

Vial of LIFE

Lifesaving Information For Emergencies



What Is The Vial Of LIFE?

A program which allows individuals to provide **immediate** medical information in advance that can be used by emergency responders in the event of an emergency



Target Audience

EVERYONE



How Does It Work?

Individuals will obtain vials from participating locations

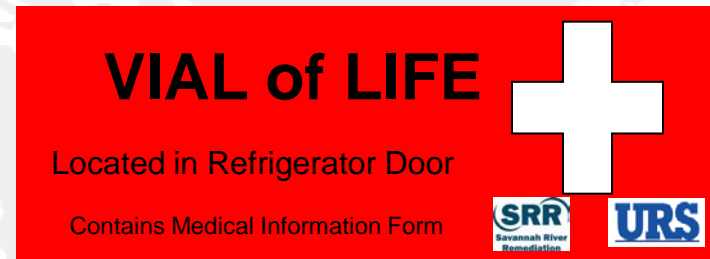
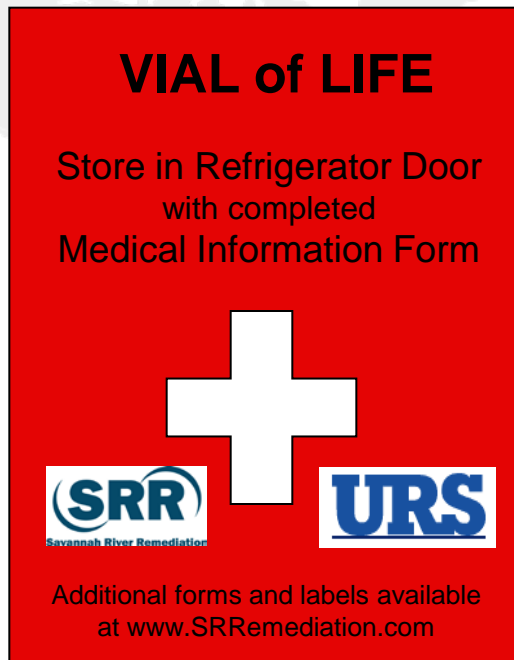
Complete standardized information form with pertinent medical information; diagnoses, medications, allergies, contact and insurance information to be placed in vial

Vials to be located in the top shelf of refrigerator door



How Will Responders Know?

Participants will place standardized stickers on refrigerator door and outside the front window or front door to alert emergency responders



What Will Responders Do with Information?

Emergency responders have been directed to look for the Vial of LIFE in the individual's refrigerator

The completed form will help them in providing appropriate treatment and contacting family



What Does the Form Look Like?

Vial Of LIFE
Lifesaving Information For Emergencies

Print information in pencil. Give special attention to current medications and allergies. Keep the form updated.

PERSONAL DATA
 Date Filled Out _____ (Remember To Change Date As You Revise)

Name _____ Sex _____

Address _____

Phone _____ Date Of Birth _____ Religion _____

Primary Physician _____ Phone Number _____

Secondary Physician _____ Phone Number _____

Hospital Preferred _____

In Case Of Emergency Notify

Name _____ Relationship _____

Address _____ Phone Work _____ Phone Home _____

Name _____ Relationship _____

Address _____ Phone Work _____ Phone Home _____

Medical Coverage

Primary Insurance _____ # _____ Phone _____

Secondary Insurance _____ # _____ Phone _____

Medicare # _____ Medicaid # _____

Allergies
 To What Medications _____ Other _____

Health Information

Are You Currently On Chemo Therapy? Yes _____ No _____

Are You On A Blood Thinner? _____ Are You On Insulin? _____

How Much? _____ How Often? _____

List Medications You Are Taking, Include The Dosages and How Often:

Where Do You Keep Your Medications? _____

Blood Type: _____ Do You Wear Dentures? _____

Pacemaker? _____ Model Number: _____

Glasses? _____ Contacts? _____ Hearing Aid? _____

Any Other Prosthesis? _____



Form - Back Page

Do You Presently Have Any Medical Inserted Tubes Into Your Body? _____

Type: _____

Are You Using Oxygen _____ How Many Liters? _____

Have You Been Diagnosed Or Treated For (Check All That Apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Tendency To Blood | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Respiratory Disease | <input type="checkbox"/> Congenital Heart |
| <input type="checkbox"/> TB | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> COPD | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Gastric Disease | <input type="checkbox"/> Abnormal Blood Pressure |
| <input type="checkbox"/> Ulcers | <input type="checkbox"/> Edema/Swelling | <input type="checkbox"/> Hiatal Hernia |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Cataracts |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Diabetes (High Sugar) | <input type="checkbox"/> Hypoglycemia (Low Sugar) |
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Gall Bladder Disease | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Aids | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Other (specify in comments below) | |

Comments:

Instructions:

1. Fill out the Vial of Life form

Fill out the vial form. Answer all or any pertinent questions.
Make blank copies of this form to keep information current.

2. Place the form in the Vial.

Place the form you filled out in the plastic vial.
You may also consider placing the following items in the vial.
Copy of EKG
DNR (Do Not Resuscitate)
Living will or equivalent
Recent Picture of self

3. Place the Vial in the refrigerator door

Place the vial inside the upper right compartment of the refrigerator door.

4. Place the decal on your front door or refrigerator door

Place the decal on the front door, front window, or refrigerator door, so it can easily be seen by anyone responding to an emergency.

How Will the Vial Of LIFE be Distributed?

Community avenues to distribute the Vial of LIFE in the CSRA:

- ✓ Red Cross Offices in Aiken & Augusta
- ✓ Chamber of Commerce Events
- ✓ Hospital Outreach Programs
- ✓ Health & Safety Fairs
- ✓ Local Businesses
- ✓ SRR Website (www.SRRemediation.com)