Emergency Essentials

The pages someone will need if there is no time to ask.

This binder belongs to _____

Started on _____

How to use this

START HERE

1 **If something is happening right now.** Fill in pages 3 and 4 and nothing else. Take it with you. The rest can wait.

2 **If you have twenty minutes.** Add pages 5 through 8. Those are the pages a hospital will ask about first.

3 **If you have an afternoon.** Work through all thirteen, with the person you are caring for if they are able to take part. Their answers are better than your guesses, and being asked matters to them.

ABOUT YOUR PRIVACY

Because this document may sit on a kitchen counter, it is best practice to write only the last four digits of any account or identification number. Do not write passwords anywhere in this document.

Keep it somewhere secure but findable, and tell two people where it is. A document nobody can locate does not help anyone.

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zenblis.com/caregivers

EMERGENCY INFORMATION

Give both pages to the paramedic or triage nurse.

FULL LEGAL NAME _____ **DATE OF BIRTH** _____

PREFERRED NAME _____ **PRIMARY LANGUAGE** _____ **INTERPRETER NEEDED** ☐ Y ☐ N

WHO MAKES DECISIONS

NAME	RELATIONSHIP	MOBILE	ALTERNATE PHONE	
				MEDICAL POA ☐ Y ☐ N

CODE STATUS

DNR or POLST on file ☐ Y ☐ N Where the original is kept _____ ☐ Full code ☐ Limited ☐ Comfort focused

ALLERGIES AND REACTIONS

SUBSTANCE	REACTION

CURRENT MEDICATIONS

Full list on page 5. Bring it.

DRUG	DOSE	FREQUENCY

EMERGENCY INFORMATION, CONTINUED

FULL LEGAL NAME **DATE OF BIRTH**

PRIMARY DIAGNOSES

BASELINE

Cognition: ☐ Oriented ☐ Mild confusion ☐ Significant impairment ☐ Nonverbal

Mobility: ☐ Independent ☐ Cane or walker ☐ Wheelchair ☐ Bedbound **Hearing aids** ☐ Y ☐ N

Glasses ☐ Y ☐ N **Dentures** ☐ Y ☐ N

Devices: ☐ Pacemaker ☐ Defibrillator ☐ Port ☐ Shunt ☐ Insulin pump ☐ Oxygen ☐ Feeding tube

PRIMARY CARE PHYSICIAN AND PHONE **PREFERRED HOSPITAL** **PHARMACY AND PHONE**

What would help you take care of them well:

Current medications

Bring this page to every appointment. Ask the pharmacist to check it against their records twice a year, and any time someone new starts prescribing.

Medication (generic and brand)	Dose	Form	How often	Time of day	What it is for	Prescribed by	Started	Pharmacy	Refill due

Everything else they take, and what was stopped

OVER THE COUNTER, VITAMINS, AND SUPPLEMENTS

This list matters as much as the prescription list. Supplements and over-the-counter medicines interact with prescriptions, and they are the thing most often left out when someone asks what your loved one takes.

Item	Dose	How often	What it is for	Who recommended it

MEDICATIONS THAT WERE STOPPED, AND WHY

Keep this. When a new doctor sees the chart, this is what stops them from restarting something that was deliberately discontinued.

Medication	Stopped when	Stopped by whom	Why	What happened afterward

Allergies, conditions, and surgical history

ALLERGIES AND REACTIONS

Include food and non-drug allergies.

