

HAVING EMERGENCY PLANS

WHEN LIVING WITH CONDITIONS REQUIRING SPECIALIZED MEDICAL CARE

*At Home or Play

*At Work or School

*During Travel

Danny's Dose Alliance

~

573-820-2819

~

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Remember ~ A special
"THANK YOU"
to the Paramedics and EMS
personnel who give so much
is always in order.

National EMS Week starts
Sunday, May 18!



The Shelton Family – Founded Danny's Dose
March, 2015

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Darlene Shelton, President

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Understanding EMS

1. **STATE EMS ASSOCIATION & LIKELY A REGULATORY BOARD**
2. **REGIONAL & SERVICE SPECIFIC MEDICAL DIRECTORS**
3. **PARAMEDICS -- CAN ONLY ACT UPON "ORDERS" FROM A PHYSICIAN**
 - **ALLOWED TO MAKE DECISIONS & ADMINISTER MEDICATIONS**
 - **ACTING OUTSIDE OF "SCOPE OF PRACTICE" CAN RESULT IN TERMINATION, FINES AND NO LEGAL PROTECTIONS.**
4. **ISSUES: FEAR OF LIABILITY AND LACK OF EDUCATION FOR RARE AND CHRONIC CONDITIONS**



Pennsylvania Update

- * State Scope of Practice is being reviewed
- * Administration of Patient-Carried, Time-Critical Medications is on their radar
- * New State EMS Medical Director is in favor

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STEPS TO PROTECTION AT A GLANCE

1. GET **EMERGENCY MEDICAL ORDERS** FROM YOUR SPECIALIST.
2. VISIT YOUR LOCAL AMBULANCE SERVICE(S) & ASK FOR A "**SPECIAL TREATMENT PLAN**".
3. VISIT YOUR LOCAL HOSPITAL(S) & ASK FOR A "**SPECIAL TREATMENT PLAN**".
4. WEAR A BASIC **MEDICAL ALERT I.D.**
5. EQUIP YOUR AUTO WITH VISUAL **EMERGENCY ALERT ITEMS**
6. CARRY AN **EMERGENCY DOSE** OF MEDICATION, WITH SUPPLIES, IN A CLEARLY MARKED BAG
7. CARRY YOUR **EMERGENCY MEDICAL ORDERS** IN A MARKED LOCATION OF THE AUTO
8. CARRY A PRINTOUT OF ALL MEDICATIONS AND CONTRA-INDICATIONS

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STEP 1: EMERGENCY MEDICAL ORDERS

GUIDELINES:

- ☐ FROM YOUR SPECIALIST
 - ☐ ON LETTERHEAD
 - ☐ SIGNED
 - ☐ DATED
 - NOT OLDER THAN 1 YEAR
 - ☐ CONTACT #S – DAY AND EVENING
 - ☐ WEIGHT IN POUNDS & KILOGRAMS
- ☐ PART A: PREFERRED (BEST) TREATMENT PROCEDURES OR MEDICATIONS
 - ☐ PART B: ALTERNATIVE TREATMENT OPTIONS OR MEDICATIONS IF “A” IS NOT AN OPTION
 - ☐ PART C: MEASURES TO BE TAKEN UNTIL PROPER CARE CAN BE GIVEN WHEN NEITHER “A” NOR “B” ARE AVAILABLE
 - ☐ PART D: ALLERGIES AND/OR CONTRA-INDICATIONS

Document should be short, precise, large font and easy to read quickly. A template is provided

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TEMPLATE:

*PLEASE PULL
YOUR COPY
FROM THE
ENVELOPE
PROVIDED.*

Physician's Guide

1. On Letterhead

EMERGENCY MEDICAL ORDERS

2. Short & Precise Info

SECTION 1: Patient Information:

Name: _____ Weight: _____

Diagnosis: _____

SECTION 2: Brief Description of Signs or Events leading to emergency treatment:

SECTION 3: Treatment Details & Any Contra-Indications:

Should include the following in short, precise instructions in an easily readable font:

a. Preferred type of treatment required _____

J/E: Medication to be administered and/or protocols to follow

b. If (a) is not an option, alternative acceptable treatment options _____

c. If neither (a) nor (b) are an option, any remaining measures that can be taken _____

d. Contra-indications: _____

Medication: _____ Medication: _____

Dose: _____ Dose: _____

Administration: _____ Administration: _____

3. Signed, Dated, Updated Annually

SECTION 4: PHYSICIAN SIGNATURE & CONTACT INFO:

Physician Signature: _____ Date: _____

Daytime Contact #: _____ After-Hours Contact #: _____

Patient Photo

ALLERGIES & SPECIAL NOTES:

Parent/Guardian/Spouse/Responsible Party Information & Authorization for Treatment:

Name: _____ Phone: _____

Relationship To Patient: _____ Signature To Treat: _____

(NOTES: A printed list from your pharmacy of all medications and contra-indications should be attached)

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A guide to basic emergent care information in a clear format. Approved by paramedics and advisory physicians
Additional information may and should be attached to the main form.

