

Your Contacts & Emergency Planning



Thanks to our PROP clients and members for the quotes used in this booklet.

Your Contact Information

First Name: _____

Middle Name(s): _____

Family Name: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax: _____ Email: _____

Your Ventilator & Settings

Make: _____ Model: _____

Mode: _____

Volume: _____ Breath Rate: _____

Flow Rate: _____

Inspiratory Time (I:E Ratio): _____

Breathing Effort (sensitivity): _____

High Alarm: _____ Low Alarm: _____

Sigh: _____

Date of Last Setting: _____

Your Personal Support Network

Members of your personal support network are people who know your health care needs and who may be contacted in an emergency.

Family Doctor

Name: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax: _____ Email: _____



Other Doctors

Name: _____

Specialist In: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax : _____ Email: _____

Name: _____

Specialist In: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax : _____ Email: _____

“Keep enough stock on hand so that you only need to order respiratory supplies a few times a year. This way there is no panic when you run short or something is no longer usable.”

Name: _____

Specialist In: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax : _____ Email: _____

Name: _____

Specialist In: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax : _____ Email: _____

Name: _____

Specialist In: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax : _____ Email: _____

Other health care professionals



Name: _____

Profession: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax : _____ Email: _____

Name: _____

Profession: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax : _____ Email: _____

Name: _____

Profession: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax : _____ Email: _____

Name: _____

Profession: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax : _____ Email: _____

Name: _____

Profession: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax : _____ Email: _____

Family members and friends



Name: _____

Relationship to you: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax : _____ Email: _____

Name: _____

Relationship to you: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax : _____ Email: _____

"People need to hear that it's possible to have a good life in spite of a ventilator."

Name: _____

Relationship to you: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax : _____ Email: _____

Name: _____

Relationship to you: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax : _____ Email: _____

Name: _____

Relationship to you: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax : _____ Email: _____

Other contacts

Name: _____

Relationship to you: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax : _____ Email: _____

Name: _____

Relationship to you: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax : _____ Email: _____

“Always keep your manuals for your ventilator, humidifier, suction machine(s) etc. in the same place. It will save you time when you need to troubleshoot problems.”

Name: _____

Relationship to you: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax : _____ Email: _____

Name: _____

Relationship to you: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax : _____ Email: _____

Name: _____

Relationship to you: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Fax : _____ Email: _____

Your Personal Plan

Sometimes a situation may arise when you feel your safety is at risk. If you feel you have an emergency respiratory situation, you must call 911 or contact your hospital or doctor.

Developing a personal plan can help you to cope during an emergency. Completing the information below will help you to develop a good plan.



Alternative Sources of Power

Make arrangements with at least one fully accessible alternative source of power close to your home. This could be a hospital, hotel, fire, ambulance or gas station. Have at least one contact person at the location who is familiar with your needs.



Alternative Source of Power: _____

Street Address: _____

City: _____ Postal Code: _____

Contact Person: _____

Phone: _____ Cell: _____

Contact Person: _____

Phone: _____ Cell: _____

Alternative Source of Power: _____

Street Address: _____

City: _____ Postal Code: _____

Contact Person: _____

Phone: _____ Cell: _____

Contact Person: _____

Phone: _____ Cell: _____

Long-term emergency refuge

Some emergencies may mean you have to leave your home and stay somewhere else for a while. Make plans on where you will go if this happens.

Long-term Emergency Refuge: _____

Street Address: _____

City: _____ Postal Code: _____

Contact Person: _____

Phone: _____ Cell: _____

Contact Person: _____

Phone: _____ Cell: _____

Long-term Emergency Refuge: _____

Street Address: _____

City: _____ Postal Code: _____

Contact Person: _____

Phone: _____ Cell: _____

Contact Person: _____

Phone: _____ Cell: _____

Emergency transportation

Have an emergency transportation plan ready in case you need to leave home quickly.

Primary Contact for Emergency Transportation

Name: _____

Phone: _____ Cell: _____

1st Back-up Contact for Emergency Transportation

Name: _____

Phone: _____ Cell: _____

2nd Back-up Contact for Emergency Transportation

Name: _____

Phone: _____ Cell: _____



Travel bag checklist

Have a travel bag packed with everything you would need to take with you in an emergency. Respiratory supply bags are available from PROP. The contents of your travel bag should include:



- spare trach tubes (current correct size and smaller)
- spare complete circuit
- Ambu bag and mask
- portable suction unit and accessories
- list of your medications and medical needs, including details of the strength and dose of your medications
- a note of your ventilator parameters
- personal support network contact information

Any other supplies you might need:

- _____
- _____
- _____
- _____
- _____
- _____
- _____

In Your Home

Fire precautions

Basic fire precautions in the home are important.



Number of fire extinguishers in your home (have at least one): _____

Fire extinguisher 1 is located: _____

Fire extinguisher 2 is located: _____

Date your fire extinguishers were last checked (do this at least once a year):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date your smoke detector batteries were last checked:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency supplies

An emergency situation may occur that means you have to stay in your home for an extended period of time. Have some emergency supplies ready, but do not needlessly stockpile: you may want to have enough supplies for a week. Here are the basic items to have ready:

- ☐ Enough medications
- ☐ Enough bottled water
- ☐ Enough food
- ☐ Flashlight(s)
- ☐ Spare batteries
- ☐ Battery operated radio



Make sure that your supplies do not become too old to use. For example, update your medications and check that your bottled water and food is within its sell-by-date. You should also check your flashlight(s) and replace your spare batteries from time to time. PROP can advise you on what supplies you should have and about replacing them.

"I have been a ventilator user for 19 years and I am still smiling."