

# IN CASE OF EMERGENCY FORM

## Guidelines and Form

*ICE Form is a product of Patient Pathways | 2020*

*“ Patient Pathways health care navigators and advocates help patients and families manage their health through serious and complex illness. Our leaders are nurses, paramedics, and health research specialists. We believe that by preparing for possible crises, you can often prevent them.*



*This In Case of Emergency form is one of the most thorough available and takes into consideration any Advance Care Planning documents that outline your preferences for future healthcare. It guides your healthcare teams to give you the care you want, when you need it.*

*Take a copy of this document to all your doctor and specialist appointments so that your whole health team is on the same page.”*



**Patient Pathways**

INDEPENDENT HEALTHCARE NAVIGATORS & ADVOCATES

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## CREATE ORDER IN A TIME OF HEALTH CARE CRISIS WITH AN ICE FORM

### What is an ICE form?

An In Case of Emergency Form (ICE) speaks for you when you are overwhelmed or unable to speak for yourself or a loved one. It gathers key information about you, your health, and your household, and makes it immediately available to first responders, paramedics, family and friends.

### Why do I need an ICE form?

In an emergency, time is critical. First responders and paramedics are trained to look for medications and other important health information that could make a life or death difference.

- Your fridge is one of the first places first responders are trained to look for this critical information.
- This information should travel with you to a hospital.

### Who should have an ICE form?

Everyone who lives in your household, no matter what age or health status. Basic medical and contact information should be ready and easy to find in an emergency.

### A NOTE ABOUT TERMS USED IN ICE FORM

- Advance Directive: is the generic term for the document that you write your Values, Beliefs and Preferences for future Healthcare. Every province's healthcare legislation has a different name for this document: BC = Advance Directive; AB = Personal Directive; SK = Health Care Directive; MB = Health Care Directive; ON = Power of Attorney for Personal Care; NB = Advance Health Directive; NL = Advance Health Directive;

NS = Personal Directive; PE = Health Care Directive; NW = Personal Directive; YK = Directive.

*Please note that "Living Will" is no longer being actively used and in many provinces it is not a legally enforceable document. The document naming your Substitute Decision Maker and preferences for future healthcare should be named according to the document above for your province.*

- Substitute Decision Makers (SDM): This term now being used across Canada to identify those who will help you make your decisions when you are not capable of making them. This can be an informal role, or one that is based on hierarchy as named in your province's health legislation, or when you name them in your Advance Directive. *BC is the only province where the legal SDM must be named in a separate document known as a Representation Agreement.*

### HOW DO I FILL OUT THIS ICE FORM?

This form is designated to be filled out on your computer but can be printed and filled out **clearly** by hand. The instructions that follow will take you through this ICE form section by section.

#### Before you start:

1. **Open the *In Case of Emergency Form*.**  
*NOTE: If you have any difficulties with the PDF form, save the PDF form to your computer, then open it with a current version of Adobe Reader.*
2. Go to "File" and "Save-As" before you start. Name the file something easy to find – like *ICE\_Smith, Jane*.
3. Keep saving as you go along.
4. **Complete and save** a copy of the form for each member of your household.
5. **Review and update your ICE form and other documents with any changes to your health.**

## COVER PAGE:

The cover page is used to identify everyone in your household who has filled out an ICE form.

- Re-date this every time you review these documents.
- If putting this on the front of your fridge is a concern, put a large note on your fridge stating where these documents can be easily found **IN YOUR KITCHEN**, *for example: in the freezer, in the upper cupboard to the right of the fridge, etc.*
- Review your documents every year OR when any of the following happen:
  - » any medication changes (dosage, new or discontinued medication)
  - » a change in *any* diagnosis or health status
  - » any hospitalization
  - » a change in your Representative(s) or Substitute Decision Maker(s)
  - » a serious diagnosis or death of a loved one

## PAGE 1

### MEDICAL INFORMATION:

- Fill in all personal identification information. If filling in by hand, print legibly.
- List all languages you speak or understand.

### DOCUMENTS INCLUDED WITH THIS ICE FORM:

- Only check boxes when you have put the specified documents in the packet with the ICE form on top.
- Make sure all documents are filled out completely and signed where necessary.

