**EMERGENCY HEALTH CARE PLAN - EHCP**

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| **To all NIAS/Paramedic/A+E staff** |
| **Name:** |  | **DOB:** |  |
| **Address:** |  | **HCN:** |  |
| **Weight:** |  |
| **EMERGENCY CONTACT NUMBERS** |
| **Name** | **Relationship** | **Contact Number** |
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|  |  |  |
|  |  |  |
| **DIAGNOSIS** |
|  |
| **DOCTOR WHO KNOWS PATIENT BEST** |
| **Name:** |  | **Contact Number:** |  |
|  **TYPE OF EMERGENCY TREATMENT REQUIRED FOR IMMEDIATELY REVERSIBLE CAUSES**eg. Choking, Anaphylaxis, Blocked tracheostomy, Seizure (please state)  |
|  |
| **KNOWN ALLERGIES** |
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| **THINGS THAT SHOULDN’T BE DONE** |
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| **ACTIONS TO BE TAKEN IN THE EVENT OF CARDIORESPIRATORY ARREST** |
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| **PREFERRED PLACE OF DEATH (if appropriate)**  |
|  |

**Child/Parent [PR] signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctor signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SUMMARY OF CONDITION**Including diagnosis and expected trajectory.Medical devices in situ (eg. VP shunt, PEG, NG, Tracheostomy, Baclofen pump, VNS device, pacemaker etc) |
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| **SALIENT POINTS**eg. Deaf, blind, no verbal communication but able to understand, use of electronic communication device. |
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| **MEDICATION on [Date]** |
| **Drug** | **Dose** | **Route** | **Frequency** | **Drug** | **Dose** | **Route** | **Frequency** |
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| **RESCUE MEDICATION** |
|  |
| **PROFESSIONAL CONTACT DETAILS** |
|  | **Name** | **Contact Number** |
| **Hospital Ward** |  |  |
| **Paediatrician – Hospital****GMC No**  |  |  |
| **Community Paediatrician****GMC No** |  |  |
| **GP**  |  |  |
| **Community Nursing** |  |  |
| **Palliative Care Nurse** |  |  |
| **Other (specialists)**  |  |  |
| **COPIES (please tick if provided with copy of Emergency Care Plan)**  |
| Patient (eg wheelchair) □ | Parents[PR] □ | School □ |
| Respite Unit □ | NIAS □ | Emergency Department □ |
| Ward □ | CCN □ | GP □ |

***Please note this plan can be reviewed/changed at any time following discussion with child or those with parental responsibility***