Home Use Devices

How to Prepare for and Handle Power Outages

for Medical Devices that Require Electricity

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As a home medical device user, it is important that your device works during a power outage and that you have a plan in place to ensure you know what to do. This completed booklet will help you have an established plan to obtain and organize your medical device information, take necessary actions so that you can continue to use your device, have the necessary supplies for the operation of your device, and know where to go or what to do during a power outage.

If you use more than one medical device, you should complete a booklet for each device and ask your healthcare professional to help you. Remember to update this booklet as your treatment, doctors, caregivers, or personal contacts change.

Name: _____

(Last Name/Family Name) (First Name) (Middle Initial)

Date of Birth: _____ Sex: ☐ Male ☐ Female

(Month/Day/Year)

Address: _____

(Number & Street) (Apt. No)

_____

(City) (State) (ZIP code)

Home Phone Number: _____

Doctor's Name: _____

Doctor's Phone Number: _____

My Device is: _____ **Model #** _____

Local Power Company _____ Phone # _____

Local Fire Department _____ Phone # _____

Ambulance Service _____ Phone # _____

Home Care Agency _____ Phone # _____

Health Care Provider(s) _____ Phone # _____
(Nurse, Therapist, Doctor)

_____ Phone # _____

Device Supplier _____ Phone # _____

My current medicines and location(s) are: _____

_____

_____

My personal emergency file contains:

- ☐ Instructions for using the medical device and all device manuals.
- ☐ First aid kit
  - ☐ Medical records
  - ☐ Insurance cards
  - ☐ Current home care doctor's orders
  - ☐ Plan of treatment
- ☐ What a family member, friend or hospital should do to help me in an emergency.
- ☐ My power of attorney (personal and medical) allowing someone to act on my behalf if I am not able to.
- ☐ Contact information for my health care provider(s) and pharmacy.
- ☐ Contact information for family, friends and medical transportation services.
- ☐ Where to go before, during and after an emergency.
- ☐ Where to go for medical supplies.
- ☐ My file is located here: _____

My Device is:	_____	**Model #**	_____
My device manufacturer is	_____	Phone #	_____
My device supplier is	_____	Phone #	_____
My supplies are purchased at	_____	Phone #	_____
My medical power of attorney is	_____	Phone #	_____
My power of attorney is	_____	Phone #	_____
Type of transportation I use is	_____	Phone #	_____
My doctor's name is	_____	Phone #	_____
My home care agency is	_____	Phone #	_____
My pharmacy is	_____	Phone #	_____
My family and friends are	_____	Phone #	_____
	_____	Phone #	_____
	_____	Phone #	_____
	_____	Phone #	_____
	_____	Phone #	_____
	_____	Phone #	_____

General

☐ Yes ☐ No Can a power surge cause my device to stop working? If yes, what type of surge protector do I need?

_____

☐ Yes ☐ No Does my device have a back-up system? If yes, how long will it operate and where is it located?

_____

☐ Yes ☐ No Can my device operate on another power source? If yes, what type?

_____

☐ Yes ☐ No Could I be harmed if my device stops for a short period of time? If yes, what is that time period?

_____

☐ Yes ☐ No Will my device still work if it does not have power for an extended period of time? If yes, how long can it work without power?

_____

☐ Yes ☐ No What happens if I lose power in the middle of a treatment? Should I restart a treatment if it is stopped in the middle or resume where it stopped?

_____

☐ Yes ☐ No Do I need extra medical supplies that would last for a minimum of 3 days? If yes, where are they located?

_____

☐ Yes ☐ No Does my device or do my supplies have to be kept at a certain temperature? If yes, what temperature?

_____

☐ Yes ☐ No Do I need a portable cooler and ice packs to store refrigerated supplies and medicines? If yes, where are they located?

_____

☐ Yes ☐ No Do I need the proper products to clean my device? If yes, what are they and where are they located?

_____

☐ Yes ☐ No Is there specific information about power outages for my specific device that I should write here?

_____

Additional Power Source-Batteries

☐ Yes ☐ No Can my device use batteries in the event of a power outage?

_____

☐ Yes ☐ No Can I change the batteries in my device? If not, who should I contact?

_____

☐ Yes ☐ No Do I have a functioning flashlight with an extra supply of batteries? If so, where are they located?

_____

What type of batteries does my device use?

_____

How many batteries does it take to operate my device?

_____

How long will the device last on battery power?

_____

How do I switch operation of my device from battery to electric power?

_____

Remember to:

Keep your personal emergency contacts up to date!

Notify Contacts

Notify the following when power is lost and restored:

- ☐ Local power company _____ Phone # _____
- ☐ Local fire department _____ Phone # _____
- ☐ Family and friends _____ Phone # _____
- ☐ Health care provider(s) _____ Phone # _____

Check Supplies

Look for the following when checking supplies and do **NOT** use if:

- ☐ Packaging is torn or damaged.
- ☐ They are wet or dry and shouldn't be.
- ☐ They are very hot or very cold and shouldn't be.
- ☐ There are loose or missing pieces and shouldn't be.

Check Device

Look for the following when checking your device and do **NOT** use if you find:

- ☐ Signs of damage, including power cords.
- ☐ Incorrect device settings.

Remember to:

Inform your caregiver if you have moved your emergency file!

Supplies

I should contact the following if I notice anything unusual about my supplies (check all that apply).

- ☐ Home care agency _____ Phone # _____
- ☐ Health care provider(s) _____ Phone # _____
- ☐ Pharmacy _____ Phone # _____

Device

I should contact the following if I notice anything unusual about my device (check all that apply).

- ☐ Home care agency _____ Phone # _____
- ☐ Health care provider(s) _____ Phone # _____
- ☐ Pharmacy _____ Phone # _____

Remember to:
Replace your batteries according to
the manufacturer's instructions!

When the power goes out, I should **NOT**:

- Perform an action to the device that I am not sure of
- Assume my device is working correctly
- Leave home without my device
- Forget my power outage booklet

Remember to:

Always take this booklet when a power outage emergency occurs.

A **medical device** is any product or equipment used to diagnose a disease or other conditions, to cure, to treat or to prevent disease. The Food and Drug Administration's Center for Devices and Radiological Health regulates medical devices to provide reasonable assurance of their safety and effectiveness.

A **home use medical device** is intended for users in any environment, apart from the professional healthcare facility or the emergency medical services, requires adequate instructions for use, and may also require training for the user by a qualified healthcare professional to assure safe and effective use.

- ☐ A user is a patient (care recipient), caregiver, or family member who directly uses the device or provides assistance to use the device.
- ☐ A qualified healthcare professional is a licensed or non-licensed healthcare professional with proficient skill and experience with the use of the device so that they can aid or train someone to use and maintain the device.

For additional FDA information, visit our Home Use Devices website at:
http://www.fda.gov/homeusedevices

Medical Device and Hurricane Emergencies
http://www.fda.gov/MedicalDevices/Safety/EmergencySituations/ucm161498.htm

How do you report any serious injuries or deaths?

Report these events to the Food and Drug Administration's Adverse Event Reporting Program at 1-800-332-1088 (24 hours a day, seven days a week) and to your supplier. FDA will take action when needed to protect the public's health.

For more information, visit our website:
http://www.fda.gov/Safety/MedWatch/HowToReport/default.htm

Endorsing Organizations

National Association for Home Care & Hospice http://www.nahc.org/
Apria Healthcare http://www.apria.com
American Association for Homecare http://www.aahomecare.org

"Protecting and Promoting Your Health"

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

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