

Smart911® Medical Information

The following list is designed to communicate the most important information for which there are generally accepted procedures and treatments practiced by paramedics and other responders.

ALLERGIES

Prior Anaphylactic Reaction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Aspirin	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Potentially Lethal
Codeine	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Potentially Lethal
Demerol	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Potentially Lethal
Food Allergies	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Potentially Lethal
Horse Serum	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Potentially Lethal
Insect Stings	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Potentially Lethal
Latex	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Potentially Lethal
Lidocaine	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Potentially Lethal
Morphine	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Potentially Lethal
Novocaine	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Potentially Lethal
Penicillin	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Potentially Lethal
Sulfa	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Potentially Lethal
X-Ray Dyes	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Potentially Lethal
Other Allergy	<input type="checkbox"/> None	<input type="checkbox"/> Mild	<input type="checkbox"/> Potentially Lethal

HEART DISEASE

<input type="checkbox"/> Aneurysm Aorta
<input type="checkbox"/> Angina
<input type="checkbox"/> Cardiac Dysrhythmia / Abnormal Heart Rate
<input type="checkbox"/> Congenital Heart Disease
<input type="checkbox"/> Congestive Heart Failure (CHF)
<input type="checkbox"/> Coronary Artery Bypass / Angioplasty
<input type="checkbox"/> History of Heart Attack / Myocardial Infarction (MI)
<input type="checkbox"/> History of Myocarditis / Pericarditis / Heart Infection
<input type="checkbox"/> Pulmonary Hypertension

BREATHING PROBLEMS

<input type="checkbox"/> Asthma
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD)
<input type="checkbox"/> Congenital or Chronic Upper Airway Disease
<input type="checkbox"/> Cystic Fibrosis
<input type="checkbox"/> Emphysema
<input type="checkbox"/> Other breathing problem

CANCER

<input type="checkbox"/> Leukemia
<input type="checkbox"/> Lymphomas
<input type="checkbox"/> Other Cancer

MOBILITY LIMITATIONS

<input type="checkbox"/> Amputee
<input type="checkbox"/> Confined to Bed
<input type="checkbox"/> Electric Wheelchair or Scooter
<input type="checkbox"/> Manual Wheelchair
<input type="checkbox"/> Paraplegia
<input type="checkbox"/> Quadriplegia
<input type="checkbox"/> Requires Walker /Cane /Crutches
<input type="checkbox"/> Requires Wheelchair
<input type="checkbox"/> Weight over 300 lbs
<input type="checkbox"/> Other Mobility Impairment

GENERAL HEALTH CONDITIONS

<input type="checkbox"/> Adrenal Insufficiency
<input type="checkbox"/> Alcoholism
<input type="checkbox"/> Other Addiction
<input type="checkbox"/> Blood Clotting Disorder
<input type="checkbox"/> Chronic Pain
<input type="checkbox"/> Depression
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Eye Surgery / Glaucoma
<input type="checkbox"/> Hemophilia
<input type="checkbox"/> Hypertension
<input type="checkbox"/> Malignant Hyperthermia
<input type="checkbox"/> Muscular Dystrophy
<input type="checkbox"/> Myasthenia Gravis
<input type="checkbox"/> Renal Failure / Hemodialysis
<input type="checkbox"/> Rheumatologic or Joint Problems
<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> Situs Inversus
<input type="checkbox"/> Stroke
<input type="checkbox"/> Suicide Attempts

ORGAN TRANSPLANTS

<input type="checkbox"/> Bone Marrow
<input type="checkbox"/> Bowel
<input type="checkbox"/> Heart
<input type="checkbox"/> Kidney
<input type="checkbox"/> Liver
<input type="checkbox"/> Lung
<input type="checkbox"/> Pancreas

NEUROLOGICAL, BEHAVIORAL, COGNITIVE CONDITIONS

- Anxiety (extreme)
- ADD/ADHD
- Autism Spectrum Disorder
- Bipolar Disorder
- Cerebral Palsy
- Cognitive Impairment
- Confused Easily
- Developmental Disability
- Difficulty Understanding Verbal or Written Instructions
- Memory Impaired / Dementia / Alzheimer's
- Migraine or Frequent Headaches
- Neurological Disease
- Post-Traumatic Stress Disorder
- Prone to Wandering
- Seizure Disorder / Epilepsy
- Schizophrenia
- Other Psychiatric Condition

SENSORY IMPAIRMENTS (VISION, HEARING, SPEECH)

- Blind
- Deaf
- Deaf / Blind
- Hard of Hearing
- Mute / Speech Impaired

NEUROLOGICAL / COGNITIVE BEHAVIORS

- Thoughts of suicide
- Hearing things other people don't hear
- Hearing voices telling me to do bad things
- Hearing voices telling me to do good or neutral things
- Hearing voices saying bad things
- Hearing voices saying good or neutral things
- Sensitive to loud noises/flashing lights
- Feeling people touching me
- Hurting myself (cutting, etc.)
- Not sleeping
- Isolating from others
- Feeling irritable/angry
- Crying all the time/often
- Tearful

POWERED MEDICAL DEVICES

- Apnea Monitor
- Oxygen Concentrator
- I.V. Pump
- Sleep Apnea / CPAP or BPAP Device
- Kidney Dialysis
- Ventilator / Respirator
- Life-Sustaining Medication Requiring Refrigeration
- Nebulizer for Breathing Problems
- Other Life-Sustaining Dependency on Electricity

MEDICAL THERAPIES AND EQUIPMENT

- Home Health Care/Visiting Nurse/Non-Medical Caregiver
- In-home life sustaining medication or treatment
- Requires Airway Suctioning
- Uses Oxygen Tank

OTHER MEDICAL INFO

Contact Lenses
 Yes No

Organ Donor
 Yes No

Advanced Directive or DNR
 Yes No

PRESCRIPTION MEDICATIONS

- Antianginal
- Antiarrhythmic
- Anti-anxiety / Sedatives
- Anticoagulant / Blood Thinner
- Antidepressants
- Antihistamine (regular use)
- Antimanics / Mood Stabilizers
- Antipsychotics
- Barbiturates
- Beta Blocker
- Chemotherapy
- Diabetes Medication (oral)
- Erectile Dysfunction Medication
- Immunosuppressant
- Insulin
- Opioids/Narcotics (regular use)
- Seizure Control Medications
- Side Effect Control Medications
- Steroid (Oral)

IMPLANTED MEDICAL DEVICES

- Artificial Joints
- Cochlear Implant(s)
- Heart Valve Prosthesis / Artificial
- Heart Valve
- Implanted Defibrillator
- Left Ventricular Assist Device (LVAD)
- Pacemaker
- Tracheotomy