

Attachment B: Emergency Health Information¹

It is good practice to carry on you at all times emergency health information containing your critical health information and emergency contacts. An alternative would be to wear a Medic Alert tag or bracelet (see Resources). These bracelets can be engraved with the type of disability or any medical condition of importance.

An 800 number keeps your current medication, diagnosis, etc., on file. You can order these from your local pharmacy.

Emergency health information communicates to emergency and rescue personnel what they need to know about you if they find you unconscious, confused, in shock, or just unable to provide information.

Make multiple copies of this information to keep in your: emergency supply kits, car, work, wallet (behind driver's license or official identification card), wheelchair pack, etc. (Kailes 1996)

Why You Should Carry Emergency Health Information

The care you receive in emergency situations depends on how much information physicians have at the time of the emergency. In emergency rooms you may be unable to give a full medical history and may not have someone with you to provide it. (Lollar 1994 p. 72-73) Sometimes emergency personnel only have seconds to make decisions about your care.

Make multiple copies of your emergency

health information to keep at work, in your wallet or purse with your driver's license or

primary identification card, in your wheelchair pack, etc. Review and update this information whenever your medications or other information changes, but no less than twice a year.



Tips on Completing Emergency Health Information

When completing your emergency health information (forms included at back of chapter) be sure and include:

- **Disability/Conditions** emergency personnel might need to know about (if you are not sure, list it):

Examples:

- Epilepsy, heart condition, high blood pressure, respiratory problem, HIV positive.
- My disability, due to a head injury, sometimes makes me appear confused or drunk. I have a psychiatric disability. In an emergency, I may become confused or overwhelmed. Help me find a quiet corner and I should be fine in about 10 minutes. If this does not happen, give me one pill of (name of medication) located in my (purse, wallet, pocket, etc.).
- I have diabetes. If I lose consciousness or my behavior appears peculiar, I may be having a reaction associated with my diabetes. If I can swallow, give me sugar in

¹ EMERGENCY HEALTH INFORMATION reprinted from Be a Savvy Health Care Consumer, Your Life May Depend on it! ©2002 June Isaacson Kailes, Disability Policy Consultant, Playa del Rey, California and The Center for Disability Issues and the Health Professions, Western University of Health Sciences, Pomona, California

some form such as candy, syrup, cola or a beverage that contains sugar like orange juice. If my breath smells fruity, don't give me anything to eat and make sure I get medical help.

- Multiple Chemical sensitivities: I react to....., my reaction is....., do this..... (these conditions may not be commonly understood by emergency personnel and therefore explanations should be detailed and specific.)

• **Medications:** if you take medication that cannot be interrupted without serious consequences, make sure this is stated clearly and include:

- Prescriptions,
- Dosage,
- Times taken,
- When first prescribed and how long you have been on the drug,
- Other details regarding specifications of administration/regimen, i.e., insulin.

Example:

- I take Lithium and my blood level needs to be checked every_____.

Allergies (sensitivities):

- Penicillin or other antibiotics
- Adhesive tape
- Morphine, Codeine, Demerol or other narcotics
- Latex
- Novocain or other anesthetics
- Iodine or Methiolate
- Aspirin, Emperin or other pain remedies
- Sun exposure
- Detergents, fabric softeners
- Sulfa drugs

- Tetanus, antitoxin or other serums
- Pesticides
- Eggs, milk, chocolate or other foods
- Insect bites, bee stings
- Environmental sensitivities
- Other:

Examples:

- Diesel exhaust can kill me. Do not put me in or near idling emergency vehicles.
- I can speak when provided with clean air and low electromagnetic fields. Take me to fresh air and turn off electrical equipment.

Immunization and Dates (shots) examples:

- Flu,
- Pneumonia/Pneumococcal,
- Tetanus/diphtheria,
- Polio (IPV or OPV),
- Measles-mumps-rubella (MMR),
- H. influenzae type b (HIB),
- (Chicken Pox) Vericella,
- Hepatitis A,
- Hepatitis B,
- Measles-Mumps-Rubella,
- Rubella 9.

Communication/Devices/Equipment/Other

Communication (or a speech-related disability) examples:

- With a communication or speech-related disability, list specific communication needs:
 - I speak using an artificial larynx, if it is not available, I can write notes to communicate.
 - If (under stress after a seizure), I may not make sense for a while. Leave me alone

for 10-15 minutes and my mind should clear.

- I speak slowly, softly and my speech is not clear. Find a quiet place for us to communicate. Be patient! Ask me to repeat or spell out what I am saying if you cannot understand me!



