



**COUNTY OF ORANGE, CA HEALTH CARE AGENCY  
EMERGENCY MEDICAL SERVICES AGENCY  
EMERGENCY INFORMATION FOR CHILDREN WITH SPECIAL NEEDS**

Name Jamie Doe Date form completed 9-1-96 Initials \_\_\_\_\_  
 Home Address 123 Main Revised \_\_\_\_\_ Initials \_\_\_\_\_  
Plainsfield, New Jersey 08103 Revised \_\_\_\_\_ Initials \_\_\_\_\_

**Emergency contacts** Birth date 3/10/82  
**Name (relationship)/phone:** Home phone 609-123-4567  
 1. Lisa Doe (mother)/609-123-4567 2. Fred Doe (father)/609-123-4567  
**Primary care physician** Dr. James Jones Phone 609-765-4321 Fax 609-765-4322  
**Specialty physician** Dr. Mary Hart (cardiology) Phone 609-123-7654 Fax 609-123-7655  
**Specialty physician** Dr. William Johnson (neurology) Phone 609-123-8976 Fax 609-123-7655  
**Anticipated Primary ED** Memorial Hospital

DNR form completed:  yes  no

**Diagnoses**

- Transposition of great arteries (TGA)
- s/p Mustard Repair
- s/p CVA, right side
- s/p Pacemaker

**Allergies**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Synopsis**

TGA is a cardiac condition in which the aorta originates from the right ventricle and the pulmonary artery originates from the left ventricle. Mustard repair uses a baffle to divert blood to the atrium such that vena cava blood is directed to the mitral valve and blood from the pulmonary veins is directed to the tricuspid valve. As a result, normal blood flow from the vena cava through the lungs and back out to the peripheral arteries is restored. Jamie's superior vena cava (SVC) inlet to the atrium is also obstructed, and SVC blood is diverted through the azygous system to the inferior vena cava for return to the heart.

**Medications**

- Enalapril 5 mg orally, daily
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Significant baseline physical findings**

Jugular venous distention is normal for Jamie as a result of obstruction of her SVC. If she is very tired or sedated, a right foot drop will develop and she will posture with her right hand.

**Significant baseline ancillary findings (lab, radiography, ECG):**

ECG infrequently paced (<20%), frequent premature atrial contractions common

**Management data**

**Medications to be avoided**

and why:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Procedures to be avoided**

and why:

- Massive upper-extremity fluid infusions, Normal IVs are okay SVC is obstructed and blood must flow to IVC. Use lower-extremity veins for large infusions.
- \_\_\_\_\_
- \_\_\_\_\_

**Antibiotic prophylaxis** SBE prophylaxis

**Indication** Oral and GU procedures

**Medication and dose:** For oral, amoxil 3 g 1 hour before procedures, 1.5 g 3 hours after procedure. For GU, ampicilin 2 g plus gentamicin 80 mg. 30 minutes before; repeat 6 hours after first dose.

**Common presenting problems/findings with specific suggested managements**

Problem	Suggested Diagnostic Studies	Suggested Treatment
<u>Wheezing indicates new pulmonary hypertension</u>	<u>Echocardiogram</u>	<u>Captopril 12.5 mg, sublingual</u>
<u>Lacerations</u>	<u>None</u>	<u>No antibiotics for simple lacerations</u>

**Comments on child, family, or other specific medical issues:**

Jamie is very knowledgeable about her problems; if you discuss anything in front of her, include her in the conversation.