



Autism Emergency Information Kit

What the kit includes:

The Autism Emergency Information Kit includes several forms that will be useful if your loved one with autism becomes ill, is injured or wanders away. These forms include:

- Personal Medical Information (PMI): Basic information about a person's medical history, medications and allergies, as well as key demographic information that is needed to register in a hospital emergency department.
- Autism Emergency Information (AEI): Specific information about how the person's autism spectrum disorder may affect the ability of a healthcare provider or rescue worker to interact with the person.
- The "Wander Profile": This is a single-sided, one-page form that provides essential information to persons involved in search-and-rescue operations if the person with autism wanders. The form can be easily photocopied for distribution if needed.
- A map form: Grid paper is provided to assist in drawing a map of the area surrounding the home.

Who is providing this kit:

Your local emergency services organization obtained this kit from Autism EMS and is providing it to you. The kit should be provided free of charge (if you were charged, please email autismems@verizon.net). Autism EMS is a website and web resource designed for EMS professionals and dedicated to improving the relationship between EMS providers and those who are affected by an ASD. The website also collects information from persons with autism and/or their family members or caregivers on experiences with EMS providers. If you have had such an experience, please visit www.autismems.net to tell us about it!

How to use the kit:

It is important that the kit is completed in its entirety, even if you do not believe it will ever be needed. When an emergency occurs, valuable time is consumed by gathering the necessary information and frequently important information is omitted. Having the kit completed and available will improve the care and treatment of the person with autism and help with any search operations, if needed.

- Complete the PMI and AEI forms.
- Complete the Wander Profile and attach a current photograph.
- Draw a map of the area surrounding the residence. Indicate areas of danger, obstacles to searching, areas that the person may seek out and clearly mark the person's home as well as nearby relatives or family friends. *A map should be drawn for each location that the person with autism spends a considerable amount of time at* (such as a non-custodial parent's home, child care provider or daycare, grandparent's house, etc).

Once the forms are completed, copies should be made as follows:

- One copy of the PMI and AEI form should be kept in each vehicle the person routinely travels in. The glove compartment is a great location to store this information in.
- Provide a copy of the PMI and AEI form to any school, daycare, child-care provider or similar organization that the person with autism attends. If the person is prone to wander, include a copy of the Wander Profile and area map.
- One copy of the PMI, AEI, Wander Profile and a map should be kept at each residence that the person with autism spends a considerable amount of time at. The forms should be kept together in a folder that is easily identifiable and is stored in a convenient and easily accessible location. Consider including additional photographs.

It is important to keep the information updated and current. PMI changes frequently, particularly early in treatment and during childhood & adolescence. AEI also changes often during these time periods. We offer the following guidelines:

- Update the PMI after each doctor's office visit, hospital visit and each time the medication changes (even if it is just a change in the strength or frequency of the medication).
- Review the AEI after each doctor's office visit or hospital visit and update as needed.
- Update photograph and physical description on Wander Profile annually.
- Annually (such as on the person's birthday), review all forms to ensure information is current and accurate. Update as needed.
- *Make sure you replace all outdated forms when you update information. Check: vehicles, schools/similar organizations, relatives/caregivers, etc.*

Additional Resources:

Additional copies of the forms in the Autism Emergency Kit are available free of charge by visiting www.autismems.net and clicking on the resources tab. All forms in the kit may be duplicated for personal use without further permission. The kit may also be duplicated for distribution, provided all forms are included (including this introduction), no changes or alterations are made to any form in any way and there is no fee charged for the kit or any portion thereof. (Additional information can be obtained by emailing autismems@verizon.net)

The personal medical information (PMI) form may be duplicated (and distributed) independently of the kit. The PMI form is appropriate for all persons and may be used for anyone.

Questions/Comments:

If you have questions or comments about this kit or AutismEMS, please email autismems@verizon.net.

Kit Preparation Instructions:

When preparing this kit for distribution, please prepare as follows:

- The introduction sheet must be included. It may be double sided or single sided and stapled.
- The PMI form should be double-sided. (Additional copies of PMI may be distributed independently of the kit)
- The AEI form should be double-sided.
- The Wander Profile is single sided. Please do not copy anything else on the reverse side.
- The area map is single sided. Please do not copy anything else on the reverse side. (May include more than 1 copy)
- Contents of the kit should be collated, but not stapled together.
- It is recommended that the kit is distributed in a file folder. (Red or brightly-colored file folders may increase the visibility of the kit and make it easier to locate when the information in the kit is needed)

EMERGENCY CONTACTS							
Name				Name			
Relationship		POA?		Relationship		POA?	
Address				Address			
City, State, Zip				City, State, Zip			
Phone		Type (Home, Cell, Work)		Phone		Type (Home, Cell, Work)	
Alt. Phone		Type		Alt. Phone		Type	
Alt. Phone		Type		Alt. Phone		Type	
HEALTHCARE PROVIDERS							
(List all healthcare providers, such as primary physician, cardiologist, psychologist, etc.)							
Healthcare Provider's Name/Name of Practice			Practice or Specialty		Location		Phone Number
Hospital Preference			<i>Please Note: EMS personnel may transport to a hospital other than your preference, depending on the nature and severity of your condition, the need for special services and other factors.</i>				
OTHER INFORMATION							
If current address is not permanent address →		Permanent Address			City, State, Zip		
Who do you currently live with?							
Do You Smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If female, are you on birth control pills or injections?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If female, list number of pregnancies:		Number of children:	
Do you have a Do Not Resuscitate order that is valid in the out-of-hospital setting? (If you don't know, answer no)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any other advanced directive or living will documents? (Original copy must be available to be honored)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Significant Family History		Person Affected (relationship)		Significant Family History		Person Affected (relationship)	
List any other information that may be helpful If you need emergency medical care: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____							
Please update or replace this form with each change and review at least annually.							

