

Health Services of the Pacific – Home Care
384 Gov. Carlos Camacho Road
Tamuning, GU 96913
Tel: (671) 647-5355 Fax: (671) 649-0404

Emergency Preparedness Plan

Patient: _____	Date: _____
Dx: _____	Primary MD: _____
Home Phone: _____	Emergency contact: _____
Emergency Preparedness Plan discussed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Patient on continuous/intermittent O2:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>Emergency plan for back-up O2 discussed:</u> (circle appropriate plan)	
1. Will use/has back-up generator in case of power outage.	
2. Will ensure portable O2 tank is filled and available.	
3. Will know whom to call/consult for oxygen refills.	
A. Isla Home Infusion: 646-1266	
B. Healthcare Specialists: 649-3773	
C. JPA/Cruz Pharmacy: 649-4619	
D. FHP: 646-4933	
E. Medquest Medical Supply: 646-6875	
4. HSP will inform family to take patient to ER if no resources are available for oxygen, shelter and/or other medical needs.	
<u>Emergency plan for prescriptions and any other medical supplies:</u>	
1. HSP will coordinate with patient, family and pharmacies to ensure adequate supply of prescription medications, including IV meds. to last at least one week.	
2. HSP will ensure patient will have enough wound care supplies to last at least one week.	
<u>Emergency plan for shelter:</u>	
1. HSP will coordinate transfer of patient to family/friends for shelter if reliable shelter is available.	
2. HSP will coordinate transfer of patient to appropriate local/community shelters if no other resources for reliable shelter are available.	
Clinician signature: _____	Date: _____

*Checklist provided on reverse side of patient copy.