WORKSHEET 1 EMERGENCY ROOM (ER) PLAN

At some point during cancer treatment, your child may need emergency care. Talk to members of the healthcare team in advance about what to do in emergency situations. The following signs and/or symptoms may require a trip to the emergency room:

- Fever of 100.4°F or higher
- O Change in mental status or confusion
- Difficulty breathing
- Trouble swallowing
- O New or increased pain
- O Uncontrollable nausea, vomiting or diarrhea; these symptoms can lead to dangerous dehydration.
- Bleeding
- O Rash or swelling in arms or legs

Ask members of the healthcare team this question: What signs and/or symptoms require a trip to the emergency roc Either list them below or highlight the signs and/or symptoms in the list above.
Emergency Contact Person on the Healthcare Team
Name:
Phone Number(s):
Email:
Notes:
After-Hours Contact
Name:
Phone Number(s):
Email:
Notes:

Nearest Emergency Room (ER)

Your own daily medications

Where is the closest emergency room? The emergency room at your child's treatment center may not be the one nearest to you. In an emergency situation, minutes can make a difference so it's important to know the location of the closest emergency room.

Upon arrival, let the ER staff know that your child is a cancer patient with compromised immunity. Ask for a face mask

for him or her if one is not provided. Hospital Name: ___ Phone Number(s): Directions: **Emergency Bag** Have a bag packed for you and your child so that you are ready to leave immediately in an emergency situation. The prepacked bag should include the following items: Copies of necessary medical records Copies of insurance ID cards List of all current medications, including drugs given as part of cancer treatment Phone charger Toothbrush/toothpaste Change of clothes Jacket or small blanket for cold hospital rooms Snacks, such as protein or granola bars Water bottles Favorite book Coloring book and crayons or colored pencils Before you leave, don't forget to also include Medications in prescription bottles, if possible

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Childcare

longer-term plan. For example, if you have to go to the emergency room, can your neighbor stay with your children until a family member arrives?
Name:
Phone Number(s):
Email:
Notes:
Pet Care
If you have pets, you may want to consider asking a neighbor to check in on them during an emergency situation. Give a trusted neighbor a spare key, in advance, in case a trip to the emergency room lasts for more than a few hours.
Name:
Phone Number(s):
Email:
Notes:
Designated Point Person
Pick a family member or friend to act as a point person who will take messages and provide updates during an emergency situation. You will likely be focused on getting your child needed care, so instead of fielding calls from concerned family and friends, designate someone else to be your point person, so you only have to update one person.
Name:
Phone Number(s):
Email:
Notes:

If you have other children, have a plan in place for childcare. You may want to consider both an immediate and a