ADULT
HEALTH BULLETIN

JANUARY 2023

Download this and past issues of the Adult, Youth, Parent, and Family Caregiver Health Bulletins: **http://fcs-hes.ca.uky.edu/content/health-bulletins**

THIS MONTH'S TOPIC:
EMERGENCY HEALTH INFORMATION (EHI) CARDS

An Emergency Health Information (EHI) card can be a helpful tool. If you are in an emergency in which you cannot communicate with first responders, an EHI card can help. It will tell medical providers important information about how to help you. While you cannot predict when an emergency may happen, you can be prepared. Make sure that key health information is up to date, correct, and handy. If you have children, make them a card too. You may not be available to tell emergency workers about your child, and your child might not be able to communicate either.

Disabilities accommodated with prior notification.

An EHI card gives first responders or other emergency workers essential health information they can use to give you better care.

You can find Emergency Health Information card templates online to print and fill out. You also can use an index card or other small piece of paper. Please keep in mind, not all card templates ask for appropriate information. Below is a list of information that you should and should NOT include on your EHI card.

Information you should include on an EHI card:

• Full legal name
• Date of birth
• Medication names, doses, and schedules
• Medical equipment (Insulin pump, wheelchair, oxygen, etc.)
• Chronic medical conditions (epilepsy, diabetes, COPD, heart conditions, etc.)
• Disabilities that affect care (mobility, speech, memory loss, vision, hearing, etc.)
• Blood type
• Allergies to food or medications
• Recent immunization record
• Emergency contact name and phone number
• Medical contacts (doctors and pharmacy)

It is important to note that EHI cards are about the health and medical treatment of a person, not payment information. First responders and hospital staff do not need, nor can they require, financial information to treat you in an emergency. To protect yourself from identity theft, keep certain information separate from an EHI card.

Information you should NOT include on an EHI card:

• Financial or banking information
• Social Security Number
• Health insurance information such as insurance provider or ID number

The purpose of an EHI card is to give first responders or other emergency workers essential health information they can use to give you

better care. Make this information easy to find. Put copies of your and your children's EHI cards in easy to see places in your home, car, and personal belongings that you carry every day.

Where to put copies of an EHI card:

• Purse, wallet, or backpack
• First aid kits and emergency supply kits
• On your refrigerator or kitchen cabinet door
• Vehicle glove box
• On the side of children's car seats
• On mobility devices such as wheelchair or walker

REFERENCE:

https://www.mayoclinic.org/first-aid/emergency-health-information/basics/art-20134333

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OTHER IMPORTANT INFORMATION

Include information such as other relevant health history, surgeries, devices, DNR location, etc.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

MOST RECENT IMMUNIZATIONS

Pneumonia: _____

Tetanus: _____

Hepatitis: _____

Flu: _____

Other: _____

Other: _____

BLOOD TYPE: _____

ALLERGIES

_____

_____

_____

_____

DOCTORS

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

PHARMACIES

Name: _____

Phone: _____

Name: _____

Phone: _____

Emergency Health Information Card

PERSONAL INFO

Name: _____

Phone: _____

Address: _____

_____

EMERGENCY CONTACT

Name: _____

Phone: _____

Emergency Health Information Card

⊕ **MEDICATIONS I SHOULD INCLUDE.** Prescription medications, over-the-counter medications, vitamins or herbal remedies, respiratory medications (inhalers, etc.), and blood factors.

⊕ **KEEP THIS FORM UP TO DATE.** Write down all changes made to your medicines; cross out any medicines that are no longer valid.

Start date	Drug name and strength	Dose (pills, units, puffs, drops)	When do you take it? (times a day, AM or PM, after meals)	Purpose Why do you take it?

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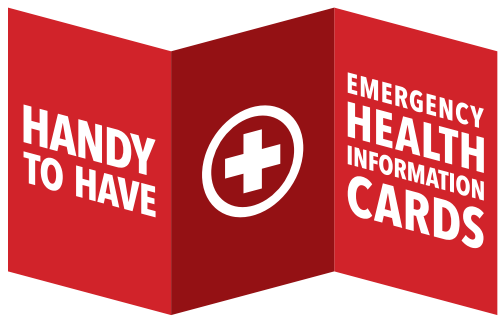| Start date	Drug name and strength	Dose (pills, units, puffs, drops)	When do you take it? (times a day, AM or PM, after meals)	Purpose Why do you take it?

✓ **Information
to include on an EHI card**

✗ **Information NOT
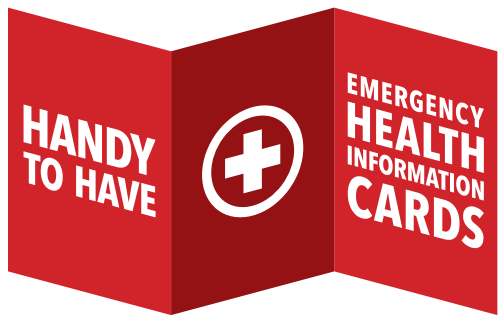to include on an EHI card**

ACTIVITY

T Chart Answer Key

✓ Information to include:

- Full legal name
- Medications you take regularly
- Date of birth
- Emergency contact information
- Allergies to foods or drugs
- Chronic medical conditions

✗ Information NOT to include:

- Social Security number
- Bank account information
- Health insurance provider
- Health insurance policy numbers

University of Kentucky
College of Agriculture,
Food and Environment
Cooperative Extension Service

ACTIVITY

T Chart Cards

Full legal name	**Chronic medical conditions**
Medications you take regularly	**Social Security number**
Date of birth	**Bank account information**
Emergency contact information	**Health insurance provider**
Allergies to foods or drugs	**Health insurance policy numbers**