

Intent

Emergency Care Plans are a critical resource designed to ensure the primary caregiver, any supporting or secondary caregivers, and health care providers have clear communication and understanding of what must be done in case of an emergency.

Instructions

Caregivers should work with their healthcare team to establish emergency care plans for any major risks to the individual with Angelman syndrome's health.

Example

Emergency Care Plans		
Symptom or Diagnosis	Special Precautions	
Patient has an allergic reaction to tree nuts which may be found in some nut milks, nut meals, and nut oils.	Allergic Action Plan: Mild'symptoms can be an itchy or runny nose, few hives OR mild nausea or abdominal cramping. If there are mild symptoms from one system, give an adult dose of an oral antihistamine such as Benadryl, Claritin or Zyrtec or their respective generics. Closely monitor for worsening symptoms. If there are mild symptoms from more than one system, give epinephrine as soon as possible and call EMS. Severe'symptoms are shortness of breath, wheezing, persistent cough, pallor or blue coloring, feeling faint, lightheaded or weak, diffculty breathing and/or swallowing, swelling of the tongue or lips, many hives and/or large areas of redness on the skin, repetitive vomiting or severe diarrhea. If severe symptoms, inject epinephrine immediately then call 911 and alert the dispatcher that you are witnessing an anaphylactic reaction. Wait with person until responders arrive. Alert caregivers/emergency contacts.	
Patient has an increased risk of aspiration where food and fluids enter the lungs rather than the stomach after being swallowed.	Aspiration Symptoms: Choking, difficulty breathing, wheezing, pallor or turning blue. Aspiration Action Plan: If any of these symptoms are present after eating, check for a pulse and listen for breathing. Do not do a blind sweep. If you know how, perform the Heimlich. If you do not, call 911 immediately and stay with patient until responders arrive.	

Patient Name:		Date of Birth:	
Primary Caregiver Name:			
Relationship to Patient:		Phone:	
Preferred Emergency Care Location:			
Emergency Care Plans			
Symptom or Diagnosis	Special Precautions		

Last Updated:

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