INDIVIDUALIZED EMERGENCY PLAN

Patient Name:_____ ID #:_____
Phone:_____ Cell phone:_____
Address:_____
City:_____ State:_____ ZIP Code:_____

★ ★ ★ PRIORITY CODE ★ ★ ★

❍ Low ❍ Medium ❍ High

Significant diagnoses:_____
Date of birth:_____ Age:_____ Blood type:_____ Advance Directives: ❍ No ❍ Yes (attach copy if applicable)
List of medications: ❍ No ❍ Yes (copy attached) Allergies:_____

EMERGENCY CONTACTS

Emergency Contact Name:_____
Relationship: ❍ Caregiver ❍ Representative ❍ Other:_____
Address:_____
City:_____ State:_____ ZIP Code:_____
Phone:_____ Cell phone:_____

Emergency Contact Name:_____
Relationship: ❍ Caregiver ❍ Representative ❍ Other:_____
Address:_____
City:_____ State:_____ ZIP Code:_____
Phone:_____ Cell phone:_____

Primary Physician/NPP Name:_____ Phone:_____
Medical/Durable Power of Attorney Name:_____ Phone:_____
Other:_____ Name:_____ Phone:_____
Other:_____ Name:_____ Phone:_____

In the Event of Fire: Patient will leave home immediately and proceed to designated area:_____
Can patient reach this area independently? ❍ Yes ❍ No If No, will be assisted by:_____
Call **911** AFTER safely evacuating the home. Do NOT stop to collect valuables/possessions.

The following emergency situations may require the patient to leave their home and go to a chosen safe place.
Chosen safe place is (explain):_____
Can patient reach their chosen safe place independently? ❍ Yes ❍ No If No, will be assisted by:_____

In the Event of an Ice/Winter Storm: Patient will ❍ stay home ❍ go to a chosen **safe place**.

In the Event of a Power Outage: Contact Home Health Agency and Emergency Contact(s) to alert them of outage.
Does patient rely on electricity for oxygen or other medical devices? ❍ Yes ❍ No If Yes, patient will move to chosen **safe place**.

In the Event of Flooding: Contact Home Health Agency and Emergency Contact to alert them of water nearing home.
Contact emergency services if evacuation of home is necessary._____
Go to highest accessible area of home (location)_____
Can patient reach this area independently? ❍ Yes ❍ No If No, will be assisted by:_____

In the Event of Tornado: The best place to shelter/take refuge in the home is:_____
Can patient reach this area independently ❍ Yes ❍ No If No, will be assisted by:_____

In the Event of an Evacuation: Patient prefers to: ❍ stay home ❍ go to public shelter ❍ go to a chosen **safe place**.

ADDITIONAL CONSIDERATIONS

Mobility level (e.g., wheelchair, bedbound):_____
Special disability needs (eye/hearing aids, language/communication aids etc.):

Medical supplies used (e.g., dressings, gloves, syringes):

Management of special equipment (e.g., nebulizer, batteries for equipment, portable O_2 tank, IV equipment, walker, insulin pump):

Transportation arrangements needed: ❍ Yes ❍ No Comment:_____
Additional information:

Keep this information in a safe place where you can grab it quickly, including your emergency kit. You may also consider putting important papers with it in the event you are evacuated, to a safe place. For example, your insurance papers, a copy of your advance directives and identification papers etc. Consider placing your important papers in a plastic zip top bag.

Copies of IEP given to: ❑ Patient ❑ Caregiver ❑ Representative ❑ Other:_____

Clinician Signature/Title:_____ **Date:**_____ **Time:**_____