Substance	Type of reaction	How severe	First noticed

DIAGNOSES

Condition	Diagnosed when	By whom	Current status

SURGERIES AND PROCEDURES

Procedure	Date	Facility	Surgeon	Any complications

Who to call

IN ORDER

1

NAME _____ RELATIONSHIP _____ MOBILE _____

ALTERNATE _____ BEST HOURS TO REACH _____ CAN MAKE DECISIONS ☐ Y ☐ N

2

NAME _____ RELATIONSHIP _____ MOBILE _____

ALTERNATE _____ BEST HOURS TO REACH _____ CAN MAKE DECISIONS ☐ Y ☐ N

3

NAME _____ RELATIONSHIP _____ MOBILE _____

ALTERNATE _____ BEST HOURS TO REACH _____ CAN MAKE DECISIONS ☐ Y ☐ N

IF YOU CANNOT REACH THE FIRST PERSON

BACKUP DECISION MAKER _____ RELATIONSHIP _____ MOBILE _____ ALTERNATE PHONE _____

WHERE THE DOCUMENTS ARE

Document	Exists Y/N	Where the original is	Who has a copy
Medical power of attorney			
Directive to physicians / living will			
Out-of-hospital DNR or POLST			
HIPAA authorization			
Insurance cards			

Advance directive forms for your state
zenblis.com/by-state

A HIPAA authorization is separate from a medical power of attorney. Without one, a hospital can refuse to share records with you even if you are authorized to make decisions.

Wallet card and refrigerator card

Cut along the dashed lines. The small card goes in a wallet. The large one goes on the refrigerator, because that is the first place emergency responders are trained to look. Print this page single-sided.

WALLET CARD, FRONT

Name _____ DOB _____

In an emergency call:

_____ _____

_____ _____

Allergies _____

Code status _____

WALLET CARD, BACK (FOLD BEHIND)

Conditions _____

Critical medications _____

_____

Primary care physician _____

Preferred hospital _____

Full information is in the Emergency Essentials binder at:

_____

EMERGENCY INFORMATION Refrigerator card

Name _____ DOB _____

In an emergency call:

_____ _____

_____ _____

Allergies _____

Code status _____

Decision maker and phone _____

Advance directive location _____

The house

The information a family member arriving from out of town needs at eleven at night.

Water shutoff location _____

Gas shutoff location _____

Breaker panel location _____

Alarm company and phone _____

Alarm account, last 4 only, not the disarm code _____

Spare key location _____

Gate or building code _____

Medical alert provider and account _____

Landlord or HOA contact _____

Trusted neighbor name and phone _____

IF THEY HAVE A PET

NAME _____ SPECIES _____ VET AND PHONE _____

MEDICATIONS _____ FEEDING _____

Who takes them if nobody is home: _____

What to bring to the hospital

- [ ] This binder
- [ ] Insurance cards and photo ID
- [ ] Medication list from page 5
- [ ] Glasses, hearing aids, spare batteries
- [ ] Dentures and a container
- [ ] Phone charger with the longest cord you own
- [ ] A sweater or blanket
- [ ] Comfortable clothes and non-slip socks
- [ ] Contact numbers on paper, in case a phone dies
- [ ] Something to do. Waiting is most of it.
- [ ] Water and food for yourself
- [ ] Cash or a card for parking

Hospital rooms are cold, the lights stay on, and nobody sleeps. If you are staying overnight, pack as though you are the patient too.

Before you leave the hospital

Ask for the discharge summary in writing before you leave, and do not leave without knowing the answer to the last question.

What is the diagnosis, in plain words?

What changed on the medication list, and why?

Which medications should they stop taking?

What follow-up appointments are scheduled, with whom, and when?

What symptoms mean we come back immediately?

Was any equipment ordered, and who delivers it?

Was home health ordered, and which agency is coming?

Who do we call at two in the morning with a question?

NUMBERS WORTH HAVING

Eldercare Locator	**800-677-1116**
Alzheimer's Association 24/7 Helpline	**800-272-3900**
VA Caregiver Support Line	**855-260-3274**
988 Suicide and Crisis Lifeline	**call or text 988**

Your Area Agency on Aging _____

Your long-term care ombudsman _____

Adult Protective Services in your state _____

National help lines
zenblis.com/help-lines

Your state's agencies and forms
zenblis.com/by-state

More free printables
zenblis.com/caregivers

About Zenblis

Zenblis helps families understand senior care options and find communities near them. We do not accept referral fees or commissions for placements, which means nothing in our directory is ranked by what someone paid us.

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