### IMPORTANT CIRCUMSTANCES:

This box identifies critical and immediate information for first responders and hospital staff. Some examples might be:

*“I care for my husband Jack. He has dementia and can’t be left alone; call his brother Fred,” or “Sally has autism and is nonverbal,” or “I am deaf without my hearing aids.”*

## PAGE 2

### LIFE-THREATENING ALLERGIES:

- List those that will make you critically ill first.
  - » *For example: Allergen: Peanuts.*  
*Reaction: airways swell, difficulty breathing.*  
*What to do: EPI pen.*
- Then list sensitivities and reactions to drugs that make you feel unwell but do not threaten your life.
  - » *For example: Allergen: Codeine.*  
*Reaction: Stomach cramps and nausea.*  
*What to do: Don’t take it.*

### MOBILITY AND SENSORY ISSUES:

Mark boxes and leave notes that might be helpful.

- *For example: you might be legally blind but still need your glasses; or you need a cane or a walker to walk.*

## PAGE 3 and 4

### MEDICAL CONDITIONS AND RECENT SURGERIES:

List any current and recent illnesses, conditions, and treatment information.

- Medical conditions should be listed from the most serious to the least serious, *for example: diabetes, dementia (what stage), congestive heart failure, high blood pressure, cancer (what type and where), etc.*
- List surgeries from your most recent, *for example: Gall bladder removal, Jan 2019; open heart surgery, 2015; tonsillectomy, age 5.*
- This is also where you should list any implants that you have, *for example: pacemaker, automatic defibrillator, hip replacement, etc.*

## PAGE 5 and 6

### PRESCRIPTION MEDICATION RECORD:

Fill in all the places where you keep your prescription medications.

- If you stop taking a medication, put a single line through it, date it, and who instructed you to stop taking it.
- There are two pages for listing prescription medications. If you need more room, you can print off another page.
- You can also ask your pharmacist to print a list of your current prescribed medications each time you get new ones.

## PAGE 7

### NON-PRESCRIPTION MEDICATIONS, OINTMENTS, AND SUPPLEMENTS:

Many supplements and over-the-counter medications can react with prescribed medications. Be sure to list them all.

- Fill in all the places where you keep these items.
- Fill in the same way as you did for the prescription medications.

## PAGE 8

### SUBSTITUTE DECISION MAKERS:

These are the people you want to speak for you when you can't speak for yourself. Strongly consider having conversations with them about what you would want if a health crisis occurs.

- These are not the people who help you out with pet care, picking up the mail, or watering the lawn. List these people under Personal and Household Contacts.

### CURRENT PHYSICIANS

List your family doctor and any specialists that you are currently or have recently seen.

## PAGE 9

### PERSONAL AND HOUSEHOLD CONTACTS:

These are the people you might need to have someone call (*for example, the hospital social worker*) if you are in hospital for an unexpected or extended stay. This may include caregivers for other family members, pet care providers, someone to pick up the mail or empty the fridge, garden help, etc.

### YOU'RE ALMOST DONE!

Review your document for accuracy and make sure your name and Personal Health Number (PHN) are at the top of every page.

#### Printing:

- Best results are on a colour printer, especially the cover page.
- Print one copy of the cover sheet (Red ICE sheet) for all members of the household.
- Print the completed form for each person.
- Remove any unused/unnecessary pages.

#### Assembly:

- Put the cover sheet on top. Staple the ICE form. Put copies of all other relevant forms behind the ICE form. (Leave a note of where originals can be readily found.)
- Put all forms in a clear plastic sleeve or in a well identified binder – for the top or side of your fridge. (If you have a Green Sleeve, it might not have the capacity to hold all your documents. It should contain your ICE form, your No CPR/DNR/No chest compressions signed order or Directive, and a clear note of where any other documents can be found.)
- ***First Responders and Paramedics are trained to look for these documents on the fridge. If you don't want to put them on the fridge, place a clear note of where to find them.***

## Copies:

- Give copies of the ICE form and all other relevant documents to your Substitute Decision Makers. It's a good opportunity to have discussions with them about your values, beliefs and preferences for future healthcare.
- You can take copies of this form to your healthcare appointments as it will have all your current health information.

If you would like assistance filling this form out, please contact Patient Pathways at **info@patientpathways.ca** or **1.604.440.6795** and we would be happy to have someone help you through this process appropriately.

