKG
4. Phenobarb 40 mg BID	Prostheses/Appliances/Advanced Technology Devices: homograft
5.	conduit RV to MPA — no extra precautions. Sternal wires
6.	and clips on vessels — no MRI until 6 mos post-op

Management Data:	
Allergies: Medications/Foods to be avoided	and why:
1. Betadine	rash
2.	
3.	
Procedures to be avoided	and why:
1. femoral venous puncture	no fem veins
2. instillation of air into venous catheters	R to L intracardiac shunt
3.	

Immunizations										
Dates	9/4/96	11/4/96	1/4/97	1/10/98		Dates	9/4/96	11/4/96	1/4/97	1/10/98
DPT	x	x	x	x		Hep B		x		
OPV	x	x	x	x		Varicella				
MMR				x		TB status				
HIB	x	x	x			Other				Pneumovax

Antibiotic prophylaxis: Indication: Asplenia
SBE Prophylaxis Medication and dose: Amoxil 200 mg BID
Amoxil 50 mg/kg one hour prior to procedure

Common Presenting Problems/Findings With Specific Suggested Managements		
Problem	Suggested Diagnostic Studies	Treatment Considerations
Worsened CHF	cxr	increase lasix
Status Epilepticus	check electrolytes-Na check phenobarbital level	midazolam, correct lytes
Fever	sepsis w/u	broad spectrum atbx for asplenic individual

Comments on child, family, or other specific medical issues: Mother is an excellent caregiver and knows when LB is blue.
Physician/Provider Signature: <i>Jime Heart MD</i> Print Name: Jime Heart, MD