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

Matthew Smith DOB: 2/16/1999 Age: 21 Male Nonverbal Catholic

123 Street City State Zip Code

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:** 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)

Important: Give water and meds by G-tube only. Nothing by Mouth.

**G-Tube:** 15" length-5cc of sterile water in balloon

Located by stomach (Dr P - xxx - 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-xxxx or cell xxx-xxx-xxxx)

**Pharmacy:** Brand X, City, Phone # (xxx-xxx-xxxx Fax # (xxx-xxx-xxxx)

**Insurances:** Brand A Policy # 112222222 Brand B Policy # 11111111

5/220/2020 MS