



“Getting It Right”

My Personal Plan on Emergency Preparedness

(This document is designed to be worked on as collaborative community information document about a person whose disabilities need to be considered in an emergency situation. This should be worked on with consumer, caregiver and/or family member, and discharge planner.)

INTRODUCTION

Outside of getting basic staples together to be emergency prepared, it is important to prepare smartly by incorporating your disability or challenging medical situation. This booklet will not answer all of your questions but is designed to help you take a new look at emergency preparedness and how you will accommodate your life/health issues. What follows are questions, notes and resources to help you be smart in designing your plans.

BASIC INFORMATION

Name
DOB
Social Security
Address
City, State, Zip
Phone
Cell
Email
<u>Health Insurance</u> Company Name
Phone #
Identifying #'s Including Group #

CONSIDERATIONS UNIQUE TO MY SITUATION

Think about what makes you different from those around you that would require of others to have knowledge on and/or provide you assistance with.

I have:

My challenges are:

Mobility

Sensory

Hearing

Developmental

Vision (Circle one)

Braille Large Print Other

Service Animal (Circle one) Yes No

Type:

Name

Additional Information:

CAREGIVER/ASSISTANCE:

Answer this as if both your caregiver and you could not speak could not speak at a moment when a first responder needs to know your medical history.

I need personal assistance with:

Caregiver's Name:

Caregiver's Contact Info:

My caregiver is trained to:

If my caregiver is not available then:

Other:

MEDICAL:

Create the Medical Information format as if both your caregiver and you could not speak at a moment when a first responder needs to know your medical history. (Use the following example as a guide to creating yours.

Be sure to include any equipment inside of you and any identifying information for it such as serial number and location.

Person's Name Medical Information as of 5/24/65

Jonas Grumby DOB 12/25/00 Male Single
0000 Street, City, STATE 30000 Hm: 000.000.0000 Cell: 000.111-0000
Driver's License # 0000000000 Ht. 5'10" Weight: 000
Social Security: 000.00.0000

Insurance: Insurance Choice
 P.O. Box 0000, Albany, KY 00000

Contact info 000.000.0000 Policy/Member ID Z012345678 Group Z0000
 Medicare (9/10/00) Member ID: 987654321

IN CASE OF EMERGENCY CONTACT Ginger Grant at 000.999.8888

Highlights:

- * Spinal Cord Injury @ T-5 paralyzed from stomach down
- * Syringo Pleural Shunt @ T-4x2, partial paralysis in Right Arm
- * CRPS
- * IVC/Cordis Endovascular Filter
- * Diabetic II
- * Blood Pressure
- * Allergy Alert
- * Intubation Alert
- * Autonomic Dysreflexia (See page 4) = [BP+BS+TEMP] X HIGH

IV Administration

Jonas veins are hard to find!!!! Suggest using advanced personnel to administer it. Hot cloths placed against arm/hand help. Ultrasound may also help. "IF" and only "if" these don't work...may try the neck.

Note: (Found during recent hemorrhoid surgery) Per Hospital on 4/12/64: Need to **intubate** client due to

cranial IX nerve.

MEDICATION SHEET

Current Prescriptions (taken promptly at 6am & 6pm)

Lyrica	1 capsules	(0mg)	1 at morning	Dr. Name
Amitiza	1 capsule	0 mcg	1 once a day	Dr. Name
Novolin	R (v-100)		Sliding Scale	Dr. Name
Metoprol Tartrate	1/2 tab	0 mg	1 twice a day	Dr. Name
Humulin	7/0/30	0 units	Every AM & PM	Dr. Name

Self-Medicating

Vitamin w/iron (Multi) 1 tablet once a day

Allergies

Betamethasone – side of effect of continuous urination
Iron - by IV - had all reactions, breathing, etc.
Lisinoprol - severe – heart attack like symptoms – NO ACE INHIBITORS]
Penicillin – sulfa relationship

Blood Type: O+

Transfusions

Jan. 65 - two pints hemoglobin dropped to 5.8 - Island Hospital

Implant (Put in copy of cards here)

Filter: Cordis Endovascular Optease Filter

Implant Date

Location: IVC Dr. Who Hospital: Medical Center

Address & Phone #

Product: Lot: Made with Nickel & Titanium >>>NO AED Allowed

MEDICAL CONTACT PAGE

DOCTORS

Dr. Thurston Howell Family Care/IM 000.000.0000 (PRIMARY)
(List Doctor Type & Phone # Here)

Nursing Company

PHARMACY:

Family History

Mother Deceased Age 0 Lung Cancer
Father Deceased Age 00 Age

Past Personal History

Has no history of smoking or alcohol intake.

HOSPITAL ACCOMMODATIONS

In addition to SCI and diabetes II, Jonas has CRPS (Complex Regional Pain Syndrome also known as RSD/Reflex Sympathetic Dystrophy). This means:

RSDSA: Reflex Sympathetic Dystrophy Syndrome Association

http://www.rsds.org/2/what_is_rsd_crps/index.html

“Complex Regional Pain Syndrome (CRPS), also known as Reflex Sympathetic Dystrophy, is a chronic neurological syndrome characterized by: severe burning pain; pathological changes in bone and skin; excessive sweating; tissue swelling; and extreme sensitivity to touch.”