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STEP 2: EMS TREATMENT PLAN

VISIT YOUR LOCAL EMS SERVICE(S) WITH THE AFFECTED FAMILY MEMBER(S)

{An OUTLINE is included in the provided packet}

- 🚒 Ask for a "TREATMENT PLAN" and get a copy
- 🚒 The "Outline" includes:
 - Information to collect for your visit
 - What to expect
 - What a final plan should include
- 🚒 Take a demo kit of your "Medications" if possible
- 🚒 Contact Numbers for:
 - Additional Emergency Contacts
 - Other Physicians in your Care Team
 - Specialty Pharmacy & Home Health Company
- 🚒 Be willing to educate or connect them with your Specialist, Pharma or Specialty Pharmacy
- 🚒 Do follow up visits bi-annually



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STEP 2: EMS TREATMENT PLAN {cont}

WHAT YOUR PLAN SHOULD INCLUDE:

- 🚒 Particulars to your treatment for your condition
- 🚒 Weight in pounds and kilograms
- 🚒 Information on any allergies
- 🚒 Standard protocols **NOT** to be followed
- 🚒 Authorization to transport to the best facility for your condition
- 🚒 Air evacuation membership info
- 🚒 Details for Home, School, Work, Sports or Activities as follows:
 - Access in and out of the building/rooms
 - Location of specialty medications or medical equipment/supplies
 - A plan for air evacuation
 - Information on any animals

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STEP 3: ER TREATMENT PLAN

SETUP A MEETING WITH THE ADMINISTRATOR, PATIENT SERVICES, ER MANAGER, ETC

- 🚚 Ask for a "TREATMENT PLAN" and get a copy
- 🚚 If the affected person is a child, ask for a tour of the Emergency Dept
- 🚚 Items to take:
 - Copy of your "**Emergency Medical Orders**"
 - **Educational Materials** on your condition
 - A package of any "**Specialty Medications**"
 - **Contact Numbers** for:
 - Additional Emergency Contacts
 - Other Physicians, Specialty Pharmacy & Home Health Company
- 🚚 Be willing to educate & connect them with your Specialist and specialty pharmacy
- 🚚 Do follow up visits bi-annually

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STEP 3: ER TREATMENT PLAN {cont}

WHAT YOUR PLAN SHOULD INCLUDE:

- 🚚 Particulars to your treatment for your condition
- 🚚 Information on any allergies
- 🚚 Standard protocols **NOT** to be followed
- 🚚 Documentation for other people who can authorize treatment
- 🚚 Authorization to transport to the best facility for your condition
- 🚚 Any limitations on procedures you do not want them to attempt
- 🚚 Information on Air Transport memberships

