

Needs for Individuals on Oxygen

In addition to completing the Family Plan, individuals who use oxygen should compile the following information:

Name _____

Insurance Information

Medicaid No. _____ Medicare No. _____

Other Insurance Carrier & Policy No. _____

Medical Information

Primary diagnosis (for oxygen use) _____

Physician _____ Telephone _____

Other medical condition(s) _____

Allergies or complications _____

Current Medications (if necessary, use additional sheets)

Name	Dose	Prescribing Physician

(When) At Rest Oxygen

(When) At Rest Flow Rate _____ Device Name _____

Device Manufacturer _____

System

Liquid Oxygen (canister type unit - stationary & portable) Compressed Oxygen (tank)

Oxygen Concentrator (suitcase type unit - stationary & portable) Home Fill (tank)

Other _____

Delivery Device

Nasal Cannula (standard) Transtracheal Catheter

Nasal Cannula (dual lumen-for use with conserving device) Other _____

(When) Active/Portable/Ambulatory Oxygen

(When) Active/Portable/Ambulatory Oxygen Flow Rate _____

Device Name _____ Device Manufacturer _____

System

Liquid Oxygen (canister type unit - stationary & portable) Compressed Oxygen (tank)

Oxygen Concentrator (suitcase type unit - stationary & portable) Home Fill (tank)

Other _____

Delivery Device

Nasal Cannula (standard) Transtracheal Catheter

Nasal Cannula (dual lumen-for use with conserving device) Other _____

Oxygen Supplier (vendor may place stamp or label below)

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Emergency Telephone _____

Local Utilities

	Name	Address	Telephone
Water			
Electric			
Telephone			
Propane			

Back-Up Power Locations (identify at least one out of town site)

Name	Address	City	State	Zip	Telephone	Cell Phone	Text Msg
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

Who Can Help During An Emergency Or If You Need To Evacuate?

Name	Address	City	State	Zip	Telephone	Cell Phone	Text Msg
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

In-Home or Consumer Directed Services

Home Healthcare

Hospice

Provider Name			
Services Provided			
Emergency Telephone			

(If you use an in-home service agency, check to see if the agency has special provisions for emergencies (e.g., providing services at another location should an evacuation be necessary))

Also, remember to:

- Talk to your oxygen supplier about their plan for servicing you during emergencies.
- Contact your utility company, annually, to be added to the priority reconnection service list.
- Many fires are caused by the noncompliance of oxygen safety protocols. Never go near an open flame, someone smoking or smoke yourself while taking oxygen.
- Learn how to refill the portable tank after the initial set-up by your oxygen supplier.
(If you are using this type of system.)
- Obtain the instructions and learn how to use your equipment.
- Notify providers with your evacuation or relocation information so they can continue services.
- Take all medications including your inhaler's holding chamber/spacer with you if you leave your home. (If you are using this type of system.)
- Take your nebulized medication with you if you leave your home. (If your only order for a rescue medication is via nebulization, talk with your doctor about the possible need for a metered dose inhaler for emergency situations.)
- Talk with your supplier about obtaining additional equipment to use during emergencies.
- Make sure the supplier's contact information is on your equipment.

Visit the Ready in 3 web site at health.mo.gov/emergencies/readyin3 to obtain more information on planning for emergencies.

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