





Patient Name: _____



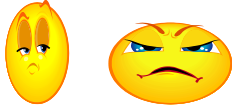


MY EMERGENCY PLAN

WHAT TO DO?	CALL MY HOME HEALTH AGENCY WHEN:	CALL 911 WHEN:
 <p>I hurt</p>	<ul style="list-style-type: none"> • <u>New</u> pain OR pain is <u>worse</u> than usual • Unusual bad headache • Ears are ringing • My blood pressure is above: ____/____ • Unusual low back pain • Chest pain or tightness of chest RELIEVED by rest or medication 	<ul style="list-style-type: none"> • Severe or prolonged pain • Pain/discomfort in neck, jaw, back, one or both arms, or stomach • Chest discomfort with sweating/nausea • Sudden severe unusual headache • Sudden chest pain or pressure & medications don't help (e.g. Nitroglycerin as ordered by physician), OR • Chest pain went away & came back
 <p>I have trouble breathing</p>	<ul style="list-style-type: none"> • Cough is worse • Harder to breathe when I lie flat • Chest tightness RELIEVED by rest or medication • My inhalers don't work • Changed color, thickness, odor of sputum (spit) • Oxygen level lower than ____% 	<ul style="list-style-type: none"> • I can't breathe! • My skin is gray OR fingers/lips are blue • Fainting • Frothy sputum (spit) • Oxygen level lower than ____%
 <p>I have fever or chills</p>	<ul style="list-style-type: none"> • Fever is above _____ F • Chills/can't get warm 	<ul style="list-style-type: none"> • Fever is above _____ F with chills, confusion or difficulty concentrating
 <p>Trouble moving or fell</p>	<ul style="list-style-type: none"> • Dizziness or trouble with balance • Fell and hurt myself • Fell but didn't hurt myself 	<ul style="list-style-type: none"> • Fell and have severe pain

Sphinx Home Health Care Phone: (586)264-2400 | Fax: (586) 264-2919 | Toll Free: 1.877.774.4694





Developed by Quality Insights of Pennsylvania in conjunction with Carol Siebert, MS, OTR/L, FAOTA, American Occupational Therapy Association and Karen Vance, OTR/L, BKD Healthcare Group and American Occupational Therapy Association. Based on MyEmergency Plan created by Delmarva in conjunction with OASIS Answers, Inc.

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WHAT TO DO?	CALL MY HOME HEALTH AGENCY WHEN:	CALL 911 WHEN:
 I see blood	<ul style="list-style-type: none"> • Bloody, cloudy, or change in urine color or foul odor • Gums, nose, mouth or surgical site bleeding • Unusual bruising 	<ul style="list-style-type: none"> • Bleeding that won't stop • Bleeding with confusion, weakness, dizziness and fainting • Throwing up bright red blood or it looks like coffee grounds
 Trouble thinking	<ul style="list-style-type: none"> • Confused • Restless, agitated • Can't concentrate 	<ul style="list-style-type: none"> • Sudden difficulty speaking
 My weight or appetite changed	<ul style="list-style-type: none"> • I don't have an appetite • Lost ____ lbs in _____ days • Gained ____ lbs in 1 day OR ____ lbs in ____ days • Feet/ankles/legs are swollen 	
 I don't feel right	<ul style="list-style-type: none"> • Weaker than usual • Dizzy, lightheaded, shaky • Very tired • Heart fluttering, skipping or racing • Blurred vision 	<ul style="list-style-type: none"> • Sudden numbness or weakness of the face, arm or leg • Sudden difficulty speaking/slurred words • Suddenly can't keep my balance
 I feel sick to my stomach	<ul style="list-style-type: none"> • Throwing up • New coughing at night 	<ul style="list-style-type: none"> • Can't stop throwing up • Throwing up blood

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WHAT TO DO?	CALL MY HOME HEALTH AGENCY WHEN:	CALL 911 WHEN:
 Bowel troubles	<ul style="list-style-type: none"> • Diarrhea • Black/dark OR bloody bowel movement • No bowel movement in ____ days • No colostomy/ileostomy output in _____ hours/days 	
 Trouble urinating	<ul style="list-style-type: none"> • Leaking catheter • No urine from catheter in _____ hours • Have not passed water in _____ hours • Urine is cloudy • Burning feeling while urinating • Belly feels swollen or bloated 	
 I am anxious or depressed	<ul style="list-style-type: none"> • Always feeling anxious • Loss of appetite • Unable to concentrate • Trouble sleeping • Loss of hope • Constant sadness 	<ul style="list-style-type: none"> • I have a plan of hurting myself or someone else
 My wound changed	<ul style="list-style-type: none"> • Change in drainage amount, color or odor • Increase in pain at wound site • Increase in redness/warmth at wound site • New skin problem • Fever is above _____F 	<ul style="list-style-type: none"> • Fever is above _____ F with chills, confusion or difficulty concentrating • Bleeding that won't stop

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WHAT TO DO?	CALL MY HOME HEALTH AGENCY WHEN:	CALL 911 WHEN:
 <p>I have Diabetes and I'm . . .</p>	<ul style="list-style-type: none"> • Thirsty or hungry more than usual • Urinating a lot • Vision is blurred • I'm feeling weak • My skin is dry and itchy • Repeated blood sugars greater than _____mg/dl <ul style="list-style-type: none"> • Shaky • Sweating • Extreme tiredness • Hungry • Have a headache • Confusion • Heart is beating fast • Trouble thinking, confused or irritable • Vision is different • Repeated blood sugars less than _____mg/dl <p>Take: 3 glucose tablets, OR ½ glass of juice, OR 5-6 pieces of hard candy, OR _____</p> <p>Wait: 15 minutes & re-check blood sugar</p> <p>IF your blood sugar is still low and symptoms do not go away: Eat a light snack: ½ peanut butter OR meat sandwich, ½ glass milk</p> <p>Wait: 15 minutes & re-check blood sugar</p>	<ul style="list-style-type: none"> • Fruity breath • Nausea/throwing up • Difficulty breathing • Blood sugar greater than _____mg/dl <ul style="list-style-type: none"> • Low blood sugar not responding to treatment • Unable to treat low blood sugar at home • Unconsciousness • Seizures
 <p>Other problems</p>	<ul style="list-style-type: none"> • Feeding Tube clogged • Problems with my IV/site 	

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