



# MY HEALTH CARE BINDER



Child's Name



**National Association of  
Pediatric Nurse Practitioners<sup>SM</sup>**  
Children and Youth with Special  
Health Care Needs SIG

# How To Use Your Healthcare Binder



A health care binder is an organizational tool for families who are raising children with special health care needs. This binder can be used to help keep track of your child's important health information and prepare for medical visits, scheduled hospitalizations and emergencies. Additionally, this binder can be used to communicate with and educate other caretakers and medical professionals who do not know your child as well as you do.

This health care binder is meant to support you, the family, in taking care of your child with medical complexity. Feel free to use as many sections as you find helpful, all are not required. This is an editable template and you are encouraged to make it your own by adding pictures, additional sections, and personal touches.

## STEP 1

Think about the information you would like to include in your health care binder. What type of information do you need the most? What is important for others to know about your child?

## STEP 2

Gather your child's medical information. Your child's electronic health record would be a helpful resource to gain information. Your child's school and community support programs likely have emailed you paperwork with information on it that may be useful.

## STEP 3

Choose which sections from this template you would like to use. You can either print these and handwrite the information or type the information into the provided sections. If you are filling this out electronically, feel free to modify sections.

## STEP 4

Once the desired sections are completed, you can put together your health care binder. You may want to use dividers to separate the sections which will make it easier to find the information you need.

## STEP 5

Your child is growing, and medical needs often change over time. If you complete these forms electronically, you can save them onto your hard drive and edit as often as you would like to keep your health care binder up to date.



# All About Me

My Name Is	
I Also Like to Be Called	
My Birthday Is	
My Address Is	
I Live With	
I Communicate By	
My Favorite Things Are	
Things I Do Not Like Are	
Things That Comfort Me When I Am Sad Are	
Things That Help When I Am In Pain Are	





# My Typical Day

Morning Routine	
Afternoon Routine	
Evening Routine	
Bedtime Routine	
Overnight Routine	





# My Medical History

Medical Diagnoses	Date of Onset	Managed By





# My Surgical History

Surgery	Date of Surgery	Surgeon



# My Healthcare Providers



## My Primary Care Team

Provider Name(s)	
Clinic Address	
Phone Number	
Fax	
Email	

## My Specialty Care Team

Provider Name(s)	Specialty	Phone Number



## My Healthcare Providers (Page 2)

My Private Duty Nursing Team	
Company	
Phone Number	
Nurse(s)	
Company	
Phone Number	
Nurse(s)	

My Outpatient Therapy	
Company	
Address	
Phone Number	
Fax	

My Therapy Team	
Physical Therapist	
Occupational Therapist	
Speech Therapist	
ABA Therapy	
Behavioral Therapist	



# My Medication Information



## My Pharmacy

Name	
Address	
Phone Number	

## My Medication Allergies

Drug	Reaction

## My Medications

Name	Route	How Much	How Often	Prescriber



# My Medical Equipment



## My Durable Medical Equipment Companies

Company Name	
Address	
Phone/Email	
Company Name	
Address	
Phone/Email	
Company Name	
Address	
Phone/Email	

## My Current Equipment

Type	DME Company	Date Received





## My School Information

School Name	
Address	
Phone Number	
Fax	
Email	

Team Member	Name	Phone	Email
Teacher			
Para Pro/Aide			
PT			
OT			
Speech Therapist			
Social Worker			
Nurse			
Principal			
Program Director			
Psychologist			

My Individualized Education Plan (IEP)	
School Classification	
Last 3-Year Evaluation	
Last IEP Meeting Date	
Last Behavior Plan	



# My Insurance Plan & Community Connections



## My Primary Insurance

Insurance Company	
Address	
Phone Number	
Insured Plan Holder	
Holder's Date of Birth	
Name of Employer	
Policy Number	
Group Number	

## My Secondary Insurance

Insurance Company	
Address	
Phone Number	
Insured Plan Holder	
Holder's Date of Birth	
Name of Employer	
Policy Number	
Group Number	

## My Community Support Agency

Agency Name	
Address	
Phone Number	
Fax	
Contact Person	
Agency Name	
Address	
Phone Number	
Fax	
Contact Person	



# My Nutrition Plan



I Get My Nutrition By	
My Favorite Foods Are	
Foods That I Don't Like Are	
My Food Allergies Are	
My Last Swallow Study Was	
My Special Feeding Instructions Are	

