## Example of a Medical Data Sheet for Emergency Room Use One Side Only

Matthew Smith Do 123 Street	OB: 2/16/1999 City	Age: 21 State	Male	Nonverbal Zip Code	Catholic
Diagnosis:	Spastic Quadriplegia/Cerebral Palsy, Short-Gut Syndrome, cortical visual defect, tracheal malacia, respiratory distress, severe lumbar scoliosis, hydrocephalic, mental retardation, nonverbal, incontinence, chronic sinus and respiratory difficulties, and mental retardation.				
Meds: Imp	Nothing by Mouth   Baclofen 3xday 35mg (7:15AM, 4:15PM, 11PM) Dr. S xxx-xxx -xxxx   Depakene 250mg/3xday (3ml-am, 5ml-pm, 5ml night) Dr.Z xxx-xxx-xxxx   Check to determine if Baclofen given- missed dose can cause seizure activity   PRN Orders: Liquid Tylenol (2 tablespoons-30mg)   Children Benadryl (4 teaspoon-20mg)   Children Motrin (3 teaspoons-15mg)   Xopenex (.63 mg via nebulizer 4x as needed)				
G-Tube:	15" length-5cc of sterile water in balloon Located by stomach (Dr P – xxx-xxxx)				
Allergies:	Zinacef (rash) Augmentin (diarrhea)				
Special:	Pin in right Hip				
Seizure:	Matt goes into a status condition-meds for seizures began 1/6/2012 May 2, 2019 2 seizures (6minutes, 3 minutes) at ATF- ABC ER (CAT Scan) December 24, 2018 (5 minute) ABC ER-slight fever & excited about Xmas				
Communication:	Understands on 4-6 year old level (English language) Nonverbal-uses facial expressions & gross vocalization Ask yes/no questions-turns head left for yes and right for no Breathing becomes labored if scared or feeling uncomfortable				
General Behavior:	Alert, happy, eyes focused, enjoys joking around, likes girls and going to mall. Tenses up if he doesn't want to do something. New people or unfamiliar environment, change of routine, very anxious- Increased heart rate & blood pressure, sweaty, tenses up, Increased spasticity in legs/arms-you need to joke or talk to him & Explain where he is or who is with & that his momma is coming soon. Must be removed for his safety from behaviorally challenged individuals-causes physical distress in Matt (labored breathing, etc).				
Primary Physician:	Dr Michael, University Family Practice (xxx-xxx-xxxx)				
Legal Guardian:	Mary Smith (xxx-xxx or cell xxx-xxx)				
Pharmacy:	Brand X, City, Phone # (xxx-xxx-xxxx Fax # (xxx-xxx-xxxx)				
Insurances:	Brand A Policy # 1	222222	Bra	nd B Policy # 111	111111

5/220/2020 MS