

Instructions for completing your ***IN CASE OF EMERGENCY card***

- **Nombre:** Your full name here. *First, middle, last.* Or you can put last first, but be sure to use a comma (Doe, John Robert).
- **Fecha de Nacimiento:** Date of birth. *Day, Month, Year.* Use letters for the month to avoid confusion. For example, use 15/Nov/1967 instead of 15/11/1967 or 11/15/1967.
- **Tipo de sangre:** Blood type if you know it. Leave it blank if you are not sure.
- **Contactos:** Emergency contact person. Put their *name, relation,* and *contact number* here. The first contact could be a spouse or partner. Second, someone living close to you. Consider the fact that this person should speak Spanish if possible, which may make a spouse or partner not the best first choice. Last, you can add relatives not near you.
- **Medico:** Your doctor. Put the *name* and *number(s)* of the doctor you would want someone to call in an emergency.
- **História Clínica con:** Who has a medical file of you? Put their name (doctor's name, clinic name, or other source) and how to contact them or access your file.
- **Alergias o Reacciones:** Allergies or bad reactions to medications, foods, insects, etc.
- **Problemas de Salud:** Health problems. List **IMPORTANT** items here. List items such as: pacemaker, asthma, epilepsy, hypertension, diabetic, transplants, atrial fibrillation, past stroke, etc. List important contagious diseases such as HIV or Hepatitis C. List metal implants that could cause a danger for an MRI (magnetic resonance imaging). Do not list obvious things such as obesity or amputations.
- **Medicamentos:** Medications. List the medications you take. Start with the most important. Aspirin or other anticoagulants (blood thinners) should be the first one on the list if you take it because it interferes with blood clotting in case you need surgery. Next, put vital medications such as insulin, or medications for controlling epilepsy, asthma, or other serious diseases. Last, if there is space, put the medications that are not vital if you miss taking a dose (pain medication, antidepressants, etc.). Include dosage if there is space. State the medication, not the brand – there can be 100s of brand names for one medication.
- **RCP / CPR:** **Sí, quiero** **No quiero** Do you want CPR (cardiopulmonary resuscitation), intubation, ventilator, or other life-saving measures in the event that you stop breathing, your heart stops, or both? Check “*Sí, quiero*” if you want health professionals (or anyone else) to work on you to try to save your life. Check “*no quiero*” if you do NOT want any intervention in case you are not breathing or are without a heartbeat.
- **Donador de órganos:** Organ Donor. Put “yes” if you want to donate your organs in case of death. Put “no” if you do not want to donate organs.
- **Seguro o Plan:** Insurance or plan. If you have insurance, put the *company name, policy number,* and *telephone number* here. Remember that a “toll-free” number for the USA or Canada may not work from Mexico. If you do not have insurance, but have funds for hospitalization, state that here. Make sure your main emergency contact person can access the funds.
- **Hospital de Preferencia:** Preferred hospital. Put the *name of the hospital* to where you would want to be transported in an emergency, if you have a preference.
- **Otro:** Other. Put anything else you think is important here. For example: If you do not ever want a blood transfusion, state that here. If you have “normal hypotension” (e.g. your blood pressure is normally 90/60 mm/Hg – that would be considered low for someone who regularly has 120/80 mm/Hg), you should state that information here. Any pre-arranged funeral plans, or preferences can also be stated here; write their name and phone number.

In Case of Emergency – En Caso de Emergencia	
Nombre	John Albert Doe
Fecha de Nacimiento	15/Nov/67 Tipo de sangre A+
Contactos	Jane Doe 331 555 6666 Janet Rodriguez 331 555 7777 Ed Gonzalez 331 555 8888
Medico	Dr. Sam Thelin 331 282 4445
Historia Clínica con	Dr. Thelin 331 282 4445
Alergias o Reacciones	Bees, Penicillin

Problemas de Salud	Diabetes, asthma, Shortness of breath
Medicamentos	Aspirin, Salbutamol
Resucitación: Sí, quiero <input checked="" type="checkbox"/> No quiero <input type="checkbox"/>	Donador de órganos Yes
Seguro o Plan	WEA 123456789 501-555-6543
Hospital de Preferencia	San Javier
Otro	funeral Home San Francisco