

FIGURE 1
Computerized Emergency Information Form

Emergency Information Form For Children With Special Health Care Needs				
	Today's date	Who is completing this form? You must confirm consent to use this form:		
	Your name	Is this a new form or just an update? <input type="radio"/> Update <input checked="" type="radio"/> New		
Patient ID	CONSENT REQUIRED		I (above named person) confirm that parent/guardian consents to the use of this form <input type="checkbox"/> Consent	
	Patient's name	Address		
	Birthdate	Nickname		
	Primary language	Parent/guardian		
	Contact phones	Emergency contacts		
Facilities & Providers	Care Provider	Provider's Name	Specialties	All contact phone numbers (E-mail optional)
	Primary Care			Fax
	Specialist-1			
	Specialist-2			
	Specialist-3			
	Specialist-4			
	Specialist-5			
Others				
	Primary Pharmacy (branch, phone, other)			
	Anticipated primary emergency department (name, phone, other)			
	Anticipated tertiary care center (name, phone, other)			
Clinical Base line	Diagnoses/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)			
	Antibiotic prophylaxis (drug, dose, indication)			
	Significant baseline lab/imaging/diagnostic 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
	Problem-1			
	Problem-2			
	Problem-3			
	Problem-4			
	Problem-5			
	Problems-other			
	Comments on child, family, or other specific medical issues			
Immunizations	DPT dates	Varicella status		
	Dtap dates	Hep B dates		
	OPV or IPV dates	Hep A dates		
	MMR dates	Meningococcal	specify which one if possible	
	HiB dates	TB status		
	Pneumococcal-7	HP virus		
	Other	Other		
Disaster Planning & Drills	Check or enter at least two of the most likely disasters that could affect this patient:			
	<input type="checkbox"/> Power failure	<input type="checkbox"/> Fire, forest fire		
	<input type="checkbox"/> Hurricane	<input type="checkbox"/> Infrastructure (roads, communication) damage		
	<input type="checkbox"/> Tornado	<input type="checkbox"/> Shelter structure damage		
	<input type="checkbox"/> Earthquake	<input type="checkbox"/> Food and water supply compromise		
	<input type="checkbox"/> Flood	<input type="checkbox"/> Medication, supplies, equipment compromise		
	<input type="checkbox"/> Tsunami	<input type="checkbox"/> Nuclear radiation accident (fallout, meltdown, contamination, detonation, etc.)		
	<input type="checkbox"/> Blizzard	<input type="checkbox"/> Explosion, blast, Other (e.g., terrorism, biological accident, chemical accident, other weather)		
	<input type="checkbox"/> Avalanche	<input type="checkbox"/> Other (e.g., terrorism, biological epidemic/accident, chemical accident, other weather event)		
	<input type="checkbox"/> Land/Mud slide			
	Other (describe)	Other (describe)		
Disaster drills reviewed or practiced with patient. Documentation of completed drills and planned dates for future drills.				
Date	Disaster type	Example drills:	Describe type of drill	
		verbal review		
		paper review		
		table top model		
		computer simulation		
		hand on practice		
		equipment review		
		in home review		
		alternate electrical		
		power		
		electric generator		
		use		