

## **Go To Hospital List**

Name:

Date of Birth:

Age:

Gender:

Marital Status:

Blood Type:

Phone:

Address:

Email:

### **Copy of Insurance and Legal ID cards:**

Insurance:

Social Security Number: (not sure if this is needed any more)

Identification or Drivers License:

Primary Care Physician (PCP):

PCP Phone Number:

### **Emergency Contact:**

Name:

Phone Number:

### **Advocate (maybe should have more than one):**

Name:

Phone Number:

## **Allergies:**

**Medications and doses:**

**Supplements and doses:**

**When I Feel Sick What I Take:**

**Medical History:**

All medical devices in body or surgeries that may be relevant:

Typical Blood Pressure:

**Information about my Disability:**

(Add any specifics necessary for comprehension of my needs and assume that staff knows nothing about my disability)

Disability:

Onset Date:

Sensation Levels:

Function Level:

Ambulating or Non Ambulating:

**Best way to move and lift me:**

Bladder Care Routine:

Bowel Care Routine: example I wrote out what Autonomic Dysreflexia is and how to identify it. (see below)

Skin Care:

Circulation Care:

Type of bed needed to prevent pressure:

**Any bodily functions that are compromised listed:**

**Best Ways to Communicate with me:**

Language:

**Any legal documents:**

Living Will

Do Not Resuscitate – DNR

Power of Attorney or Advance Directive

Documents that give written express consent to be treated in an emergency situation if you do not have a power of attorney.

*Created by Social Cohesion Resources*

## **This is a Spinal Cord Injury condition:**

### **Autonomic Dysreflexia Alert:**

I have a spinal cord injury and may be subject to a medical emergency called Autonomic Dysreflexia. It is caused by something irritating or causes discomfort to me below my injury level. I may experience bouts of **SEVERE** high blood pressure as a result of the overwhelming discharge of the sympathetic nervous system. This emergency can result in **seizures, stroke or death.**

**Signs and Symptoms** are high blood pressure very sudden and rapid increase. Slow or rapid pulse (heart rate) Pounding headache. Flushing, paling, red blotches on skin. Chills without fever. Goosebumps, cold moist skin. Sweating above level of spinal cord injury. Stuffy nose. Feeling of great anxiety. Seizures. Enlarged pupils may be in one eye only.

### **TREATMENT:**

Raise head or place in sitting position, take blood pressure, remove tight clothing, catheterize immediately to empty bladder and take blood pressure again. If still high apply nupercrainal ointment to rectum, insert finger and gently remove any stool present. Check skin for any irritation.

Monitor blood pressure every 2-3 minutes. If systolic blood pressure is >150mm Hg. Apply 1 inch nitropaste to chest above level of injury. Lower the diastolic pressure to less than 100 mm and remove nitropaste if blood pressure drops or I show hypertensive symptoms. If blood pressure does not come under control immediately consider giving a 10 mg capsule of immediate release nifedipine to be chewed and swallowed. For severe symptoms consider hydralazine, mecamylamide, diazoxide, phenoxybenzamine. Monitor closely for rebound hypotension and blood pressure every 2-3 minutes for return to baseline blood pressure. Then monitor every 15 minutes for 2 hours and then every hour for 2 hours.

