**Patient Name (Insert cute photo in the space to the right)**

**DOB 01/01/01**

**Parents Info:**

Name

Phone Numbers

Address

Emergency contact

**Primary Care Pediatrician:**

Name, Clinic, Phone Number

**Preferred Hospital & Transport Team:**

Upon ER admission, contact the Physician Access Line:

EMS Line: Patient MRN:

**Diagnosis List:**

List all diagnoses here

**Medications:**

List all current medications with mg/ml, dosage and frequency here (example provided):

Phenobarbital (20mg/5ml) = 7ml AM BID

Albuterol (1.25mg/3ml) = PRN, every 4hrs when sick with symptoms of respiratory illness

Atrovent = PRN, when sick with symptoms of respiratory illness and not responding to other respiratory therapies

**Rescue Medications:**

List all rescue medications and rescue plan treatment here (example provided):

Phenobarbital 10-20ml (as directed by physician)

Diastat *(diazepam) 5*mg pre-set syringe

Diazepam - 5ml via g-tube

Versed Nasal Spray - one spray per nostril

**Baseline Information:**

Weight: Height: Heart Rate: Blood Pressure: Resting Respirations: Pulse Oximetry: 95-100% on room air

**Respiratory Status:** Currently requires High Flow Nasal Cannula for respiratory support. Respirations should be even, unlabored, with no nasal flaring or grunting. If O2 saturation is low, supplement with oxygen.

**Neurological Status:** occasionally tracks with his eyes or responds to voices. When awake, Caratacus tends to turn his head from side to side.

**Intermittent catheterization** required if it has been longer than 4 hours since last urination while awake.

**Suggested Labs for ER:** **CBC CMP, UA, phenobarbital levels**

* Note date and time of last medication/rescue/drug dose **CAUTIONS:** History of silent aspiration, no control of oral secretions. Extremely sensitive skin - MUST USE Tegaderm IV pediatrics between IV placement and skin (located in rescue bag).

**Diet Management (Mickey G-button: 14, 1.7cm)**

Kate Farms, 400ml mixed with 600cc water, give 225 mL for first morning feeding and then 175 mL x 3 feeds.

100ml Water flushes after each feed of 100 ml x 4 and 120 ml given with medications (total water flushes = 520 mL).

Continue ½ daily multivitamin and give ½ teaspoon of Morton Lite salt per day.

**Care Team Information and Phone List for Patient**

**Parents:**

Name

Number

Address

Email

**In Case of Emergency:**

Name, Relationship, Number

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**Primary Care Physician Clinic Name**

Doctor Name, Number, Email

**Pharmacy of Choice:**

Name, Address, Number

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**Patient’s medical care is managed by a team of specialists at (enter primary hospital name here)**

**Complex Care**

*Doctor Name Phone Number Email*

**Neurology**

*Doctor Name Phone Number Email*

**Cerebral Palsy**

*Doctor Name Phone Number Email*

**Dietary**

**Genetics**

**Gastroenterology**

**Dermatology**

**Ophthalmology**

**Orthopedics**

**Immunology**

**Nephrology**

**Urology**

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**Home Health Organization Info**

*Social Worker Information*

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**Equipment and Supplies:**

**Description of Supplies**

*Name, Number, Email, Point of Contact*