**Appendix**

**1. Patient Data**

*Card to Carry*

|  |  |
| --- | --- |
| Patient Name | Identifying information (date of birth, MRN)  Emergency Contact |
| Operation | Name of / type of operation  Operative diagram  Date of operation  Surgeon who performed operation  Hospital where operation occurred  Brief summary of key technical points specific to patient  Short or long segment  Summary of pathology |
| PMH/PSH | All relevant medical and surgical history |
| Medications | Daily medications |
| Bowel Regimen | Daily and / or PRN medications for constipation or diarrhea |
| Allergies | Drug allergies |

*Patient / family should keep at home:*

* Operative Report(s)
* Pathology report(s)
* Relevant discharge summaries

**2***.* **Hirschsprung Transitional Care Medical Summary and Emergency Care Plan**

Date Completed:

Date Received:

Form Completed By:

**Contact Information**:

Name:

(Include Maiden Name if applicable)

Nickname:

DOB:

Native language:

Parent (Caregiver):

Relationship:

Primary Address:

Cell phone:

Home phone:

Email:

Preferred form of contact: Text / Phone (cell or home) / Email

Health insurance plan:

Group and ID#:

**Emergency Care Plan:**

Emergency Contact:

Relationship:

Phone:

**Allergies:**

List allergens and associated reactions:

**History of Diagnosis and Surgery:**

|  |  |  |
| --- | --- | --- |
|  | Date | Surgeon/Hospital performed |
| Rectal biopsy |  |  |
| Original surgery |  |  |
| Original transition zone  (Anatomic segment above dentate line) |  |  |
| Previous surgical complications |  |  |
| Last exam under anesthesia |  |  |
| Last hospitalization |  |  |

**Review of Surgical Repair:**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Dentate line intact |  |  |
| Sphincters intact |  |  |
| Transition zone pull-thorough |  |  |
| Retained obstructive Soave cuff |  |  |
| Obstructing Duhamel pouch |  |  |
| Duhamel spur |  |  |
| Twisted pull-through |  |  |
| Anastomotic stricture |  |  |
| Wound dehiscence within first 7 days post-op |  |  |
| Continent for stool |  |  |

**Stooling Habits**:

(medications used, enema regimen)

**History of Enterocolitis**:

(please distinguish between pre and post surgery)

**Additional Past Medical History:**

**Additional Past Surgical History**:

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Procedure | Surgeon | Hospital |
|  |  |  |  |
|  |  |  |  |

**Medications:**

|  |  |  |
| --- | --- | --- |
| Medication | Dose | Frequency |
| 1. |  |  |
| 2. |  |  |

**Pertinent Radiology/Testing:**

|  |  |  |
| --- | --- | --- |
| Test | Date | Results |
| Abdominal x-ray |  |  |
| Contrast enema |  |  |
| Anorectal manometry |  |  |