

**T.O.N.E. Home Health Services, Inc.**  
**EMERGENCY INSTRUCTIONS**

<b>FIRE/ POLICE/ AMBULANCE</b>	<b>CALL 911</b>
--------------------------------	-----------------

Patient Name: \_\_\_\_\_ MR#: \_\_\_\_\_

Doctor's Name and Phone Number: \_\_\_\_\_

ER Contact Name and Phone Number: \_\_\_\_\_

Address of Care's Major Cross Streets: \_\_\_\_\_

**Patient Priority Code:**    Code 001     Code 002     Code 003

The office is opened Monday - Friday from 9:00 AM to 5:00 PM.

**After hours, on weekends and holidays**, you may call our office at 888-908-TONE (Toll Free), leave a detailed message with your name and call back number to the 24-hour voice mail system. The on-call nurse will be paged and will contact you as soon as possible.

If you develop a problem and need help, there are different places you can find that help. You need to know the best place to look for help if you need it. Below is a chart to assist you:

<b>Call An Ambulance OR Go To An Emergency Room if:</b>	<b>Call Your Doctor for:</b>	<b>Call Your Home Care for:</b>
1. There is a change in behavior or level of consciousness	1. Prescription refills	1. Any temperature above 99.5
2. There is severe breathing difficulty	2. New symptoms noticed	2. No bowel movement for days
3. Any body limb suddenly cannot be used or slurred speech occurs	3. Severe pain that is not controlled by current medication	3. Cannot keep liquids down due to vomiting for more than 24 hours
4. There is a large amount of bleeding	4.	4. Diarrhea over 24 hours
5. There is a severe fall and injury is suspected	5.	5. Urinary problems
6. A sudden, severe pain in the head or body occurs	6.	6. Problems with urinary catheters, feeding tubes, or IV catheters
7. Chest pain does not stop	7.	7. Problems with medical equipment or supplies
8.	8.	8. Suspected signs/symptoms of infection
9.	9.	9.

We are all here to help you manage your illness while you stay at home. Remember, you can call us if a problem occurs, for any questions, concerns, or change in home care visit schedule.

**Clinician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_