










| WHAT TO DO? | CALL MY PHYSICIAN WHEN: | CALL 911 WHEN: |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  I hurt | <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 (i.g. Nitroglycerin as ordered by physician), OR • Chest pain went away |
|  I have trouble breathing | <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 or sputum (spit) | <ul style="list-style-type: none"> • I can't breathe • My skin is gray OR fingers/lips are blue • Fainting • Frothy sputum (spit) |
|  I have fever or chills | <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 |
|  Trouble moving or fell | <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 |





This plan is a guide only and may not apply to all patients and/or situation. This plan is not intended to override patient/family decisions in seeking care.

Legal: The information is provided as an information resource only, without any guarantees, conditions, or warranties as to its accuracy. Together in This does not accept any responsibility for any loss which may arise from reliance on information contained on this example.

| WHAT TO DO? | CALL MY PHYSICIAN 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 ground |
|  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 |



This plan is a guide only and may not apply to all patients and/or situation. This plan is not intended to override patient/family decisions in seeking care.

Legal: The information is provided as an information resource only, without any guarantees, conditions, or warranties as to its accuracy. Together in This does not accept any responsibility for any loss which may arise from reliance on information contained on this example.

| WHAT TO DO? | CALL MY PHYSICIAN 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 |

This plan is a guide only and may not apply to all patients and/or situation. This plan is not intended to override patient/family decisions in seeking care.

Legal: The information is provided as an information resource only, without any guarantees, conditions, or warranties as to its accuracy. Together in This does not accept any responsibility for any loss which may arise from reliance on information contained on this example.

| WHAT TO DO? | CALL MY PHYSICIAN WHEN: | | CALL 911 WHEN: |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  I have diabetes and I'm... | <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 great than _____ mg/dl | | <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"> • Shaky • Sweating • Extreme tiredness • Hungry • Have a headache • Confusion • Heart is beating fast • Trouble thinking, confused or irritable • Visions is different • Repeated blood sugars are less than _____ mg/dl | Take: 3 glucose tablets, OR ½ glass of juice, OR 5-6 pieces of hard candy, OR <hr/> Wait: 15 minutes & re-check blood sugar 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 mild WAIT: 15 minutes & re-check blood sugar | <ul style="list-style-type: none"> • Low blood sugar not responding to treatment • Unable to treat low blood sugar at home • Unconsciousness • Seizures |
|  Other problems | <ul style="list-style-type: none"> • Feeding tube clogged • Problems with my IV/site | | |

This plan is a guide only and may not apply to all patients and/or situation. This plan is not intended to override patient/family decisions in seeking care.

This chart was prepared 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.

Legal: The information is provided as an information resource only, without any guarantees, conditions, or warranties as to its accuracy. Together in This does not accept any responsibility for any loss which may arise from reliance on information contained on this example.