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YOUR ROLE – PART 1	
H O M E	<p>Educate all family members, close friends and any caregivers on your particular illness/disorder.</p> <ul style="list-style-type: none"> *proper procedures for an emergency *signs/symptoms of a problem <i>(possibly not apparent to others)</i> *location of: <ul style="list-style-type: none"> ~Emergency Medical Orders ~Specialty Medications ~Specialty Equipment and/or Supplies *contact #s for Treatment Center, Specialists, Home Health, Specialty Pharmacy *plans for care of children in the home *a “Hospital Bag” for the patient & the parent/caregiver *a “Hospital Fun Bag” to keep kids occupied
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YOUR ROLE – PART 1 {CONT}	
C A R E G I V E R S	<p>Extended family & Childcare Locations:</p> <ul style="list-style-type: none"> *add those locations to the EMS TREATMENT PLANS <ul style="list-style-type: none"> <i>{if in a different service area, get a separate plan for these locations}</i> *assure they know proper procedures for an emergency *signs/symptoms of a problem <i>(possibly not apparent to others)</i> *Extras for these locations of: <ul style="list-style-type: none"> ~Emergency Medical Orders ~Specialty Medications ~Specialty Equipment and/or Supplies ~Contact #s for Treatment Center, Specialists, Home Health, Specialty Pharmacy *Notarized “Authorization To Treat” for the adult caregivers
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YOUR ROLE – PART 2	
W O R K	<p><i>Educate a couple co-workers on your particular illness/disorder on:</i></p> <ul style="list-style-type: none"> *proper procedures for an emergency *signs/symptoms of a problem (possibly not apparent to others) *location of: <ul style="list-style-type: none"> ~Emergency Medical Orders ~Specialty Medications ~Specialty Equipment and/or Supplies *contact #s for Spouse/Family, best EMS Service, Treatment Center, Specialists, Home Health, Specialty Pharmacy *other employees with any medical training
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YOUR ROLE – PART 2	
S C H O O L	<p><i>Have an IEP and/or a 504 Plan meeting with at least the Teacher, Nurse and Counselor that includes:</i></p> <ul style="list-style-type: none"> *proper procedures for an injury or emergency *signs/symptoms of a problem (possibly not apparent to others) *Where the location will be for: <ul style="list-style-type: none"> ~Emergency Medical Orders ~Specialty Medications & proper dosing instructions ~Specialty Equipment and/or Supplies ~Special ID or Alert Info when calling 911 *contact #s for Parents/Family, local EMS Service Peds Ready Contact, Specialists, Specialty Pharmacy *authorization for EMS to treat and transport (if needed)
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YOUR ROLE – PART 2 {CONT}	
S C H O O L	<p><i>The 504 Plan will also cover:</i></p> <ul style="list-style-type: none"> *Absences, late arrivals and additional time between classes *Instructions for recess, PE, off-site and special activities *Allowances to go to nurse when needed without question *Prevention of ostracizing the child from activities *Special accommodations for bus transportation if used *Additional time for returning homework after absences <p>Parents - be sure to know the school's evacuation plan and have any necessary accommodations in the 504 plan.</p>
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YOUR ROLE – PART 3	
S P O R T S and Exercise	<p><i>Educate a couple friends, team-mates, coach and/or instructor on your particular illness/disorder for:</i></p> <ul style="list-style-type: none"> *proper procedures for an emergency *signs/symptoms of a problem (<i>possibly not apparent to others</i>) *location of: <ul style="list-style-type: none"> ~Emergency Medical Orders ~Specialty Medications ~Specialty Equipment and/or Supplies *which EMS service to contact *contact #s for Spouse/Family, Treatment Center, Specialists, Home Health, Specialty Pharmacy *have supplies for a basic injury like ice packs and bandages <p>For travel events: contact that local EMS & ER at least 2 weeks in advance to alert them to dates and specialized needs if an emergency arises.</p>
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YOUR ROLE – PART 4	
Auto ~~~ T R A V E L	<p><i>In an auto accident, alerting EMS which person(s) has a “special medical need” is paramount! Be sure you have taken steps to speak for yourself or your loved one.</i></p> <p>*mark the seat of the affected person(s) *have the following in a clearly marked location: (not your purse)</p> <ul style="list-style-type: none"> ~Emergency Medical Orders ~EMS Treatment Plan ~Specialty Medications {in a “Go Bag” secured with a repelling carabiner to the seatbelt.} ~Printout of all medications with allergies and contra-indications ~Contact #s of spouse, family, specialty pharmacy, etc ~Information of possible symptoms not clearly apparent to others <p>*marking the outside of the auto is also an option</p>


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AUTOMOBILE EMERGENCY ALERT PRODUCTS



Emergency Alert Headrest Covers®
Customizing is available



Auto Decals (4x4) – 5 year ink life

NOTE: PARAMEDICS ARE NOT ALLOWED TO SEARCH THROUGH WALLETS OR PURSES IN MOST STATES.