Cleveland Clinic:

http://my.clevelandclinic.org/anesthesia/publications/archive/complex_pain.aspx

“This is a disease that is characterized by varying degrees of pain and autonomic disturbances that are reflected in changes of the skin, temperature, color and swelling.”

Dr. Suess

Issue 4, Supplement, Pages S20-S24 (March 2006), Complex Regional Pain Syndrome: Manifestations and the Role of Neurostimulation in Its Management

<http://www.journals.elsevierhealth.com/periodicals/jps/article/PIIS0885392405006780/abstractwww.theroaringmouse.com>

“Abstract: The hallmark of complex regional pain syndrome (CRPS) is excruciating pain (aching, burning, pricking, or shooting). Diagnosis should be established as soon as possible, as response to treatment is adversely affected by any delay.”

Accommodations: (List special equipment needs, medication accommodations, things to make life easier)

Notes: Medications should be given at 6am/6pm to maintain pain control.

Average Daily Schedule

List a schedule of how medication is administered.

Bowel/Bladder

Intermittent Cath 4-5 times per day 12 French Soft Bard Complete Kit
Cath Bag with Condom Catheter at night only.

HISTORY

- If person is medically fragile then list entire medical history presuming you or they can't speak in the situation.

Present Symptoms: List how person is feeling or any current medical conditions being

addressed.

SURGICAL / DIAGNOSTIC HISTORY

List hospital visits

DIAGNOSTIC STUDIES

List all tests, x-rays, MRIs

DOCUMENTATION

Place documentation explaining rare or unknown conditions, diagnosis, disorders.

Daily Supply List

Medical Items

Chucks/Paper Underpads

gloves

kitchen garbage bags

Wound Care Supplies: Saline, Hibiclens, gauze, scissors, medipore tape, mepilex,
cream

wet wipes

Diabetic Supplies: sugar testing kit, test strips, needles

alcohol wipes

Drinking water

Bleach Wipes

Hardware Needs

Air Mattress & 5 pillows

blanket to protect knees

Transfer Board

Gloves (to move chair and for transferring)

Manual & Electric Wheelchair

batteries for blood sugar testing equipment

blood sugar testing equipment

For Emergency Kit I would add...

spare battery for e-chair

spare tire & kit for manual chair

toolkit

USB key fob with this packet of data on it

medical bracelet

Medical Equipment

Is Bio/Medical Resume filled out? *(circle one)* Yes No
(Sample to create yours off of is attached....)

I have Medic Alert jewelry? *(circle one)* Yes No

Technology:

Technology:

Type of Equipment

Model Numbers

Company Purchased from:

Phone #:

Technology:

Type of Equipment

Model Numbers

Company Purchased from:

Phone #:

EVACUATION:

How will you leave your residence, workplace, or activity? If you rely on someone or some entity what is the back-up plan when they aren't available? Make sure you also note at least 4 people who can help you with this to account for those who might not be available at that time.

Question	Answer
Can I transport/evacuate myself?	Yes No
I need assistance to get to vehicle	Yes No Person-s- Identified to help are:
Someone will drive me	Yes No Person-s- Identified to help are:
I rely on transport company	Yes No Name & Number Backup Plan
I rely on public transportation	Yes No Name & Number Backup Plan

Question	Answer
Miscellaneous Info	

DETAILS	
Utility Companies (Include Name, phone number & account number)	Electrical Gas Phone Water
Am I on life dependent equipment? Yes No, If yes..... "it" is: I use it for:	
Do I have access to Code Red or Smart 911 or other service through the county?	Yes No Registered? Yes No <input type="checkbox"/> Date:
Do I have a Weather Alert Radio? Yes No Do I need adaptive equipment to hear/see it? * Yes No (* if so, I need to contact:	
Am I pre-registered with a local disaster shelter program? Yes No If yes, the contact information is:	

RESOURCES:

Where you go when you need assistance with designing your plan, or you want to volunteer to help in the creation of the community's disaster plan designs. *Keep in mind these people really would like to help you!*

(Enter Organization, Contact Name, Contact Number and Social Media Connection)

Health Department

Police Department

Fire Department

Independent Living Center

Local Community Organization Specific to Your Needs

Local Community Emergency Preparedness Coalition

City EMA Office

County EMA Office

STATE EMA Office

STATE ADA Office

READY.Gov: Preparing Makes Sense for People with Disabilities and Special Needs

NOTES:

This page is for you to add in anything else that might not be in this document yet important to your well being in a disaster.

<http://www.ready.gov/document/preparing-makes-sense-people-disabilities-and-special-needs>

CONGRATULATIONS!!!

You now have a plan that speaks for you. It was hard work, but it gave you time to really think about 'what if'. Now make paper copies and copies on USB keys and distribute them to people who you trust to speak on your behalf following your wishes.

May you always have a "**safe**" life!

Portlight Strategies, Inc. Is a 501(c3) organization that works to bridge the gap between persons with disabilities and the disaster responding communities. It was our pleasure to create this tool to help you create a piece of your personal emergency preparedness plan. Remember at the end of the day, the only person directing your plan is you..so this is only as good as the time and energy you put into it.

We welcome all feedback and comments on this document and hopefully to hear of its usefulness.

Please feel free to contact us with any questions/comments that you may have on this document or anything else we do.

Sincerely,

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