Notes for Organisations Supporting the Emergency Healthcare Record (EHR) Card Project

1) The EHR card display unit should be placed in a **visible and accessible location**. Promote awareness, encourage uptake and facilitate usage.

2) EHR cards are suitable for everyone and in particular those who experience; **difficulty speaking in English, communication/speech disorders, problems with memory and mental health.**

3) The card is **not an official document** and there is **no obligation** for people with communication challenges to take one.

4) The card is intended to be **supportive in stressful health related emergencies** i.e. talking to a paramedic or going to the Emergency Department.

5) **One card per person!**

6) Card is available in blue and pink. This is not **to signify gender**, however it can help a person to **quickly identify their card** especially if they have several cards due to family members. Note that gender can be written in free text-see overleaf.

7) Cards need to be **completed in English.**

8) An **infographic leaflet** should accompany the EHR card. This explains what the card is for. Please highlight the **QR code** on the leaflet which allows a person to **read the information in their own language**.

9) The infographic leaflet explains **how a card recipient can partake in giving feedback**. This is very important to allow the expansion of the project nationally to help as many people as possible.

10) The card can be completed by the recipient however a health professional, **ideally a GP (family Doctor)**, is highly recommended to help completion of the **medical history and important medications sections**.

Turn over for instructions on how to complete the card.

Cover Page-	
Name	Cardholder name- written in format to allow quick identification of card (does not need to be official name as per the case in **Personal Details**).
One year card renewal date	Insert date one year in the future from the date of card completion.

Personal Details-	
First name(s):	First name (and middle names if required).
Surname	Family name.
DOB	Date of birth.
Gender	Male, female, other.
Phone No	Ideally the person's mobile number.
Address	The number of the building and Eircode where the person lives.
Interpreter required?	Tick the box if an interpreter is required. Write the language that is needed.

Medical Card & GP Details-	
GMS No.	Medical card number. GMS means General medical services number.
GP Name	Name of family Doctor.
GP Practice	Name of the Practice where the family Doctor works.

Designated Contact in Case of Emergency-	
Name	First name and surname of designated contact person.
Phone No.	The telephone number of the designated contact person.
Relationship to you	How the designated contact person is related to the card holder.

Medical History-	
Year	The year of when the health problem occurred.
Problem	Previous and present diseases/health conditions and operations.

Important Medications-	
Name	Important medicines/ long term medicines/ important to know in an emergency e.g. insulin, salbutamol, warfarin, blood pressure medication.
Dosage	The dose of the medicine e.g. 400mg.
Frequency	How often medicine is taken daily.
Regular pharmacy name/town	Important to include the town name. This will help medical teams to obtain a full medication list.
Allergies	Include the name of medications, materials or food which cause the person allergic reactions. If there are none you can write "none known".
COV-19 Vaccine	The name of the Covid-19 vaccination and the date it was given.