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Hospital Readiness

It is important that you are ready for the very high likelihood of an emergency room visit, or the arrival of EMTs (emergency medical technicians) to your home. By definition it is impossible for you to predict when this will happen or what will be the cause. The only thing you know for sure is that an emergency room is an often chaotic place where no one knows you when you arrive.

Preparing a Medical Emergency Packet will speed the time it takes for you to be admitted into the system and for the appropriate treatment to begin. It significantly reduces the risk of errors in your treatment. A MEP will also affect the dynamic of your situation in ways that are hard to measure but critical to your care: the doctors and medical staff will instantly realize that you and your team are intelligent, that you have discussed the possibility of medical emergency and that you respect the need to present your full medical picture. The creation of mutual respect will help your team get the attention and care of the staff for you.

What's in your Medical Emergency Packet?

1. One-page summary of your medical history, current meds and all information required for admission forms (download separately)
2. Copy of your ID and insurance cards (front and back) .
3. Copy of your DPOA (Durable Power of Attorney for Medical Decisions)
4. Copy of your DNR (Do Not Resuscitate Order) on YELLOW paper.

Fold all four documents in half, and put in a 6"x9" brightly colored envelope. In large print on the outside, write your name and "Medical Emergency Packet" and list the contents.

Make enough packets so that you can give one to each of your advocates and close family and friends. They should keep the envelope in their cars so that they will not have to look for it. Keep an extra taped to the refrigerator, in the event that you are home alone and have to call 911, you can direct the EMTs to the packet. EMTs are trained to look for DNRs on refrigerators, and so you have the best chance of having your medical information with you on arrival at the emergency room.

Full Name			
AGE			
Date of Birth			
<i>Occupation (including Retired ____)</i>			
Updated			Do Not Resuscitate:
Weight			<input type="checkbox"/> Yes - I want no medical interventions
Blood Pressure			NOTE: be sure to attach your signed DNR
HOME PHONE			
MOBILE PHONE			
ADDRESS			
SOCIAL SECURITY #			
INSURANCE:			
Carrier (primary & secondary)	ID or Group Number	Other	Phone
MEDICAL HISTORY:			
Procedure	Diagnosis/Other Information	Year	Physician
PHYSICIANS:			
Specialty	Physician	phone	location
CURRENT MEDICATIONS as of: 0-Jan-00			
Prescription Medication & Dosage	Frequency	Treating	Pharmacy
OTC Medications & Supplements	Frequency	Treating	Pharmacy
EMERGENCY CONTACTS:			
Name	Relationship (note if DPOA)	phone	location