AMERICAN COLLEGE of CARDIOLOGY

Pediatric to Adult Care Transitions Tools

# Medical Summary & Emergency Care Plan for Young Adults with Congenital Heart Disease

| | | | | | |
|---|---|---|---|---|---|
| Date Completed: | | | Date Revised: | | |
| Form completed by: | | | | | |
| **Contact Information** | | | | | |
| Name: | | | Nickname: | | |
| DOB: | | | Preferred Language: | | |
| Address: | | | | | |
| Cell #: | Home #: | | Best Time to Reach: | | |
| Email: | | | Best Way to Reach: Text Phone Email | | |
| Health Insurance Plan: | | | Group and ID #: | | |
| Cardiologist (1): | Location: | | Phone: | | |
| Cardiologist (2): | Location: | | Phone: | | |
| **Emergency Care Plan** | | | | | |
| Emergency Contact: | Relationship: | | Phone: | | |
| Preferred Emergency Care Location: | | | | | |
| Procedural Antibiotics Recommended (Endocarditis Prophylaxis): □ Yes □ No | | | | | |

| Common Emergent Presenting Problems | Suggested Tests | Treatment Considerations |
|---|---|---|
| | | |
| | | |

Special Considerations:

| **Allergies** | |
|---|---|
| Allergies | Reactions |
| | |
| | |

| **Diagnosis and Current Problems** | |
|---|---|
| Problem | Details and Recommendations |
| Primary Cardiac Diagnosis: | |
| Secondary Diagnoses: | |
| □ Pulmonary | |
| □ Renal | |
| □ Liver | |
| □ Neuro-developmental | |
| □ Genetic | |
| □ Contraception | |
| □ Hematologic/Anticoagulation | |
| □ Psychologic | |
| □ Other | |

| **Medications** | | | | | |
|---|---|---|---|---|---|
| Medications | Dose | Frequency | Medications | Dose | Frequency |
| | | | | | |
| | | | | | |
| | | | | | |

| **Activity Restrictions** | |
|---|---|
| □ Yes □ No | Details: |

| **Other Health Care Providers** | | | | |
|---|---|---|---|---|
| Provider | Primary and Specialty | Clinic or Hospital | Phone | Fax |
| | | | | |
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