Rhode Island Department of Health
Specialized Patient Care Plan for EMS

Place photo here

Per the *Rhode Island Prehospital Care Protocols and Standing Orders*, this Specialized Patient Care Plan has been developed and approved for:

Name

Address:

Date of Birth: **Patient's Weight:** **Last Weigh Date:**

ALL Medications:

Allergies:

DESCRIPTION OF CONDITION AND SPECIALIZED CARE NEEDS

INSTRUCTION FOR CARE IN EMERGENT SITUATIONS

Physician Certificate of Authorization

This specialized patient care plan is not valid without the required physician signature.

Patient's physician:

I, , serving in the capacity as personal physician for this patient, hereby certify and authorize that I have reviewed this specialized patient care plan and approve the pre-hospital care measures outlined within.

Signature _____ **License Number**

Date _____

EMERGENCY CONTACTS

Name

Relationship:

Home Phone:

Work Phone:

Cell Phone:

Name

Relationship:

Home Phone:

Work Phone:

Cell Phone:

Name:

Relationship:

Home Phone:

Work Phone:

Cell Phone:

For Department use only:

Filing date:

Accepted by:

Case number: