## Anticinatory Symptom Management Plan

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	<u>itory Symptor</u>			
		m. Update your sym	ptom management plan annually, or when there is a cha	
Pt last name	Pt first name		Participating Provider Name, Phone	Patient DOB/Age
4.11				D. H. 1. M. 1.
Allergies	Code Status (	Full, DNI, DNR)	Emergency Contact Name/ Phone	Pt. Height/Weight
Symptom (Name)		History and detail	S:	
<b>Baseline Symptom</b>	Description (incl	. frequency, ler	ngth, body posture, expected other symp	otoms, etc.)
Basalina Basnansa	& Trantmont (Tr	otmonte positi	oning, PRN or rescue meds, environme	ntal changes
documenting, etc. Inc				antai changes,
doodimonting, otor me		ii, us well us ui		
Increasing or wors	<u>sening symptom d</u>	etails (how w	ould this look requiring increased interv	vention)
Diannad naints of	in an accord in tarway	tion (Dataila	d alarma d assa anosa. Da a soiti saina ta	anterento eto Terebudo esho
works well, as well a		ttion (Detailed	d planned responses, Rx, positioning, tro	eatments, etc. Include wha
works wen, as wen a	s unings to avoid)			
Preparation or Fo	llow-Up			
Preparation or Fo	<u>llow-Up</u>			
Preparation or Fo	llow-Up			
<u>Preparation or Fo</u>	<u>llow-Up</u>			
Preparation or Fo	<u>llow-Up</u>			
Preparation or Fo	<u>llow-Up</u>			



this has been reviewed and approved.

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## Anticipatory Symptom Management Plan / / date to be updated annually (v3.22)

Pt last name	Pt first name	Participating Provider Name, Phone	Patient DOB/Age
Allergy:	Code Status (Full, DNR, DNI, etc):	Emergency Contact Name/Phone	Patient Ht & Wt.

<b>Symptom</b>	<b>Baseline symptom</b>	<b>Baseline Response &amp;</b>	Increasing or worsening	Planned points of increased
(Name)	description (incl. frequency,	Treatment (Treatments,	symptom details (how would	intervention (Detailed planned
	length, body posture, expected	positioning, PRN or rescue meds,	this look requiring increased	responses, Rx, positioning,
	other symptoms, etc.)	environmental changes,	intervention)	treatments, what not to do, etc.)
		documenting, what not to do, etc.)		



## Seizure Anticipatory Symptom Management Plan 3/1/23 date to be updated annually (v3.22)

Pt last name	Pt first name	Pt. DOB/Age	Participating Provider Name, Phone
ones	Julie	1-1-0000/1 yo	Dr. Doc Doctor, MD 555-555-1234
Pt. Height/Weight	History: Started	Misc: No meds as	Emergency Contact Name/Phone
It:134 cm. Wt: 43 kg	1/1/2022- has 1x/month	don't last long or	Mr. Dad Jones
for 30 seconds		affect breathing.	
Symptom (Name and ICI	D 10 code) Seizures,	R56.9	
Baseline symptom desc	cription (incl. frequency	, length, body pos	ture, expected other symptoms, etc.)
			nuscle tone. Lasting 10-15 seconds. typically 3-5
eizures in a cluster. No ir	mpact in breathing, doesn	i't last more than 1	minute total.
Deseller Deserves 9 T			
locumenting, etc.)	<b>reatment</b> (Treatments, j	positioning, PRN	or rescue meds, environmental changes,
tivan without resuscitation	n available immediately.		t restrict movement, do not use more than 1 dose of x requiring increased intervention)
f seizures last longer than choking or aspiration; or co			d; or patient vomits during seizure and concern for
Planned points of incre	eased intervention (De	etailed planned res	ponses, Rx, positioning, treatments, etc.)
			scue Diastat if seizures last >3min or breathing sistance will likely be needed.
	ar seat during seizure and	lay down on side	phone GPS to identify your location, practice in car, ensuring airway. Do not restrict movement, immediately.
Preparation or Follow-	-Up		
Bring 2 rescue meds when		Ooctor if concerned	l, rescue meds used, or 911 called.



## Anticipatory Symptom Management Plan 3/1/23 date to be updated annually (v3.22)

Pt last name	Pt first name	Participating Provider Name, Phone	Pt. DOB/Age
Jones	Julie	Dr. Doc Doctor MD 555-555-1234	1-1-0000/ 12 yo
History:	Misc: Communicates non verbally, explain things to	Emergency Contact Name/Phone	Patient Ht & Wt.
UPD 14 xx, Seizures, dysautonomia, hypotonia,	her with a smile, ask before touching, baseline incl.	Mr. Dad Jones 555-555-1234	134 cm/ 43 kg
G tube dependent, autism	asymmetrical responses		C

Symptom (Name and ICD 10 code)	Baseline symptom description (incl. frequency, length, body posture, expected other symptoms, etc.)	Baseline Response & <u>Treatment</u> (Treatments, positioning, PRN or rescue meds, environmental changes, documenting, etc.)	Increasing or worsening symptom details (how would this look requiring increased intervention)	Planned points of increased intervention (Detailed planned responses, Rx, positioning, treatments, etc.)
Seizures, R56.9	Seizures typically initiate with laughing, right sided tremors, loss of muscle tone. Lasting 10-15 seconds. typically 3-5 seizures in a cluster. No impact in breathing, doesn't last more than 1 minute total.	Seizures typically initiate with laughing, right sided tremors, loss of muscle tone. Lasting 10-15 seconds. typically 3-5 seizures in a cluster. No impact in breathing, doesn't last more than 1 minute total.	If seizures last longer than 3 minutes; breathing is altered or suspended; or patient vomits during seizure and concern for choking or aspiration; or concerning, new seizure behavior-	Call 911; keep position and environment safe and comfortable; use rescue Diastat if seizures last >3min or breathing is impacted. Same plan when traveling- remember if calling 911 you can use your phone GPS to identify your location, practice before trip. Take out of car seat during seizure and lay down on side in car, ensuring airway.
Dysautonomia, G90.1	Pupils: Unequal, uneven, slow to react. Abdomen: painful, low motility, constipation. Pain: Arms & Legs tingle, marbling is seen, HR: <100 Urination: At will Temp: dysregulated	Verbal Reassurance: I'm right here, it looks like your ears are ringing, I've got you," Treatments: Remove as many aggravating conditions as possible, make environment calming, soothing, and without surprises. Weighted blanket on extremities. Rx: amitriptyline 50mg., PRN analgesics	Pain >7/10 pain Pupils: unable to track objects, fixed, uneven is baseline when triggered. Abdomen: 7/10 pain w distension and unproductive venting; Pain: extremities, purple, picking at skin where painful HR >120 Urination: unable to when desired, crying, pulling at brief, Temp: dysregulated	Baseline responses completed but not enough response. Tx: Gtube venting if productive; Continuous oximeter; Catheter if > 8 hrs.since urine Rx: Seroquel 100-200 mg ER/911 if HR doesn't respond and is >175