Assured Home Nursing Services
Caring for the Community

725 S. Adams, Suite 258
Birmingham, MI 48009
Ph: 248 593 8134
248 255 5870

PATIENT EMERGENCY CARE PLAN

Patient:	_____	Phone:	_____
Family Member (1):	_____	Phone:	_____
Family Member (2):	_____	Phone:	_____
Physician:	_____	Phone:	_____
Hospital:	_____	Phone:	_____
Ambulance:	_____	Phone:	_____
Oxygen Company:	_____	Phone:	_____
Fire Dep. Phone:	_____	Police Dep.Phone:	_____

SPECIFIC INSTRUCTIONS:

Staff will call ambulance or accompany client to emergency room if:	**Staff will notify RN if:**
1. Client has a severe fall with obvious injury 2. A large amount of blood loss 3. Severe chest pain that does not stop 4. Unconsciousness 5. Other condition ☐Full code ☐DNR ☐Hospice	1. Change in consciousness or unexplained behavior 2. Elevated temperature 3. Unable to keep liquids down for 24 hours 4. Severe pain unrelieved by pain medications 5. Urinary difficulties 6. No bowel movement for 3 days

TO CONTACT NURSE:
PHONE: 248-593-8134 (OR) 248-255-5870

Instructed by _____

I have read and understood the instructions. I have no further questions regarding above.

Patient Signature: _____ Date: _____