



# EVACUATION CLIENT "GO KIT" SUGGESTED CONTENTS

CHECK & INITIAL	SUGGESTED ITEMS
<input type="checkbox"/> BY: _____	<b>FACE SHEET WITH CURRENT EMERGENCY CONTACT INFORMATION</b>
<input type="checkbox"/> BY: _____	<b>HISTORY AND PHYSICAL</b>
<input type="checkbox"/> BY: _____	<b>MEDICATION AND TREATMENT ADMINISTRATION RECORD</b>
<input type="checkbox"/> BY: _____	<b>ADVANCE DIRECTIVE/PREFERRED INTENSITY OF CARE</b>
<input type="checkbox"/> BY: _____	<b>IF POSSIBLE, TRANSFER TRAUMA PLAN AND DISCHARGE NOTE</b>
<input type="checkbox"/> BY: _____	<b>DISASTER ID TAG WITH PICTURE, ID INFO, AND MEDICAL ALERTS</b>
<input type="checkbox"/> BY: _____	<b>MEDICATIONS (72-HOURS)</b>
<input type="checkbox"/> BY: _____	<b>ESSENTIAL MEDICAL SUPPLIES OF SPECIAL DIET REQUIRES (72-HOURS)</b>
<input type="checkbox"/> BY: _____	<b>ESSENTIAL MEDICAL SUPPLIES &amp; EQUIPMENT (E.G. TRACHEOTOMY, COLOSTOMY, O2, GLUCOSE MONITORING)</b>
<input type="checkbox"/> BY: _____	<b>NUTRITIONAL SUPPLIES OF SPECIAL DIET REQUIRES (72-HOURS)</b>
<input type="checkbox"/> BY: _____	<b>WHEELCHAIR/WALKER</b>
<input type="checkbox"/> BY: _____	<b>DENTURES/EYE GLASSES/HEARING AIDS/PROSTHESIS</b>
<input type="checkbox"/> BY: _____	<b>CHANGE(S) OF CLOTHING</b>
<input type="checkbox"/> BY: _____	<b>ACTIVITY SUPPLIES OF CHOICE (RESIDENT'S PREFERENCE)</b>
<input type="checkbox"/> BY: _____	<b>INCONTINENCE SUPPLIES (72-HOURS MINIMUM)</b>
<input type="checkbox"/> BY: _____	<b>LARGE PLASTIC BAG LABELED WITH CLIENT'S NAME FOR ACCUMULATION OF LAUNDRY</b>
<input type="checkbox"/> BY: _____	<b>OTHER (PLEASE SPECIFY): _____</b>