



Home Ventilator User's Emergency Preparation Checklist

Reminder to Self: No matter how stable my condition or how well I am doing, a good outcome in an emergency depends upon my taking care of business beforehand.

Completing My Documents

- 1. I have completed the [Patient's Vital Information for Medical Staff](#) and secured on it the signatures and phone numbers of my primary care physician and pulmonologist.
- 2. I have read and I understand [Treating Neuromuscular Patients Who Use Home Ventilation: Critical Issues](#), the IVUN briefing for health professionals.
- 3. I have given copies of the above documents to my primary care physician and all other health professionals.

Conversation with My Caregiver(s)

- 4. I have reviewed the [Patient's Vital Information for Medical Staff](#) with my caregiver(s) and given each a copy.
- 5. To facilitate rapid emergency treatment, my caregiver(s) and I have agreed on who will be my main spokesperson in each of several possible emergency scenarios.
- 6. My caregiver(s) and I have talked through what we will do and say in the event of a communication breakdown with health professionals.

Getting Acquainted with Emergency Personnel

- 7. If my hospital is small, I have introduced myself to the Emergency Department and given them the [Patient's Vital Information for Medical Staff and Treating Neuromuscular Patients Who Use Home Ventilation: Critical Issues](#). If my hospital is large, I have requested that they upload digital copies of these documents into their file on me.
- 8. If possible, I have had my home ventilator and, if applicable, CoughAssist® approved in writing by my local hospital for in-hospital use and have attached the documentation to [Patient's Vital Information for Medical Staff](#).
- 9. If applicable, my caregiver(s) are prepared to administer the CoughAssist® in the absence of available respiratory or nursing staff.
- 10. I have given a copy of my [Patient's Vital Information for Medical Staff](#) to my local fire department to alert them to my condition and unique needs.
- 11. I have given a copy of my [Patient's Vital Information for Medical Staff](#) to my local ambulance/paramedic service and, if possible, cleared my equipment with them for use during transport.

Assuring Backup Power

- 12. I have a backup power supply in my home or one that is readily available to me.
- 13. I have a backup ventilator readily available for use in an emergency.
- 14. I have a manual resuscitator bag at home and carry one with me when I leave home.

Documenting My Wishes

- 15. To assure that my wishes are respected I have completed a Medical Power of Attorney (*also called Durable Power of Attorney for Health Care*) form authorizing another to make medical decisions if I am unable. If this form does not include a section stating the conditions under which I do/do not want to continue medical care, I have also completed a brief Living Will. (Forms for these two documents may vary by state. Search the Internet and/or contact your local library for state-recommended forms.)
- 16. I have given the above documents to my physician(s), family and caregiver(s).

Pausing to Consider

- 17. I am aware that in general the pulmonologists most skilled in treating persons who use home ventilation due to a neurological condition are those who treat diseases of the muscles rather than those (many pulmonologists) who treat diseases of the lungs. (Check IVUN website and/or the nearest MDA and/or ALS clinic for these specialists.)
- 18. My caregiver(s) and I are prepared to seek additional expert opinion on the necessity/timing of a tracheostomy, should that procedure be proposed by physicians not familiar with noninvasive ventilation.

Traveling with Important Documents

- 19. I have assembled the following and always carry the packet with me when I leave home.
 - Patient's Vital Information for Medical Staff
 - Treating Neuromuscular Patients Who Use Home Ventilation: Critical Issues
 - Living Will
 - Medical Power of Attorney
 - Insurance Cards

Celebrating Success

- 20. I have notified IVUN that I have completed this checklist and would like to be recognized on the IVUN website and in its newsletter for this accomplishment.

Prepared by



Funded by