My Tube Information	
Tube Size	
Tube Manufacturer	
Tube Changing Schedule	
Tube Supplier	

My Formula Information	
Formula	
Amount Per Feeding	
Feeding Schedule	
Feeding Pump Rate/Bolus	
Formula Supplier	

My Nutrition Team	
Dietician Name	
Dietician Phone/Email	
Feeding Therapist Name	
Feeding Therapist Phone/Email	



# My Medical Appointment Plan



Date of Appointment	
Type of Appointment	
Medical Provider	
Location/Address	
Phone	

Concerns to Address at Appointment	
Medication Refills Needed	
Plan Discussed	
Tests/Procedures Ordered	
Next Follow-Up Appointment	



# My Emergency Management Plan



911 Script

Date of Completion

Advanced Directive/Code Status

Child's Name

Date of Birth

Parent/Guardian

Signature/Consent

Primary Language

Emergency Contact

Phone Numbers



## My Emergency Management Plan (Page 2)

My Medical Providers	
Primary Care Provider	
Primary Care Emergency Contact	
Specialist Provider and Role	
Specialist Emergency Contact	
Anticipated/Preferred Emergency Room	
Anticipated/Preferred Hospital	

My Common Past Problems and Concerns	
Problem or Concern	
Past Helpful Testing	
Previous Recommendations	



## My Emergency Management Plan (Page 3)

### My Lines, Appliances, Drains, Tubes

### My Transportation Needs and Positioning Restrictions

### My Pain Management Plan

### My Diagnosis, Treatment, and Follow-Up Plan



# My Planned Hospital Stays



## My Packing List

Medications	
Medical Supplies	
Comfort Items	
Clothing for Child	
Clothing for Caregiver	
Toiletries	
Entertainment	
Other Important Items	



## My Planned Hospital Stays (Page 2)

Hospitalization Date	
Location	
Reason for Admission	

My Questions for Team		
Role	Questions	Notes

My Plan of Care



### My Home Care Agency Contact


### My Changes to Care and Schedule From Hospitalization (New Medications, Diagnosis, Interventions Needed)


### My New Durable Medical Equipment (DME) Needs and Agency, If Applicable


### My Notes About Discharge Plan and Follow-Up To-Dos


# My Neurological System



My Neurological Diagnoses	
My Neurology Team	

My Seizures	
What Do My Seizures Look Like?	
How Often Do I Typically Have Seizures?	

My Daily Seizure Medications			
Name	Route	How Much	How Often

My Rescue Seizure Medications			
Name	Route	How Much	How Often



## My Neurological System (Page 2)

My Shunt	
My Neurosurgery Team	
My Type of Shunt (VA, VP, etc.)	
Signs My Shunt Has Malfunctioned	

My Spasticity/Tone Dystonia	
My Spasticity Management Team	
My Baseline Muscle Tone	
My Spasticity Management Plan	

My Tone Management Devices

My Tone Management Medications			
Name	Route	How Much	How Often

## My Neurological System (Page 3)

My Autonomic Instability	
My Managing Team	
My Baseline Temperature	
Reason Why Temperature is Out of This Range	
What to Do When Cold	
What to Do When Hot	
My Baseline Heart Rate (HR)	
Reason Why HR is Out of This Range	
What to Do When HR is Below Baseline	
What to Do When HR is Above Baseline	
My Baseline Blood Pressure (BP)	
Reasons Why BP is Out of This Range	
What to Do When BP is High	
What to Do When BP is Low	

When to Call My Managing Team	
When to Seek Emergency Care	

# My Ear, Nose and Throat System



My ENT Diagnoses	
My ENT Team	
My Audiologist	

My Tracheostomy Information	
Trach Size and Type	
Tie Type	
Tube Changing Schedule	
Suction Catheter Size	
Suction Depth	
Trach Care	

My Hearing Device





# My Pulmonary System



My Pulmonary Diagnoses	
My Pulmonary Team	

My Pulmonary Medications			
Name	Route	How Much	How Often

My Pulmonary Clearance Program	
Type	How Often

My Respiratory Support	
Manufacturer/Model	
Supplier	
Settings	
Sick Settings	

My Pulmonary Sick Plan

## My Cardiac System



My Cardiac Diagnoses	
My Cardiology Team	

[illegible]

