



Caregiver's Emergency Preparation Checklist

For Those Who Assist Persons Using Home Ventilators

- 1. I have read and understand the [Patient's Vital Information for Medical Staff](#) document which the person I support has completed for use in an emergency.
- 2. The person whom I support and I have talked through his/her [Home Ventilator User's Emergency Preparation Checklist](#) to the satisfaction of both of us.
- 3. I have visited the local hospital's Emergency Department and the local Emergency Medical Services facility with the person whom I support. Or, if the hospital is large and very busy, we have simply requested that they upload the [Patient's Vital Information for Medical Staff](#) and [Treating Neuromuscular Patients Who Use Home Ventilation: Critical Issues](#) into their patient records.
- 4. I have read and understand [Treating Neuromuscular Patients Who Use Home Ventilation: Critical Issues](#) written for medical professionals.
- 5. The person whom I support and I have talked through a handful of emergency scenarios, rehearsing who would do and say what in each case.
- 6. I am aware that burnout during a medical crisis of the person I support is a real possibility for me and that a network of support is critical for preventing and/or dealing with this.
- 7. I have listed and discussed with the person I support some of the support that I as a primary caregiver may need during his/her medical emergency.
- 8. The person whom I support and I have made a list of persons who might become part of this network, e.g., a backup caregiver, friends to visit, neighbors for pet care, family to problem solve and make decisions, a counselor to support me.
- 9. To nurture an honest and respectful relationship between us, the person whom I support and I periodically talk about what we need from/can give to each other.
- 10. I have notified IVUN that I've completed this checklist and would like to be recognized on IVUN's website and in its newsletter for this accomplishment.

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