

Raising a child with special health needs? Be prepared for a trip to the Emergency Room!

Before an Emergency

Talk to child's treating physician(s) about:

- What constitutes an emergency, and what to do when an emergency happens
- Transportation to the Emergency Room

Ask child's physician(s) for an **Emergency Protocol Letter*** that includes:

- Major medical issue/diagnosis
- High-risk situations and simple key phrases to deal with them, such as "ER staff should ([physician's advice here](#)) and contact ([name\(s\) of whom to contact](#))."
- Critical information for known issues such as "difficult airway due to (condition)" or "has responded well to ([medication/treatment](#)) in the past."
- Medication dosage information
- Special equipment needs such as tracheostomy size, g-tube, VNS
- List medical preferences such as hospital of choice for lengthy care stay, your wishes for compassionate/palliative care
- Date created, physician contact information, and signature

Have several copies on-hand and easy to find.

Fill out the [ACEP/AAP Emergency Form*](#). Give copies to caregivers, school, church, grandparents, and childcare. Have copies immediately available at home, in the car, and other easy to access locations.

Decide who is on your family's Emergency Support Team (see reverse).

Set up a visit to the local fire department

- Ask if child can look at the emergency vehicles
- Explain to the EMS providers the reasons the child might need them
- Show the EMS providers the child's specialized equipment
- Ask the EMS providers how you should be prepared when you call 9-1-1

*For sample letter or form contact the [ORF2FHIC](#) 1-855-323-6744.

Pre-Hospital (Fire/Ambulance)

When the paramedics arrive, be prepared to tell them:

- **How is the child presenting differently today?** Tell them what was out of the ordinary that made you call 9-1-1. For example: "He can usually make eye contact and smile, but he is not now."
- **Medications** that were given recently and in what dosages, *especially if they are different* from what the child usually takes.
- **Preferred position** for the child or the child's position of comfort.
- **Specialized equipment or supplies** such as g-tubes and suction. Offer specialized equipment to the EMS team, and bring what the child needs to the hospital.
- **What is most important right now.** For example, do you want the EMS providers to treat the child at your home, transport the child to the nearest hospital, or something else?
- **Who will ride in the ambulance?** Tell EMS team, if possible, the person you would prefer to ride with the child in the ambulance.
- **Medical Power of Attorney.** Have your forms handy if your child is over 18 or if there are complex custody issues that might arise.
- **Hospital Preference.** If the child is having a medical emergency, EMS team will often take the child to the nearest facility. If it is not a medical emergency, you may discuss with EMS your hospital preference.
- **The completed and updated [ACEP/AAP Emergency Form*](#) and/or Emergency Protocol Letter.**

At the Emergency Room

Hand the **Emergency Protocol Letter** to the attending physician and other key providers.

Provide the child's [ACEP/AAP Emergency Form*](#) to attending physician and other key providers.

Help the Emergency Room staff by giving them information such as:

- Medical fears or triggers such as white coats, certain smells
- Child's preferred position, name
- Medical power of attorney form if requested

Before leaving the emergency room, be sure to gather any personal equipment or items that you brought from home.



Someone who will be responsible for keeping my family and friends up to date on our situation

Name _____

Phone # _____

Someone to go with me to the emergency room

Name _____

Phone # _____

Someone who can provide financial support until emergency is over

Name _____

Phone # _____

Someone to be with me at the hospital

Name _____

Phone # _____

Someone who can provide a ride for me or my children

Name _____

Phone # _____

Someone for spiritual support or prayer

Name _____

Phone # _____

Someone to cook a meal, make kids' lunches or [arrange a Meal Train](#)

Name _____

Phone # _____

Someone to run errands

Name _____

Phone # _____

Someone to help my kids with homework if I cannot be there

Name _____

Phone # _____

Someone to take care of pets

Name _____

Phone # _____

Someone to keep in touch with my employer

Name _____

Phone # _____

Employer

Name _____

Phone # _____

Someone to communicate with the school and get homework

Name _____

Phone # _____

Someone to help with laundry or housework

Name _____

Phone # _____



Use this form to help you make a plan in case of emergency. For more information, call Oregon Family to Family Health Information Center at 1-855-323-3644 or visit www.oregonfamilytofamily.org.