EMERGENCY SNAPSHOT

DOB _____ First name _____

PHN: _____ Last Name _____

KNOWN DIAGNOSES

Note:

ALLERGIES & MED ALERTS

Note:

RESUSCITATION HISTORY

Note:

Note:

COMFORT / COMMUNICATION BASELINE:

How my child shows discomfort: _____

How my child communicates: _____

What helps calm my child: _____

Note:

SEIZURE BASELINE:

Typical seizure type(s): _____

Usual length: _____

Usual recovery time: _____

Typical color/breathing changes: _____

Be aware of:

NEUROLOGICAL BASELINE:

Normal alertness: _____

Normal movement/tone: _____

Normal response to voice/touch:_____

Note:

Note:

BREATHING BASELINE

Normal breathing looks like: _____

Usual oxygen saturation: _____%

Usual oxygen support: _____

Normal work of breathing: _____

O2 liters:

FEEDING/GI BASELINE:

Usual feeding method: oral / NG / G / GJ / other

Usual tolerance: _____

Vomiting/retching baseline: _____

Be aware of:

CARDIAC/MONITORING BASELINE:

Usual heart rate range: _____

Known heart condition: _____

Monitoring used at home: _____

Note:

Main Hospital(s):_____

RESCUE & AS NEEDED MEDICATIONS

CURRENT MEDICATIONS

OXYGEN / BREATHING SUPPORT INSTRUCTIONS

TUBE / FEEDING INSTRUCTIONS

OTHER DEVICE(S) INSTRUCTIONS:

PLEASE KNOW THIS ABOUT MY CHILD:

EMERGENCY CONTACTS:

PRIMARY SPECIALISTS

This tool is intended to support caregiver communication and preparedness. It does not replace medical advice, diagnosis, or emergency care. Follow guidance from your child's medical team.