My Cardiac Devices	

My SBE Prophylaxis Plan	

# My Gastrointestinal System



My GI Diagnoses	
My GI Team	
My Nutritionist	

My Feeding Tube Information	
Tube Size	
Tube Manufacturer	
Tube Changing Schedule	
Tube Supplier	
Managing Provider	

My Formula Information	
Formula	
Amount Per Feeding	
Feeding Schedule	
Sick Day Plan	
Pump Rate/Bolus	
Formula Supplier	



## My Gastrointestinal System (Page 2)

My GI Medications			
Name	Route	How Much	How Often

My Nutrition Plan	
I Get My nutrition By	Mouth <input type="radio"/> NJ <input type="radio"/> NG <input type="radio"/> GT <input type="radio"/> JT <input type="radio"/> GJT <input type="radio"/> CVL <input type="radio"/>
My Favorite Foods Are	
Foods I Don't Like Are	
My Food Allergies Are	
My Last Swallow Test Was	
My Special Feeding Instructions Are	

## My Gastrointestinal System (Page 3)

### My Bowel Management

My Typical Bowel Pattern  
Example: Frequency,  
Consistency, Amount

### My Colostomy

Appliance Type

Changing Schedule

Stoma Care

### My Cecostomy/Malone

Tube Size

Manufacturer

Tube Changing Schedule

Tube Supplier

Flush Regimen

### My Bowel Medications

Name

Route

How Much

How Often

# My Kidney and Bladder System



My Nephrology/Urology Diagnoses	
My Nephrology Team	
My Urology Team	

My Drains (Ileovesicostomy, Mitrofanoff, Urethral Cath)	
Type/Size	
Cath Schedule	
Flush Schedule	

My Kidney and Bladder Medications			
Name	Route	How Much	How Often

# My Musculoskeletal System



My MSK Diagnoses	
My Orthopedic Surgery Team	
My Physical Medicine and Rehab Team	
My Special Precautions	

My MSK Equipment		
Type	Company	Date Received



# My Dermatological System



My Dermatology Diagnoses	
My Dermatology Team	
My Plastic Surgery Team	
My Wound Management Provider	

My Wounds	
Type	
Location	
Care	



Scan for an Eczema Plan developed by NAPNAP's Dermatology Special Interest Group.





# My Endocrine System



My Endocrinology Diagnoses	
My Endocrinology Team	

My Diabetes Monitoring	
Type of Diabetes	
Blood Sugar Goals	
Frequency of Blood Sugar Checks	
Reasons to Call Endocrinology	
Reason to Seek Emergency Care	
Provider of Supplies	

My Diabetes Medications			
Name	Route	How Much	How Often



## My Endocrine System (Page 2)

### My Diabetes Insipidus Monitoring

Sodium Goals	
Frequency of Sodium Checks	
Lab Location	
Urine Output Monitoring	
Reasons to Call Endocrinology	
Reasons to Seek Emergency Care	

### My Diabetes Insipidus Medications

Name	Route	How Much	How Often

## My Endocrine System (Page 3)

### My Adrenal Insufficiency Monitoring

Reasons to Start Providing Illness Dosing	
Reasons to Provide Emergency Dosing	
Reasons to Call Endocrinology	
Reasons to Seek Emergency Care	

### My Adrenal Insufficiency Medications

	Name	Route	How Much	How Often
Physiologic Steroid Dosing				
Illness Dosing				
Emergency Dosing				



# My Mental Health



My Mental Health Diagnoses	
My Psychology Team	
My Psychiatry Team	

My Psychiatric Medications			
Name	Route	How Much	How Often

My Behavior Management Plan



# My Sleep Information



## My Sleep Hygiene

Bedtime Routine	
Comfort Items	
Environment (Example: Lights, Sounds)	
Bedtime	
Wake Time	

## My Sleep Aid Medications

Name	Route	How Much	How Often	Prescriber

## My Non-Invasive Positive Pressure Ventilation (NIPPV)

NIPPV Type (BiPAP vs. CPAP)	
Manufacturer	
Settings	
Interface	
Supplier	
Sleep Medicine Team	



# My Pain Management



My Pain Diagnoses	
My Pain Management Team	
My Palliative Care Team	

Common Locations of Pain	
Signs of Pain	
Non-Pharmacological Interventions (Example: Massage, Position)	
Comfort Items	

My Pain Medications			
Name	Route	How Much	How Often

