

## Patient Information & Emergency / Disaster Preparedness Plan

Silver-spring Healthcare Services

(281) 651-2268

**IN EMERGENCY: CALL 911 OR APPROPRIATE EMERGENCY ACCESS**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

DME Company: \_\_\_\_\_ [ ] Yes [ ] No Phone: \_\_\_\_\_

(Registered with utility company) [ ] No [ ] Yes related to: \_\_\_\_\_

Do you have transportation to evacuate? [ ] Yes [ ] No Number of others evacuating with you: # \_\_\_\_\_

By Whom? \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have pets or service animal? [ ] Yes [ ] No Number of pets evacuating with you: \_\_\_\_\_ Carriers available? [ ] Yes [ ] No

Do you have special needs? [ ] None [ ] Life support equipment: \_\_\_\_\_ (That requires registration with utility company); [ ] Transportable [ ] Battery operated

[ ] Electrical Condition of equipment: \_\_\_\_\_

[ ] Special dietary needs: \_\_\_\_\_ [ ] Communication challenges: \_\_\_\_\_

[ ] Language barriers: Primary language: \_\_\_\_\_ [ ] Intellectual disabilities: \_\_\_\_\_

[ ] Mobility issues: [ ] Bedfast [ ] Chairfast [ ] Wheelchair needed [ ] Cane needed [ ] Needs assistance for ambulation/transfers

[ ] Special procedures/medical care needed: \_\_\_\_\_

[ ] Special adaptive equipment: \_\_\_\_\_

Other entities involved in care: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Coordination of Care with: \_\_\_\_\_ Regarding: \_\_\_\_\_ Spoke to: \_\_\_\_\_

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Registered with 211 [ ] Yes [ ] No [ ] Assisted with 211/STEAR Registration [ ] Assistance with registration declined

### Emergency

If the Patient's condition changes significantly or for medical emergencies such as chest pain, difficulty in breathing, paralysis, bleeding, or injury from falls, please call 911, or your appropriate emergency access for immediate attention. The agency does not operate as an emergency service; therefore, valuable time may be lost by contacting the agency.

### Non-Emergency

For a non-emergency, the agency has a nurse "on-call" 24 hours per day, seven days per week. Your call will be forwarded to an answering service/machine during unscheduled business hours. Please leave your name, the name of the Patient, the telephone number and address, and a brief description of the problem. This message will be forwarded to the "on-call" nurse who will return your call within 30 minutes.

### Natural Disaster

In the event of a natural or man-made disaster (e.g., to include tornadoes, hurricanes, winter storms, nuclear power plant disaster, floods, chemical toxicity, and fire, etc.) the agency will prioritize visits according to the following: What category describes your special needs?

[ ] **Class I** - Life threatening (or potential) requiring ongoing medical treatment to prevent a life threatening episode. Patient is unable to withstand any interruption in power supply. Patient is unable to evacuate/transport self. No readily available caregiver or caregiver is unable to provide needed care. Appropriate arrangements to transfer to an acute care facility will be made by the agency in collaboration with the local county or city authorities (fire department, police, and sheriff), the Patient/family and the physician.

[ ] **Class II** - Not immediately life threatening but Patient may suffer adverse effect without service (i.e. new insulin-dependent diabetic unable to self- inject insulin, IV medications, or sterile wound care with large amounts of drainage). Visits may be postponed 24-48 hours with minimal adverse effect. Patient is unable to transfer/transport self or no transportation available from caregiver. Appropriate arrangements may be made if necessary, to send Patient to a facility that can meet their needs. This will be done in collaboration with the Patient/family, physician, and local or city authorities.

[ ] **Class III** - Services may be postponed 48-72 hours without adverse effect on the Patient (i.e. new insulin-dependent diabetic able to self inject, cardiovascular and/or respiratory assessments, or sterile wound care to a wound with minimal to no drainage). Transportation is available from family, friends, volunteers or caregiver.

[ ] **Class IV** - Services may be postponed 72 hours or more without adverse effect on the Patient (i.e. routine catheter changes or postoperative with no open wound). Willing able caregiver is readily available or Patient independent in most ADL's. Transportation is available from family, friends, volunteers or caregiver.

Patient/caregiver has been instructed & provided written information on an individualized Emergency Preparedness Plan. Agency will notify State and local emergency preparedness officials of need for patient evacuation during a disaster due to patient medical condition or home environment.

Agency Representative Signature

Date