My signature indicates that I am either the person defined above, or I have legal responsibility (parent of minor, power of attorney, etc) of said person, and I expressly permit the information disclosed in this form to be released to any healthcare provider caring for me (or said person), including those responsible for maintaining administrative healthcare records.

Signature _____ Date _____ PMI-2



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Autism Preparedness for EMS Professionals
www.autismems.net

Date Updated _____

AUTISM EMERGENCY INFORMATION

Use in addition to the Personal Medical Information Form

Full Name (First, MI, Last)	Preferred Name (Nickname, etc.)	Age
Current Address	Primary Caregiver	
City, State, Zip	Primary Caregiver's Phone	Relationship

Alt. Caregiver	Relationship	Phone	Alt. Caregiver/Teacher/Specialist	Relationship	Phone
Is this person listed as emergency contact? <input type="checkbox"/> No <input type="checkbox"/> Yes - _____			Is this person listed as emergency contact? <input type="checkbox"/> No <input type="checkbox"/> Yes - _____		

I. Communication Abilities

Verbal communication ability (ability to communicate with speech): <input type="checkbox"/> Good/Age-Appropriate <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Absent (non-verbal)
Receptive communication ability (ability to understand what is being said to him/her): <input type="checkbox"/> Good/Age-Appropriate <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Communication aids used: <input type="checkbox"/> Pen/Paper <input type="checkbox"/> Sign Language <input type="checkbox"/> Picture Board <input type="checkbox"/> Electronic Device <input type="checkbox"/> Other: _____ <input type="checkbox"/> None
List any unusual behaviors: (Include behaviors that may seem disrespectful or threatening, even though are normal for the person)

II. Help-Seeking Abilities

If lost, the person: Would recognize they he/she was lost <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Would try to seek help: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Would know where to find appropriate help: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain Would be able to communicate essential information (name/address/phone): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Response to medical symptoms or injury (i.e., pain): <input type="checkbox"/> Reacts typically <input type="checkbox"/> Likely will overreact <input type="checkbox"/> Likely will underreact <input type="checkbox"/> May either overreact or underreact
Ability to communicate recognize and communicate medical symptoms or injury: <input type="checkbox"/> Good/Age-Appropriate <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Ability to communicate in high-anxiety situations, with or without communication aid(s): Without aid: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor With aid: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
In high-anxiety situations, what is the most effective way to communicate with the person:

III. Sensory Considerations – If any (if none, state none)

Sensory Triggers: (example – fluorescent lights, loud noises)	Reaction: (seizure, escalation, flight, withdraw, panic, etc.)

Does the person overreact to causal, socially appropriate touch or contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the person have an unusual “personal space” requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the person react to a person with specific traits or characteristics? <input type="checkbox"/> Yes <input type="checkbox"/> No (For example: glasses, hair color, sex, race, etc.) (If yes, please describe both the trigger and reaction)

IV. Wandering Risk Assessment

Is the person able to identify and respect danger?	[] Yes [] No
List any high-risk behaviors that the person may have: (fascination with water, climbing trees, running in/out of traffic)	
Tendency to wander?	[] Yes [] No
Where does the person wander/locations, activities, etc. that may attract the person:	
Trigger(s) for person to wander:	

V. Personality Profile

List person's comforters: (favorite activities, interests, toys, etc.)	
List any particular dislikes or escalation triggers:	
List any effective de-escalation techniques:	
List any medical procedure to be avoided: <i>(if possible)</i>	Reason:

VI. Physical Profile

Height	Weight (circle - lb or kg)	Hair Color	Eye Color
Distinguishing Marks (birthmarks, scars etc.) and Location:			
Primary Language:	Secondary Language (if any):	List any medical ID jewelry, etc. used by person:	

List any other information that may be important to emergency responders:

**PLEASE UPDATE THIS INFORMATION AS IT CHANGES AND
REVIEW FOR ACCURACY AT LEAST ONCE A YEAR.**

My signature indicates that I am either the person defined above, or I have legal responsibility (parent of minor, power of attorney, etc) of said person, and I expressly permit the information disclosed in this form to be released to any healthcare provider caring for me (or said person), including those responsible for maintaining administrative healthcare records.

Signature _____ Date _____



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Wander Profile

Place a recent wallet-size photograph here. Using a black and white photograph may reproduce better and more accurately if photocopied.	Full Name			
	Nickname/Preferred Name		Age	Sex
	Height	Weight	Hair Color	Eye Color
	Distinguishing Marks/Features			

Address		
City/State/Zip		
Mother or Caregiver #1		<input type="checkbox"/> Lives with this person
Home Phone:	Work Phone:	Cell Phone:
Father or Caregiver #2		<input type="checkbox"/> Lives with this person
Home Phone:	Work Phone:	Cell Phone:

Person's Likes (activities, objects, interests):	Areas person is likely to wander to (areas to search):	Nearby danger and person's risk-taking behaviors

- Person Is Is NOT like to respond to their name.
- Person Is Is NOT likely to seek assistance.
- Person Is Is NOT likely to accept assistance from emergency/rescue personnel.
- Person Is Is NOT likely to recognize they are lost/in need of help.

Leave shaded section blank / For use during emergency only:

Search Coordinator		Title
Command Post Location:		Coordinator/Command Post Phone:

Purpose: This form provides basic information about a person with autism who may wander. If a search is needed, it can be copied and distributed to members of the search team.

Instructions: Update information and photograph annually.