



## When to Call the Doctor or 911

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Normal vital signs for this patient:

Heart rate: \_\_\_\_\_ Blood pressure: \_\_\_\_\_ Respirations: \_\_\_\_\_ O2 Level \_\_\_\_\_

### Call 911 immediately if child:

Is not breathing or having trouble breathing      Other: \_\_\_\_\_

Is lethargic/limp      \_\_\_\_\_

Has a fever over: \_\_\_\_\_      \_\_\_\_\_

Fever lasts for: \_\_\_\_\_      \_\_\_\_\_

### Call Physician at:

(daytime phone) \_\_\_\_\_ or (after hours phone) \_\_\_\_\_ if child:

Has fever over: \_\_\_\_\_      Heart rate is very fast (rate: \_\_\_\_\_)

Fever lasts for: \_\_\_\_\_      Heart rate is very slow (rate: \_\_\_\_\_)

Vomiting lasts for: \_\_\_\_\_      Child is sweating excessively

Child looks blue (lips, fingernails, etc.)      Other: \_\_\_\_\_

Lack of appetite lasts for: \_\_\_\_\_      \_\_\_\_\_

Breathing is labored or fast      \_\_\_\_\_

Child looks puffy or swollen      \_\_\_\_\_

\_\_\_\_\_  
Physician Name (print)

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date