

The CHIRP Program for Parents



Formerly known as the Emergency Health Information
Registry for Children with Special Health Care Needs

Introducing...

Children's Health Information Red Pack

CHIRP



Program Basics

- This is a **free** program sponsored by Primary Children's Hospital, Emergency Medical Services for Children (EMSC), and the Bureau of EMS in the Utah Public Health Department.
- The overall goal is to improve the emergency care of children with special healthcare needs

What if...

- Your family were a car accident and you couldn't relate your child's special needs to EMS?
- Your child had a problem at school and 911 was called, would the teacher know the important things to pass on to EMS?
- There's an emergency when your child is at home with a babysitter, would they have access to your child's medical history?

EMS are being trained to look for the **CHIRP RED PACK**



Inside the vial are 2 pages



Children's Health Information Red Pack (CHIRP)

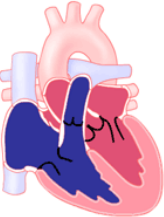
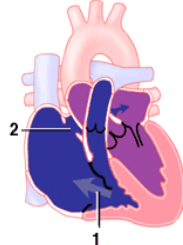


Demographics (Demografía)	
Name (nombre)	<u>Jane Mary Doe</u>
Birthdate (fecha de nacimiento)	<u>01/01/2011</u> Age (edad) <u>2</u> <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Primary Language (idioma preferido)	<u>Spanish</u>
Parent/Guardian (nombre de Padre/Tutor)	<u>Tia D Dalrymple</u> Phone <u>801-707-3763</u>
Emergency Contact (contacto de emergencia)	<u>Dad Doe</u> Phone <u>801-455-4555</u>
Preferred Hospital for Transport (hospital preferido)	<u>Primary Children's Medical Center</u>
Baseline Status (condición normal)	
Vital Signs (los signos vitales)	
HR <u>126</u> RR <u>30</u> BP <u>80 / 40</u> O2 Sat <u>84</u>	
Weight (peso) <u>10</u> lbs Height (altura) _____ ft/in Best IV Site (mejor IV sitio) <u>Hand-Left</u>	
Neuro Status/Your Child's Developmental Level (condición neurológico del paciente)	
<u>Will make eye contact</u>	
<input checked="" type="checkbox"/> Nonverbal (no puede hablar) <input type="checkbox"/> Hearing Impaired (no puede oír) <input type="checkbox"/> Visually Impaired (no puede ver)	
Medical History (historial médico)	
Allergies/Reaction (alergias/reacción)	
1. <u>Latex: (Hives)</u> 3. _____	
2. <u>Medication: Amoxicillin (Rash)</u> 4. _____	
Medical Conditions (condiciones médicas)	
<u>Epsteins Anomaly</u>	
Hospitalizations/Surgeries (hospitalizaciones/cirugías)	
<u>Heart Surgery -repair Of Anomaly</u>	
Medications (medicinas)	
1. <u>Toprol xl -beta blocker</u> 5. _____	
2. <u>Lasix -diuretic</u> 6. _____	
3. _____ 7. _____	
4. _____ 8. _____	

Demographics

Baseline Status

Medical History

Special Needs/Equipment (Necesidades especiales/equipo)	
<input checked="checked" type="checkbox"/> Apnea Monitor (monitor de apnea)	<input checked="checked" type="checkbox"/> Oxygen (oxígeno)
<input type="checkbox"/> Feeding pump (bomba de alimentación)	<input checked="checked" type="checkbox"/> Pulse Oximeter (oxímetro)
<input type="checkbox"/> Gastrostomy Tube (tubo gastrostomático)	<input type="checkbox"/> Suction Machine (máquina de succión)
<input type="checkbox"/> NG/NJ Tube (tubo nasogástrico)	<input type="checkbox"/> Wheelchair (silla de ruedas)
<input type="checkbox"/> Tracheostomy (traqueotomía) Size/type (medida/marca) _____	
<input type="checkbox"/> Ventilator (ventilador) Type/mode (marca/moda) _____	
Other Information for Emergency Responders (Otra información de emergencia)	
No IVs in the right arm. Spanish interpreter if possible.	
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
	
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
Physician and Specialists (Médico y especialistas)	
Primary Care Physician (médico de atención primaria) <u>Dr Good</u> Phone <u>801-000-0000</u>	
Specialists or other services involved in your child's care (especialistas)	
<u>Dr Pumping Heart, Cardiology, 801-000-0000</u>	
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	



**Special Needs/
Equipment**

Other Information

**Physician and
Specialists**

Who can be enrolled?

Children with...

