

FRONT OF CARD - fold in center

<p>In an emergency, please contact: <i>(Nombres en caso de emergencia)</i></p> <p>Name <i>(Nombre)</i>: _____ Phone <i>(Teléfono)</i>: _____ Name <i>(Nombre)</i>: _____ Phone <i>(Teléfono)</i>: _____ My Doctor is <i>(Nombre de Médico)</i>: _____ Phone <i>(Teléfono)</i>: _____ Address <i>(Dirección)</i>: _____</p> <p>CARES Foundation <small>research, education and support for congenital adrenal hyperplasia</small> 2414 Morris Ave., Suite 110, Union, NJ 07083</p>	 <p>Medical Alert Adrenal Insufficient & Steroid Dependent</p> <p>patient name / nombre _____</p> <p>physician name/nombre del médico _____ phone number/número de teléfono _____</p> <p><i>TIME IN A WAITING AREA NOT APPROPRIATE - MUST BE SEEN AND TREATED IMMEDIATELY</i></p>
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BACK OF CARD - fold in center

<p>EMERGENCY ROOM INSTRUCTIONS</p> <p>This patient <i>MUST be seen</i> by a physician <i>IMMEDIATELY</i>. Life threatening electrolyte disturbances/adrenal crisis are highly possible with febrile illnesses, fluid depletion from vomiting and diarrhea, serious injury and surgery.</p> <p><i>IMMEDIATE Treatment should include:</i></p> <p>Initial Solu-Cortef IV bolus (can be given IM if no IV access)</p> <p> 25mg for Children under 3 years 50mg for Children 3-10 years 100-200mg for Adults / Children over 10 years</p> <p>IV Fluids (D5 normal saline at 20cc/kg for at least one hour, then continue fluid replacement)</p> <p>STAT basic metabolic panel (sodium, potassium, chloride, carbon dioxide, glucose, BUN, creatinine, and calcium)</p>	<p>Present Medical Problems: <u><i>Congenital Adrenal Hyperplasia (Adrenal Insufficiency)</i></u></p> <p>_____</p> <p>Medications <i>(Medicamentos)</i>: _____</p> <p>_____</p> <p>_____</p> <p>Allergies <i>(Alergias)</i>: _____</p> <p>_____</p> <p>Other Important Information <i>(Otra Información)</i>: _____</p> <p>_____</p>
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