



# Children's Health Information Red Pack (CHIRP)

## Demographics (Demografia)

Name: (nombre) \_\_\_\_\_  
 Birthdate: (fecha de nacimiento) \_\_\_\_\_  M  F Age: (edad) \_\_\_\_\_  
 Primary Language: (idioma preferido) \_\_\_\_\_  
 Parent/Guardian: (nombre de Padre/Tutor) \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency Contact: (contacto de emergencia) \_\_\_\_\_ Phone: \_\_\_\_\_  
 Preferred Hospital for Transport: (hospital preferido) \_\_\_\_\_

## Baseline Status (Condicion normal)

Vital Signs: (los signos vitales) HR: \_\_\_\_\_ RR: \_\_\_\_\_ BP: \_\_\_\_\_ O2 Sat: \_\_\_\_\_ %  
 Weight: (peso) \_\_\_\_\_ lbs Height: (altura) \_\_\_\_\_ ft/in Best IV site: (major IV sitio) \_\_\_\_\_

Neuro Status/Your child's developmental level: (condicion neurologica del paciente)  
 \_\_\_\_\_  
 \_\_\_\_\_

Nonverbal (no puede hablar)  Hearing Impaired (No puede oír)  Visually Impaired (No puede ver)

## Medical History (Historial medico)

Allergies/Reaction: (alergias/reaccion)

1. \_\_\_\_\_ 4. \_\_\_\_\_  
 2. \_\_\_\_\_ 5. \_\_\_\_\_  
 3. \_\_\_\_\_ 6. \_\_\_\_\_

Medical Conditions: (condiciones medicas)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Hospitalizations/Surgeries: (hospitalizaciones/cirugias)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medications: (medicinas)

1. \_\_\_\_\_ 6. \_\_\_\_\_  
 2. \_\_\_\_\_ 7. \_\_\_\_\_  
 3. \_\_\_\_\_ 8. \_\_\_\_\_  
 4. \_\_\_\_\_ 9. \_\_\_\_\_  
 5. \_\_\_\_\_ 10. \_\_\_\_\_

## Special Needs/Equipment (Necesidades especiales/equipo)

Feeding pump (bomba de alimentacion)  Suction Machine (maquina de succion)  Wheelchair (silla de ruedas)  
 Gastrostomy Tube (tubo gastronomico)  Pulse Oximeter (oximetro)  Oxygen (oxigeno)  
 Apnea Monitor (monitor de apnea)  NG/NJ Tube (tubo nasogastrico)  
 Tracheostomy (traqueotomia) Size/type: (medida/marca) \_\_\_\_\_  
 Ventilator (ventilador) Type/mode (marca/moda) \_\_\_\_\_

Last Updated \_\_\_\_\_  
 Name: \_\_\_\_\_

