Keeping Emergency Profiles Current

The prepared name tags should be folded and ready for <u>immediate implementation</u> should an emergency arise. However, it is recommended that a master set of the emergency profiles be kept by administrative personnel. In this manner, should name tags be misplaced en route to the receiving facility, the applicable profile(s) could be duplicated and provided to the receiving facility. An entire set (or just the applicable profiles if groups of residents are evacuated to different sites) could be provided to the receiving facility, if desired.

In an effort to keep the profiles current, it is recommended that the master set be taken to the careplan meetings for ongoing review. Should there be revisions made to the profile, those revisions should be made and the "ready-for use" name tag replaced.

Medications were not listed on the profile, as medications are more likely to be revised frequently, and medications will likely not be administered until the medical record, medication administration records and labeled medications have been reviewed. Should there be a potentially needed PRN medication of concern (e.g., PRN Nitroglycerin for chest pain), the same could be noted on the profile with pertinent diagnoses.

If desired, the facility may choose to utilize the space on the back of the profile to supply additional information. However, the primary purpose of the profile is to

ensure that the receiving immediate caregivers
are alerted to specifics in regard to resident care and safety.

<u>Behavior Issues/Concerns</u> –Communicate to the receiving facility any known behavior issues/challenges of the resident. For example, if the resident should not have a roommate, denote and list rationale as to why. Note concerns such as if the resident is irritated when over-stimulated, is a loner, is a smoker and a delay in smoke times could provoke problematic behavior. If the resident is an elopement risk, please indicate the same as well as necessary monitoring (e.g., use of alarmed bracelet, placement on secured unit, etc.).

The purpose is to ensure that the receiving immediate caregivers are alerted to specifics in regard to resident care and safety.

Emergency Profile Name Tags

The purpose of the emergency profile name tag template is to provide a means to communicate to the receiving facility pertinent information for the immediate care of the resident following facility evacuation.

The template is organized in such a way that the page can be folded (with 4 folds) and placed in a plastic 3" x 4" name tag holder with string to be placed around the neck of the resident prior to transport. If folded correctly, the only information exposed to the general public will be the resident's name, physician name and telephone number (on front) and responsible party name and telephone number (on back). Specific medical information will be found within the folds of the document.

	2nd *(fold back at line)* $\downarrow$	1st *(fold back at line)* $\downarrow$
Resident Name		
$\uparrow$ 4th *(fold up at line)*		
$\uparrow$ 3rd *(fold up at line)*		

Profile Explanation

NOTE* Under resident name, space is available should the facility choose to insert a photo of the resident.

Gender: Male / Female – Circle the appropriate designation.

DOB – (Date of Birth) - For purpose of positive identification in the event there would be two residents with the same (or similar) names.

Code Status - Be as direct as possible (e.g., "code" or "no code"). Your facility may have various levels of code status; however, the receiving facility must have a clear and universal indication of the resident's code status.

Allergies – As listed on the medical record.

Eyeglasses or Hearing Aids – If used, denote here.

Diet – Include any diet restrictions, consistency of the diet, consistency of fluids and any fluid restriction that may apply.

Diabetic – After identifying the resident as a diabetic, please consider if the resident is on sliding scale insulin or has fingerstick blood glucose ordered to be drawn at a specific frequency (e.g., BID, TID, QID) in an effort to monitor the resident's status and potential interventions needed due to hypo/hyperglycemia.

Responsible Party/Relationship/Contact Numbers – This information will be visible on the back of the name tag for quick access and should be updated as new/revised information is provided to the facility.

Activity Level – To ensure that the receiving facility is knowledgeable of the capability of the resident. If further explanation is needed, please ensure the information is listed under "other".

Transfer Ability – To ensure that the immediate caregivers provide necessary support to prevent accidents/incidents as possible. If there are "special instructions" to be brought to the attention of the immediate caregivers, please ensure to list.

Toileting Assistance – To provide specific information to direct caregivers in regard to the needs of the residents. If special instructions are needed (e.g., toileting schedules or other cues to enhance the resident's care), list under "special instructions".

Pressure Ulcer Risk/Preventative Measures – Specify if the resident is at increased risk, requires specialized mattress, seat cushion, etc.

Cognitive Ability – To provide a brief description of cognitive ability as coded on the MDS. However, if further description is needed, consider adding comments on the back of the profile.

Communication – To provide a brief description of mode of communication as coded on the MDS. However, if further description is needed, consider adding comments on the back of the profile.

Pertinent Diagnoses – While residents may have multiple diagnoses, please list those that would be pertinent to the immediate care to be provided to the resident. For example, seizure disorder, psychiatric diagnoses, NIDDM, GERD, blind, quadriplegic, mastectomy, etc. Also, denote oxygen use and concentration.

Device(s)/Restraints – List any type of assistive device (e.g., prosthesis, splint, etc.) or restraint (lap belt, lap buddy, etc.) in an effort to alert the staff of needed equipment/intervention.

Fall Risk/Preventative Measures – Specify if the resident is at increased risk and/or requires specific intervention(s).

Name: _____

Gender: Male / Female

DOB: _____

Physician: _____

Telephone: _____

Responsible Party: _____   Relationship: _____

Contact #'s: _____

_____

Responsible Party: _____   Relationship: _____

Contact #'s: _____

_____

Diet: _____

Diabetic: Yes / No
            IDDM / NIDDM
If fingerstick blood glucose should be performed,
list frequency/call orders: _____

Code Status: _____

Allergies: _____

_____

Eyeglasses: Yes / No
Hearing Aid(s):   Right / Left

Activity Level: ☐ Other: _____
☐ Up ad lib
☐ Uses Walker/Cane
☐ Wheelchair
☐ Geri-Chair

Transfer Ability:
☐ Independent
☐ One Person Assist
☐ Two Person Assist
☐ Total Dependence/Lift
☐ Special Instructions: _____

_____

Toileting Assistance:
☐ Continent
☐ Incontinent
☐ Independent
☐ Must be attended while toileted
☐ Special Instructions: _____

_____

Pressure Ulcer Risk/Preventative Measures: _____

_____

Cognitive Ability: ___ Independent ___ Impaired
___ Severely Impaired
Communication: ___ Speech
___ Writes Messages ___ Signs/Gestures
___ Communication Board
Pertinent Diagnoses: _____

_____

Oxygen (list concentration): _____

Device(s)/Restraint(s): _____

_____

Fall Risk/Preventative Measures: _____

_____

Behavior Issues/Concerns: _____

_____

Elopement Risk: Yes / No
Comments: _____

_____