aveanna home health

Patient Individualized Emergency Plan

Patient Information ☐ Full Code ☐ DNR ☐ DNI: _____

Patient Name: _____ DOB: _____ SOC Date: _____

Physician: _____ Physician Phone Number: _____

Pharmacy Name & Phone: _____

In the event of a predictable or actual emergency, agency will work with you to ensure steps that can be taken to improve the safety and well-being during an emergency.

Acuity Level Determination Acuity Rating: ☐ 1 - 1-2 hours ☐ 2 - same day ☐ 3 - within a week

Emergency Contact 1 Name: _____

Phone: _____ Alt: _____

Emergency Contact 2 Name: _____

Phone: _____ Alt: _____

Patient Instructions: Identify a safe place and how to prepare the home to minimize damage. In the event of an emergency or disaster, take your emergency supply kit to your safe place and notify your out-of-home emergency contact of your location and condition. Contact the emergency officials by calling 911 if you are injured. For Emerging infectious diseases stay in home and practice good infection prevention and control.

Plan for potential/actual natural disaster

- ☐ Tornado: _____
- ☐ Hurricane: _____
- ☐ Flood: _____
- ☐ Fire Hazards: _____
- ☐ Other: _____

Evacuation

If evacuation is needed (complete destruction of the patient residence), notify Aveanna Home Health and see instructions below. To facilitate transportation, appropriate care and/or evacuation the patient plans to:

- ☐ Evacuate to home of family member or friend with assitance of family and/or caregiver.
  - Name: _____ Phone: _____
  - Full Address: _____
- ☐ Hotel/Motel (Name/Phone Number): _____
- ☐ Shelter Name: _____
- ☐ Facility Name: _____
- ☐ Special Needs Shelter: _____ Is patient registered for special needs shelter? ☐ Yes ☐ No

When I am safe and able, I agree to contact Aveanna Home Health and let them know my status and whereabouts. For more information, refer to the Community Emergency Guide.

The above information was developed/reviewed with the patient and/or caregiver:

_____	_____	_____	_____	_____
Aveanna Representative Signature	Printed Name	Credentials	Date	Time