

CHILD EMERGENCY SUPPORT PLAN

Planning template for children and youth with special healthcare needs

SECTION 1. BASIC INFORMATION

Child's Name:

Current photo of child

Date of Birth:

Insurance Number

Parent/Legal Guardian:

Contact Information:

Address:

Preferred Hospital System:

Preferred Location:

Diagnoses/Conditions (including mobility, speech, sensory needs, etc.):

Allergies:

Primary Language:

Wears glasses? ☐ Yes ☐ No

Implantable devices:

Service animal name, description, and instructions:

SECTION 2. SHELTER AND EVACUATION NEEDS

Important medical supplies to bring:

Refrigeration needed for medication? ☐ Yes ☐ No

Quiet or sensory space needed ? ☐ Yes ☐ No

Service animal? ☐ Yes ☐ No

Other accommodations needed:

Examples of accommodations to consider:

Clean space to wash medical supplies, room for incontinence care, charging access, refrigeration, accessible transportation

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SECTION 3. MEDICAL PROVIDERS

Primary & General Medical Providers

Provider Type	Name	Phone
Pediatrician/Primary Physician		
Dentist		
Pharmacy		
Preferred Hospital(s)/medical affiliation		

Systems / specialties used (check only what applies)

- ☐ **Circulatory:** (Cardiologist, Cardiothoracic Surgeon, Vascular Surgeon, Vascular Medicine Specialist)
- ☐ **Respiratory:** (Pulmonologist, Sleep Medicine Specialist, Allergist/Immunologist, Critical Care Specialist, Respiratory Therapist)
- ☐ **Endocrine:** (Endocrinologist, Diabetes Specialist, Reproductive Endocrinologist)
- ☐ **Urinary:** (Nephrologist, Urologist, Urogynecologist, Dialysis Specialist)
- ☐ **Nervous:** (Neurologist, Neurosurgeon, Epileptologist, Pain Management Specialist)
- ☐ **Reproductive:** (OB-GYN, Maternal-Fetal Medicine Specialist, Midwife, Lactation Consultant)
- ☐ **Other:** (DME Providers, Home Health Agency, Clergy, Community Resource, Other Providers)
- ☐ **Lymphatic:** (Hematologist, Oncologist)
- ☐ **Skin / Integumentary:** (Dermatologist, Plastic Surgeon, Wound Care Specialist, Burn Specialist)
- ☐ **Digestive:** (Gastroenterologist (GI), Hepatologist, Bariatric Provider, Nutritionist/Dietitian)
- ☐ **Musculoskeletal:** (Orthopedic, Rheumatologist, Sports Medicine Physician, Physiatrist, Pain Management, Orthopedic Surgeon, Podiatrist, PT, OT, Chiropractor)
- ☐ **Immune:** (Immunologist, Rheumatologist, Infectious Disease Specialist)
- ☐ **Behavioral health:** (Behavioral Health Crisis Line, MCO Crisis Line, Neuropsychologist, Therapist(s), Counselor, ABA Provider)

Name	Phone	Specialist Type / Clinic Name / Health System	Location

If more specialty providers are needed, attach another copy of this page. Fields are sized for easier phone/tablet entry.

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SECTION 4. MEDICATIONS

Medication	Dose	Frequency	Special Instructions (e.g., dilute medication, crush tablet and mix, give with food)	Special Medication Needs (e.g., refrigeration, protect from light, do not freeze)

Emergency medication instructions:

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SECTION 5. MEDICAL EQUIPMENT

Equipment Used	Power Required	Battery Life	Notes

Backup plan if power is lost:

Additional notes (e.g. gravity feed, chest PT, etc. instructions):

Contact information for DME company if equipment is rented:

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SECTION 6: ROUTINE CAREGIVING & COMMON MEDICAL EMERGENCIES

Describe a typical routine/schedule (meals, snacks, bedtimes, etc.):

WHEN TO CALL THE DOCTOR VS. GO TO THE EMERGENCY DEPARTMENT

COMMON SITUATIONS / EMERGENCY PLANNING

Examples families may want to plan for: Seizure occurs | Feeding tube comes out | Tracheostomy tube comes out | Shunt concerns occur | Foster parent incapacitated | Biological/adoptive parent incapacitated | Parent deported | Other family-specific situation

Choose the situations that matter to your child. For each one, describe exactly what a caregiver should do.

Situation 1: What situation or emergency do you want others to be prepared for?

What should the caregiver do if this happens?

Situation 2: What situation or emergency do you want others to be prepared for?

What should the caregiver do if this happens?

Situation 3: What situation or emergency do you want others to be prepared for?

What should the caregiver do if this happens?

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What should the caregiver do if this happens?

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SECTION 7. COMMUNICATION AND BEHAVIOR

Communication Ability:

☐ Verbal	☐ Non-verbal	☐ AAC device
☐ Picture communication	☐ Sign Language	☐ Braille
☐ Hearing aids	☐ Cochlear implants	☐ Other

Baseline behavior and functioning:

Signs my child is in pain or distress:

Signs of emotional dysregulation:

Fears/triggers to avoid:

Calming strategies / comfort items that help:

Sensory accommodations/tools:

Service/emotional support animal instructions:

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SECTION 8. MOBILITY AND PERSONAL CARE NEEDS

Mobility supports used:

☐

Wheelchair

☐

Walker

☐

Orthotics

☐

Other

Transfer assistance needed:

☐

Independent

☐

Minimal assistance

☐

Full assistance

Personal care needs:

☐

Diapering/incontinence care

☐

Feeding assistance

☐

Positioning assistance

Other assistance / Comments:

Important notes for caregivers:

SECTION 9. EMERGENCY CONTACTS

Name	Name child knows	Relationship	Phone	Home Address

Backup caregivers who can assist:



This initiative is supported through the NC Division of Child and Family Well-Being, Whole Child Health Section.

1-800-962-6817 | ecac@ecacmail.org
www.ecac-parentcenter.org



Improving Systems of Care for Children and Youth with Special Health Care Needs in Catawba, Cleveland, Gaston and Lincoln Counties.