ALL CARE
2227 Westchester Ave., Bronx, NY 10462
(646) 661-2500

ALL CARE
LIVING ASSISTANCE SERVICES

Emergency Kardex

DATE ISSUED 10/20/2026 CLINICIAN Taylor Reed, RN

PATIENT	DATE OF BIRTH	GENDER	LANGUAGE	PHONE	ALT PHONE
Evelyn Carter	**04/12/1948**	**Female**	**English**	(212) 555-0152	(212) 555-0153

HOME ADDRESS 120 Example Lane, Apt 3B, New York, NY 10001

PRIORITY Routine

TAL / TRANSPORT Walker; standby assistance

PATIENT ALERTS AND CONTACTS

Priority code / TAL	Priority choices: 1 / 2 / 3. Individual assessment: routine; ambulatory with walker and standby assistance.
Advance directives	No completed directive reported.
Medication allergies	No known medication allergies reported.
Food allergies	No known food allergies reported.
Environmental allergies	No known environmental allergies reported.
Nutritional requirements	Low sodium; regular texture; no fluid restriction recorded.
DME and supplies	Walker, grab bars and shower chair.
Local emergency contact	Maya Carter, daughter - (212) 555-0153
Primary physician	Jordan Ellis, MD - (212) 555-0155
Evacuation destination / travel	Daughter’s home: 150 Example Lane, New York, NY 10001. Family-assisted transport with walker. Destination is an illustrative family plan.

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Evacuation and acknowledgment

Take this emergency record when evacuating. Keep supplies and contact details accessible.

ITEMS TO BRING TO THE SHELTER

Item	Preparation status
Medication, medical supplies and required equipment; discuss a 7-10 day supply with the clinician or pharmacy	Reviewed with patient and daughter
Personal care items	Reviewed with patient and daughter
Special dietary foods	Reviewed with patient and daughter
Important papers and identification	Reviewed with patient and daughter
Blankets or sleeping bags	Reviewed with patient and daughter
Home care chart and physician orders	Reviewed with patient and daughter
Flashlight and batteries	Reviewed with patient and daughter
Lightweight folding chair or cot, if practical	Reviewed with patient and daughter
Portable radio and batteries	Reviewed with patient and daughter
Extra clothing	Reviewed with patient and daughter

EQUIPMENT AND ADVANCE DIRECTIVES

Equipment checklist	Walker; wheelchair; CPAP / BiPAP; oxygen; glucometer; other personal medical devices. Required in this case: walker only.
Emergency plan discussed	Yes - discussed with Evelyn and Maya Carter on 10/20/2026.
Advance-directive packet received	Information reviewed; no receipt signature recorded.
Existing directive discussed	Yes - patient reports no completed directive.
Agency limitations discussed	No CareBridge-specific conscience or life-sustaining-care policy has been supplied for this record; no such policy is asserted.
Acknowledgment / notes	Patient described the family contact and evacuation destination. Daughter will assist with packing and transport.
RN signature	Unsigned
RN printed name / date	Taylor Reed, RN / 10/20/2026