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YOUR ROLE – PART 4 {CONT}	
Auto ~~~ T R A V E L	<p><i>Always carry an “Emergency Dose” of your specialty medications!</i></p> <ul style="list-style-type: none"> *in the original packaging *with the prescription label *in a clearly marked bag/backpack with a medical alert symbol or labeling *include another copy of the Emergency Medical Orders *include all necessary supplies for administering <p><i>Always carry supplies for any medical devices!</i></p> <ul style="list-style-type: none"> *in the original packaging *in a clearly marked bag/backpack *with any specific instructions that might be needed <p>Always secure the MEDICAL BAG to an extra seatbelt in the auto! {I recommend a repelling caribiner}</p>
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YOUR ROLE – PART 4 {CONT}	
Air ~~~ T R A V E L	<ul style="list-style-type: none"> • <i>Always wear your Medical ID jewelry!</i> • Carry a “Travel Letter” - it explains you should be carrying medications, needles, etc. • Carry copies of: Emergency Medical Orders and EMS Treatment Plan • Carry information on medical allergies or any prohibited medications. • Carry an “Emergency Dose” of your specialty medications in the original packaging! • Carry all needed supplies specific to your condition or medical devices • Carry Emergency Contact #s • Carry a notarized document authorizing a travel companion to make medical decisions on your behalf • Carry basic 1st Aid supplies that may be needed <p>Do you know? An extra “carry-on” is allowed for medications and medical supplies</p> <p>NOTES:</p> <ul style="list-style-type: none"> • Call ahead to the local ER and EMS Service before your trip. Offer to email/fax documents for their preparation.
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YOUR ROLE – PART 5	
D I S A S T U R T E R S	<p><i>Always have an “Emergency Go Bag” ready at all times!</i> Tornado, Hurricane, Flood, Earthquake and Fire require preplanning. We’ve covered the items in previous pages it should include.</p> <p>Also keep an “Emergency Kit” at a friend or relative’s house approx. 30 miles away and be sure they are trained in your condition. <i>It should include:</i></p> <ul style="list-style-type: none"> ~ An emergency dose of medication ~ All supplies for medications or medical devices in original packaging ~ Copies of <i>Emergency Medical Orders & Treatment Plans</i> ~ Emergency Contact #s ~ List of all medications from your Pharmacist with their contact number ~ Copies of Insurance Cards, IDs, Credit Card, Cash ~ Allergies or medication contra-indications
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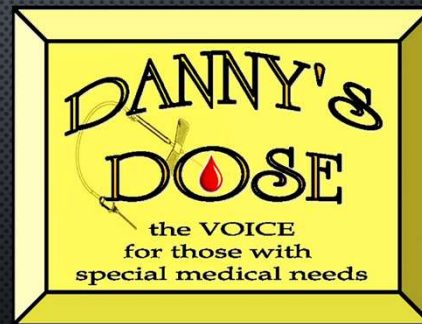
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YOUR ROLE – PART 5 {CONT}	
D I S A S T U R T E R S	<p><i>Other Tips: for Tornadoes or Hurricanes</i></p> <p>** Have a preplanned “Safe Area” in your home**</p> <ul style="list-style-type: none"> ~ Emergency Go Bag – secure it to something heavy and stationary to try to ensure it doesn’t become airborne ~ Carseat – Strapping your child in an extra car seat in your “safe area” can give extra protection against flying debris, etc. ~ Helmet – any type of helmet can help protect the head and face ~ Blankets – to protect against flying debris or to use later ~ Shoes - to protect feet for evacuation ~ Gloves – to protect hands for working through debris ~ Basic Tool Kit - with knife and duct tape ~ First Aid Kit – useful for all injuries for all family members ~ Water & Food – always necessary for entire family <p>**Don’t forget medications and supplies for other family members and infants!**</p>
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PRE-PLANNING CAN MAKE THE DIFFERENCE

We hope you are now better equipped to protect your family and loved ones. If you have any questions or have issues in trying to accomplish the tasks outlined, please feel free to contact us for help.

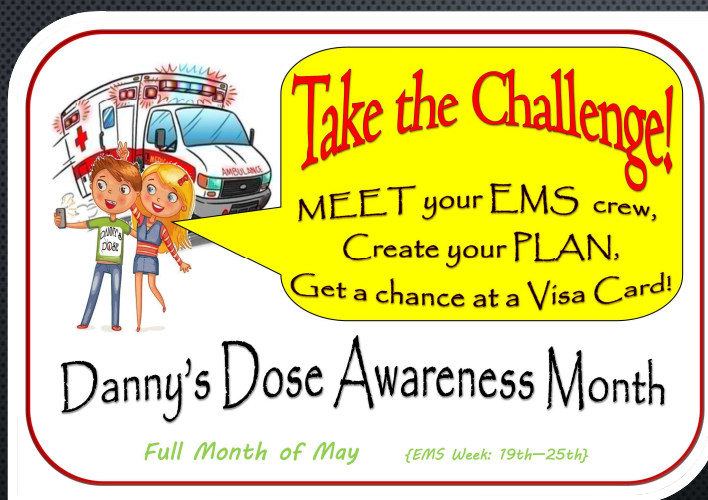


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NATIONAL EMS WEEK STARTS TODAY!



Join the CHALLENGE

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*Will the East*

*or*

*the West*

*Chapter Win?*

**Get a FLYER for all the details!**

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