

ICE: *In Case of Emergency*

Are You Prepared for a Medical Emergency?

Picture this

You see your doctor often and take several medications.

One day you're alone at home or out running errands. Suddenly, you have chest pain, pass out, or fall and can't get up.

A stranger or worried neighbor finds you and calls 911.

To quickly give you the best medical care, emergency providers need your medical history. But in a crisis, or when you're in pain, you may be confused or simply forget.

How will they learn your medical history?

They'll use your ICE form.

ICE = In Case of Emergency

The ICE form lists your important medical information. It must include your:

1. Name
2. Current medications
3. Current medical conditions and treatments
4. Allergies to medicines
5. Emergency contact name and number
6. Primary care doctor's name.

Emergency Personnel Look for ICE in 2 Places

Paramedics, fire fighters, police officers, and emergency room staff are trained to look in 2 places for emergency medical information.

1. In your home

They will look on the refrigerator door for a form or envelope labeled **ICE** or **In Case of Emergency**. The color **red** will catch their eye.

2. Away from home

They will look in your purse or wallet for an **ICE** or **In Case of Emergency** card, envelope, or form. **Red** makes it easier to find.

How to Use ICE

1. Fill out an ICE form and card

Write clearly. Make the information complete and accurate. Ask your doctor's office for help, if you need it.

2. Put the form on your refrigerator and the card in your wallet or purse.

3. If any information changes, update both form and card.

**Remember ICE –
It can save your life!**

Care Transitions Northwest LLC

... safe at home or the next best step

You may want to add the following to your ICE form. It can be very helpful.

- Current photo or physical description
- Names of all doctors currently treating you
- A list of all prescriptions and over-the-counter medicines you take, with doses and frequency
- Blood type
- More than 1 contact name and number
- Insurance company's name and phone number
- Operations you've had
- Advanced Medical Directives or POLST (Physician Orders for Life-Sustaining Treatment)
- Immunizations

I.C.E. In Case of Emergency

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NAME: _____

Personal description: (height, weight, hair color, eye color, distinguishing features) _____

Attach photo here

Medical conditions (check all that apply)

None Asthma Diabetes on insulin? Yes: No:
 Heart Problems High Blood Pressure Seizure Disorder Stroke

Other Conditions:	
Current treatments: (dialysis, chemo, blood thinners)	
Drug Allergies:	

Emergency Contacts (list at least 2)

NAME	PHONE	RELATIONSHIP

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Medications Taken Regularly

MEDICATION	DOSE PER DAY	FREQUENCY
<i>Example: Lisinopril</i>	<i>40 mg per</i>	<i>Once daily</i>

Medical Providers

PROVIDER NAME	PHONE
Primary care:	
Specialist:	
Other:	

Insurance:

Insurance: _____ Phone: _____

Blood Type (if known): _____

*Place I.C.E. card in RED envelope on refrigerator door

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