**Taking care of PatientName** @ Address

**IN AN EMERGENCY Contact Phone #’s**

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Phone #** |
|  | For example: Daughter/primary caregiver |  |
|  |  |  |
|  |  |  |

**To show EMTs in the event something happens to Patient FirstName**

* Green Sheet on the side of the refrigerator is the POLST (Physicians Order for Life Sustaining Treatment)
* 2-page Medical History is paper clipped to back of POLST (and in this notebook).
	+ **IMPORTANT: Refer to 2-page Medical History for complete list of medication and food allergies!**
* Event log is located...
* Pill Box is located on …

**Top X Things to Know About Patient FirstName**

|  |  |  |
| --- | --- | --- |
| # | **Concern/Attribute** | **Remedy** |
| 1 | **Allergic to …***(See 2-page medical history for a complete list of allergies)* |  |
| 2 | **Diagnosis…****Fall risk!** |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Routine/Food/Entertainment**

**High-level Summary/Typical Routine**

Brief overview statement or two.

|  |  |
| --- | --- |
| **Approx. Time** | **Typical Daily Routine** |
|  |  |
|  |  |
|  |  |

**FOOD**

Reminder: **Allergic to …** *(See medical history for a complete list of food allergies.)*

**Breakfast**:

**Lunch**

*

**Dinner**

**Other “favorite” food options:**

**ENTERTAINMENT**

Brief overview statement or two.

**TV/Movie Options**

* Indicate genre that is NOT something to watch, i.e. horror movies
* Show Name and Channel

**Other Entertainment**

* For example, books, games, music, puzzles, word search books, etc.

**Other Notes/Best Practices**

Optional, if needed, to provide a bit more detail.

*

**Where Patient FirstName’s Stuff is Located**

* ID, insurance card, credit cards.
* Extra pills when box needs to be refilled.
* Important papers,

**Respite Care Options in the event something happens to Primary Caregiver**

* For example, hospice

**Dementia Notes and Communication Tips (if applicable)**