- Frequent seizures
- Tracheostomy
- Ventilator dependency– CPAP / BIPAP
- Congenital heart disease
- Complex respiratory and cardiology needs
- Neurologically compromised and requires suctioning for airway patency
- Severe asthma with past admittance to ICU
- Severe Autism
- Brittle diabetes



What does this mean to EMS and EDs?



- It satisfies the HIPPA requirements to allow the EMS provider access to medical information on a particular child in your service area, a child that you will likely have to respond to.
- And it promotes easy access to current key information in the moment they need it.

What does it mean for parents?

- Once enrolled, a parent can easily update their child's changing medical needs, medications, and recommendations online.
- Knowing that your child has up-to-date information available to anyone caring for your child can give you peace of mind



How to enroll:

www.health.utah.gov/ems/emsc

and coming soon...

<http://chirp.utah.gov>





Go to the EMSC home page

UTAH.GOV SERVICES | AGENCIES

UTAH DEPARTMENT OF HEALTH | Home | Health Services | A-Z List | FAQ | Data | About Us

Utah! Where ideas connect

BUREAU OF EMERGENCY MEDICAL SERVICES

Emergency Medical Services for Children

General Public

EMSC Main Page | General Public | Emergency Responders | EMSC Coordinators

On This Page

- [Children's Health Information Red Pack \(CHIRP\)](#)
- [Newsletters](#)
- [EMSC Needs Assessment Results](#)

Children's Health Information Red Pack (CHIRP)

The EMSC program and its partners have developed an online service to enable parents/guardians of children with special health care needs to fill out information sheets about their children, in an effort to facilitate better emergency care by EMS responders and hospitals. Please use the link below to create or retrieve a CHIRP sheet for your child.

- [CHIRP Parent/Guardian Login...](#)
- [EMSC Staff Login...](#)

EMS HOME PAGE

About Us

Automatic External Defibrillator (AED) Programs

Conferences, Courses & Seminars

Critical Incident Stress Management (CISM)

Data

EMS Grants

EMS Laws & Rules

EMS Providers

EMS Week

EMT & Paramedic Certification

Life With Dignity/POLST/DNR

Operations

- Click on the **General Public** Page

- Click on the **Children's Health Information Red Pack (CHIRP)**



Follow the instructions and fill in the blank boxes

Utah Dept of Health, Bureau of Health Services

https://health.utah.gov/ems/emsc/cshcn/?user_type=parent_guardian

Log In Email.Utah.Gov Personal Banking fr... AT&T Account Man... Sign in to Comcast Salt Lake City Public... Questar Gas - delive... Mountain America ... Bank of America | H... Utah Dept of Health... Home: Rocky Mou...

Fill out an emergency health information sheet

This Emergency Health Information Sheet System for Children With Special Health Care Needs is being implemented to help you communicate clearly with your EMS providers about the care that your child may require when you call 911 for a medical emergency for your child.

Many times as parents we are faced with the task of informing NUMEROUS care providers about the needs of our child. This sheet will be a helpful tool that can be completed by You, Your Doctor, and Your child's care Providers.

The purpose of this form is to allow you to document your child's specific health needs before an emergency arises

Medical conditions that qualify a child for this program are:

- Frequent seizures
- Tracheostomy
- Ventilator dependency: CPAP/BIPAP
- Congenital Heart Disease
- Complex respiratory and cardiology needs
- Neurologically compromised and requires suctioning for airway patency
- Severe asthma with past admittance to ICU
- Brittle Diabetics

Please note: If you know your child has a medical condition that will cause you to call 911 frequently, you should enroll your child in the system.

If the child you are completing the Emergency Health Information Sheet for has any of these above conditions, please complete the information requested below.

By completing this information we can get you started on completing a new Emergency Health Information Sheet, and if you have already completed a sheet for the child we will locate it for you.

What language would you like to use to complete the sheet?

Child's Name First Last

Child's Birthdate m/d/y 2010

Maiden Name of the Child's Mother

Questions? Contact Robert Jex at rfjex@utah.gov or 801-273-4161.

Updated June 30, 2011

Step 3

Select “Create a new sheet for my child”

Utah Dept of Health, Bureau of EMS & CSHCN

https://health.utah.gov/ems/emsc/cshcn/

Log In | Email.Utah.Gov | Personal Banking fr... | AT&T Account Man... | Sign in to Comcast | Salt Lake City Public...

UTAH.GOV SERVICES | AGENCIES | Search all of Utah gov >

Utah Dept of Health > Bureau of EMS > EMS for Children

CSHCN: Enroll a Child with Special Health Care Needs (CSHCN) in the Emergency Health Information System for CSHCN.

