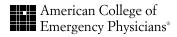
## **Emergency Information Form for Children With Special Needs**



American Academy of Pediatrics



Date form 1/1/97 completed

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,
Signature/Consent*: Sandre Blue	grandmother
Primary Language: English	Phone Number(s): 900-444-5566
Physicians:	
Primary care physician: Marcus Welby, MD	Emergency Phone: I-800-KIDS-RVS
	Fax: 000-000-0000
Current Specialty physician: P. Card. Jime Heart, MD Specialty:	Emergency Phone: 000-000-0000
	Fax: 000-000-0000
Current Specialty physician: P. Neuro. Joe Neuro, MD Specialty:	Emergency Phone: 000-000-0000
	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	Baseline physical findings: gr III harsh murmur, few crackles
conduit 2/97 VSD left, ductus and collaterals ligated	at base of left lung, liver down 5 cm.
2. Asplenia syndrome	
3. thrombosed bilat femoral, iliac veins and inferior	Baseline vital signs: P 90 BP 100/50 R 24, O <sub>2</sub> Sat 85%
vena cava	Weight: 12 kg Date: 5/15/98
4. Seizure disorder: generalized tonic-clonic	
Synopsis: Asymptomatic, milally cyanotic nb. Asplenia	-
syndrome noted. Surgery of RV to PA conduit at	Baseline neurological status: Awake, age appropriate,
8 mos. of age. Post-op seizuves-mild R CVA, hemipavesis	interactive. Mild increased tone L>R. EEG 5/97: Mild
resolved.	assymetry with right-sided slowing

Diagnoses/Past Procedures/Physical Exam continued:	
Medications:	Significant baseline ancillary findings (lab, x-ray, ECG):
1. Digoxin 50 mcg=lcc 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 wives
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	
DPT	×	×	×	×	
OPV	×	×	×	×	
MMR				×	
HIB	×	×	×		

Dates	9/4/96	11/4/96	1/4/97	1/10/98	
Hep B		×			
Varicella					
TB status					
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	CXY	increase lasix	
Status Epilepticus	check electrolytes-Na check phenobarbitol level	midazolam, correct lytes	
Fever	sepsis w/u	broad spectrum atbx for asplenic individual	

Mother is an excellent caregiver a nd knows when	
	Mother is an excellent caregiver a nd knows when

Physician/Provider Signature:

Jame Heart NO

Print Name: Jime Heart, MD