- I use a (word board, augmentative communication device, etc.) to communicate. In an emergency, I can point to words and letters.
- I cannot read. I communicate using an augmentative communication device. I can point to simple pictures or key words on a sheet which you will find in my wallet or emergency supply kit.
- I may have some difficulty understanding what you are telling me, please speak slowly and use simple language.
- My primary language is ASL (American Sign Language). I am deaf and not fluent in English, I will need an ASL interpreter. I read only very simple English. Try using gestures.
- I am hard of hearing. Get my attention before speaking to me. Look at me when you speak so I can speechread.

Equipment examples:

- Motorized wheelchair,
- Suction machine,
- Home dialysis,
- Respirator,
- Cochlear implant,
- Indwelling catheter.

Other examples:

- I need specific help with: walking, eating, standing, dressing, transferring, etc.
- I need assistance with walking. The best way to assist is to allow me to hang onto your arm for balance.
- I am blind, please tell me what you are doing before doing it. I read Braille and I need paper work read to me.
- I have a panic condition. If I panic and appear very anxious, speak to me calmly and slowly. Be patient. Ask me if I need my medication and I will direct you. You may need to ask me more than once. Please stay with me until I calm down.
- I use a respirator full time, but I can breath without it for up to 15 minutes.

References

Kailes, J. (1996). Living and Lasting on Shaky Ground: An Earthquake Preparedness Guide for People with Disabilities, Governor's Office of Emergency Services, P.O. Box 419047, Rancho Cordova, CA 95741-9047, <http://www.oes.ca.gov> (earthquakes -> resources).

Lollar, D., ed. (1994). A Preventing Secondary Conditions Associated with Spina Bifida or Cerebral Palsy: Proceedings and Recommendations of a Symposium, Spina Bifida Association of America., Spina Bifida Association of America, 4590 MacArthur Blvd., N.W., Suite 250, Washington, DC 20007-4226.

Sample Emergency Health Information

Emergency Health Information	Date: 6/20/02	Updated: 10/1/02	
Name Jane Ready			
Address 11 Prepared Place		City Savvy State CA Zip 90001	
CONTACT METHOD	HOME	WORK	
Phone:	310-555-9999	909-555-6666	
Cell:	310-555-9998		
Fax:	310-555-9996	909-555-6668	
E-mail:	Jr@beready.org	Healthcall@one-of-a-kind.com	
Birth Date 7/7/77	Blood Type B+	Social Security No. 555-55-5555	
Health Plan Blue Cross	Individual #: 010101-09009	Group #: 010203-00006	
Emergency Contact: Husband - Bob			
Address Same as above		City State Zip	
CONTACT METHOD	HOME	WORK	
Phone:	Same as above	818-777-5555	
Cell:	310-555-9993		
Fax:	Same as above	818-777-5553	
E-mail:	b.r@beready.org	Bob.ready@safety.com	
Primary Care Provider: Henrietta Housecall			
Address 12th Primary Care Place			
City Healthville	State California	Zip 90001	
Phone: 310-555-2345	Fax: 310-555-2346	E-mail HH@telecompetent.net	
Disability/Conditions: Cerebral palsy, Diabetes, Low vision, Epilepsy			
Medication: Dilantin 300 mg, Lantus - insulin			
Allergies: penicillin; sensitive to antibiotic "e-mycin" (stomach upset, headache, diarrhea)			
Immunizations	Dates	Immunizations	Dates
Tetanus/Diphtheria	5/5/95	Inact. Havrix 5/5 with booster	5/5/95, 11/95
Polio virus	5/5/95		
Communication / Devices / Equipment / Other: Motorized scooter, I need assistance with walking. The best way to assist is to allow me to hang onto your arm for balance. I speak slowly, softly and my speech is not clear. Find a quiet place for us to communicate. Be patient! Ask me to repeat or spell out what I am saying if you cannot understand me.			

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Emergency Health Information

Emergency Health Information	Date:	Updated:	
Name			
Address		City	State Zip
CONTACT METHOD	HOME	WORK	
Phone:			
Cell:			
Fax:			
E-mail:			
Birth Date	Blood Type	Social Security No.	
Health Plan	Individual #:	Group #:	
Emergency Contact:			
Address		City	State Zip
CONTACT METHOD	HOME	WORK	
Phone:			
Cell:			
Fax:			
E-mail:			
Primary Care Provider:			
Address			
City		State	Zip
Phone:	Fax:	E-mail	
Disability/Conditions:			
Medication:			
Allergies:			
Immunizations	Dates	Immunizations	Dates
Communication / Devices / Equipment / Other:			

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