Utah Department of Health | EMS | UTAH FAMILY VOICES | Utah State Office of Health Services

- We did not find an existing emergency health information sheet for your child. If you have previously filled out a sheet for your child, please double-check the name, birthdate, and mother's maiden name that you provided. Make sure they match the name, birthdate, and mother's maiden name you provided when you previously filled out the sheet. If we still can't find your child's sheet, please contact EMSC staff. If this is your first time using this system to fill out a sheet for your child, please see the instructions below.**

Fill out an emergency health information sheet

What language would you like to use to complete the sheet?

Child's Name: First Last

Child's Birthdate: m/d/y 2010

Maiden Name of the Child's Mother:

If this is your first time using this system to fill out a sheet for your child, and they have one of the following medical conditions, please click "Create a new sheet for my child" at the bottom of this page.

[Conditions...]

Questions? Contact Robert Jex at rfjex@utah.gov or 801-273-4161.

Updated June 30, 2011

- The system will first look for previous submissions on this child.
- If none are found the you will be prompted to continue.
- If one is found, the option for updating the form will present itself.

Step 4

Complete the form and save it

- Each blue bar opens a portion of the form. Instruct parents to fill it out each as completely as possible. They can select each bar individually or advance by clicking the “next” button.
- Items on the form in **bold** are necessary before submitting.
- Once all areas have been addressed click the “Save Emergency Sheet For the Child” bar.
- Once saved the child has been enrolled.

The screenshot displays a web browser window with the URL <https://health.utah.gov/ems/emsc/cshcn/#tabs>. The page title is "CSHCN: Emergency Health Information Sheet". The navigation menu includes tabs for "Instructions", "Child", "Medical History", "Baseline Condition", "Equipment", "Treatment", "Parent/Guardian & Emergency Contacts", "Primary Care Physician and Specialists", "Pharmacy and Insurance", "Special Needs", and "Information About This Sheet". The "Instructions" tab is currently selected. The main content area contains the following text:

Instructions

The information provided on this sheet will help emergency responders provide better medical care to your child. Please fill out the sheet as completely as possible, but if you don't know the answer to a particular item, you can complete it at a later date, since this information will be saved in our database for you.

Need Help?
There are blue ? marks throughout each page to give you examples of what we are looking for. Just scroll your mouse over the blue ? mark and the example or description will pop up.

Please complete the information under each Tab category for your child. There are 10 Tabs in all. The first tab is "Child" and the last tab is "Information About This Sheet". In order to save the sheet, you will need to complete the "Information About This Sheet" Tab, so please complete this tab first. Please make sure to complete all the information within each Tab section if possible. The items that are in **bold** under each tab CANNOT BE SKIPPED and MUST be completed before you can save your sheet.

Once you complete the information within all the Tab sections, hit the "Save Sheet" button. Remember, you can save the sheet and come back later if you do not have all of the information requested.

To view a category, please click on the tab above:

[next >](#)

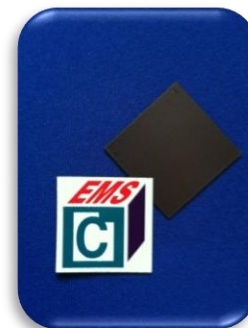
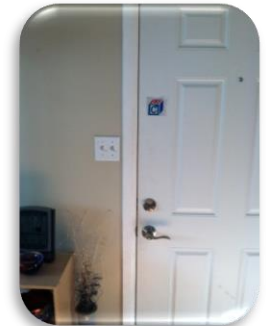
[Save Emergency Sheet For the Child](#)

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Updated June 30, 2011

Once enrolled, what happens?

- Their information will be reviewed by the EMSC Pediatric Clinical Consultant RN.
- The parents will be sent the following;
 - A letter explaining the program
 - Two document vials to store current copies of the Health Information Sheet
 - One to be kept in the “red pack” with the child at all times
 - The other to go in the door of the refrigerator where the child resides.
 - An EMSC sticker that the family can place on the inside of their main door as a signal to EMS to look in the fridge
 - An EMSC Magnet to go on the fridge containing the information sheet



What else?

- We work to train EMS in recognizing and using the red pack in an emergency.
- The family will be given contact information for their local EMS agencies and will be encouraged to share their child's information with them (each agency has a different way of doing this)

The next step

- We are working to tie the registry to the dispatch system.
- When you call 911, EMS will be notified that this child is enrolled in CHIRP



Help us spread the word...

- Go to our website or simply google Utah EMSC
– <https://health.utah.gov/ems/emsc/public.html>
- You'll find pass along cards, fliers, and PPT trainings for everyone.
- “Like” us on Facebook CHIRP – Utah Department of Health

Questions

- Tia Dalrymple RN, BSN
 - Tia.dalrymple@imail.org
 - (801)707-3763
- Jolene Whitney, MPH
 - Jrwhitney@Utah.gov

