

# Emergency Information Form for Children With Special Needs



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

<b>Name:</b> 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*:	<i>Sandra Blue</i>	grandmother			
Primary Language:	English	Phone Number(s): 900-444-5566			
<b>Physicians:</b>					
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					

<b>Diagnoses/Past Procedures/Physical Exam:</b>	
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 <sub>2</sub> 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

<b>Diagnoses/Past Procedures/Physical Exam continued:</b>	
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

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

<b>Immunizations</b>										
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

<b>Common Presenting Problems/Findings With Specific Suggested Managements</b>		
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

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