



Disaster Preparedness/Coordination of Care

This is a quick reference source In case of any emergency. Inform other persons close to you of its location.

1. IV Solutions RX has a pharmacist and nurse on-call 24 hours a day. You can reach them at **844.650.5802**.
2. In case **of a serious emergency, CALL 911**. IV Solutions Rx does not operate as an emergency service therefore valuable time may be lost in contacting the pharmacy for an emergency.
3. **Emergency Medical Dispatcher will need the following information:**

Patient Name: _____ **DOB:** _____

Allergies: _____

Emergency Contact for the Patient:

Name: _____ **Phone Number:** _____

Call your county’s Office of Emergency Management for Information about the nearest emergency shelter. Take all your medications with you if you have to leave your home. IV Solutions Rx personnel has assigned you the following home health triage level: Please check off the EDP Classification:

_____ **Class 1 Emergency:** Life Threatening and requiring on-going medical treatment(ie. Oxygen dependent). A back-up tank should be requested from the supplier. Proceed to hospital with supplies, if you are not able to manage your care.

_____ **Class 2 Emergency:** Visits could be postponed 24-48 hours without adverse effect (ie. IV Infusions)

_____ **Class 3 Emergency:** The patient has maximum in home support through the family structure. The family is totally responsible for the transfer. Services could be postponed 72-96 hours without adverse effect on the patient.

1. In the event of an evacuation, the patient is required to listen to the local authorities for coordinating disaster preparedness and the emergency response process. IV Solutions Rx is not responsible for evacuating patients.
2. If drugs cannot be shipped or visits cannot be made and it is not a life-threatening situation, contact will be maintained by phone if possible. If office phone service is disrupted, phone service will be transferred to cell phones to remain in contact with patients.
3. If you require assistance to evacuate your home, please register with the special needs registry in your state. Your nurse or pharmacist can assist you with registering.
4. We will send information to local Tampa Bay area media outlets Channel 8 WFLA news and WFLA news radio 970 am about our pharmacy.



Patient Emergency Plan:

_____ I will stay at home
_____ Stay with family or friends. Name of Individual: _____
Address: _____
Phone Number: _____ E-Mail: _____

Evacuate to a Shelter:

_____ Standard _____ Special Needs Registry _____ Evacuate to Hospital

Shelter's Name and Address:

Comments:

Patient's Prescriber:

Name: _____ Practice: _____
Address: _____

Phone: _____

Pharmacy:

IV Solutions RX
5315 Avion Park Dr. Ste. 120 Tampa, Florida 33607
Phone: 844.650.5802 Fax: 844.277.0049 E-mail: info@ivsolutionsrx.com

Signature of Person Completing Form

Date

Name of Person Completing Form