

Resources

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HERO Kids Registry

A guide to registering children and young adults

HERO Kids Registry is available for any Oregon child or young adult age 0-26.

Registration can be completed by parents, legal guardians, and young adults ages 15-26.

Note: Oregon Resource Parents may not register children in their care.

Registering with HERO Kids gives emergency medical services (EMS) and emergency department (ED) providers a head start on understanding a child or young adult's medical history and unique needs in an emergency. Note: A "provider" is anyone who gives medical care, including doctors, nurses, paramedics, etc.

The registration is for emergency medical use only. It does not guarantee specific care, treatment, action, or hospital.

TWO EASY STEPS to REGISTER

It takes between 15-60 minutes, and it must be completed in one sitting otherwise you will have to start over.

- 1) Gather the child or young adult's health information. Read through the notes below for details on what you will need. Tip: After-visit summaries are a good place to find much of this information.
- 2) Complete the online registration form at www.herokidsregistry.org.

CHECK YOUR MAILBOX! A welcome letter, stickers, and backpack tag should arrive in two to four weeks. If you have not received your welcome packet or you have general questions about HERO Kids Registry, please call the business office at 833-770-4376.

HERO KIDS REGISTRATION GUIDE


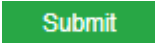
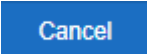

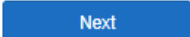


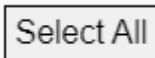
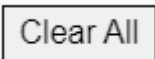


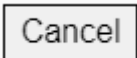


These are the fields you are asked to enter when you register, and some notes about each one. The online registration form must be completed in one sitting otherwise you have to start over.

If a field does not apply to the child or young adult you may leave it blank. Required fields will be noted with a red asterisk ().*

FIELD	NOTES
Did anyone help you complete this form?	<i>Knowing this helps HERO Kids Registry team support families.</i>
Authorization to Disclose Registry Information	<i>This gives HERO Kids Registry permission to share the child or young adult's health information with emergency medical services and emergency departments.</i>

Preferred name/likes to be called	<i>The name the child or young adult goes by.</i>
Pronouns used	<i>Examples: he/him, she/her, they/them, ze/hir</i>
Social Security Number (SSN)	<i>This is NOT required. It could help identify a child or young adult who shares the same name with another person in the registry.</i>
Sex	<i>The sex printed on the child or young adult's birth certificate or one of the choices from the dropdown list.</i>
Gender identity	<i>How the child or young adult perceives their gender, and how they describe it. Examples: man, woman, boy, girl, non-binary. Gender can be different than the sex assigned at birth.</i>
Race	<i>The racial or ethnic identity of the child or young adult. Check all that apply.</i>
Preferred language	<i>The language best understood by the child or young adult. This information will be used to identify when an interpreter is needed for emergency medical care.</i>
Emergency contact information	<i>The person(s) who should be contacted in an emergency</i>
Opt-in for emails from HERO Kids	<i>Opting in allows HERO Kids Registry to email the parent, legal guardian, or young adult information or reminders about their HERO Kids registration. Email addresses will not be shared or used for any other purpose.</i>
Primary diagnosis/condition(s)	<i>The medical issue(s) or condition(s) that have the biggest impact on the child or young adult.</i> <i>Examples: seizures, orthopedic disabilities, medically fragile, Autism, Down syndrome.</i>
Base vitals outside of normal range for age	<i>Example: A child with heart disease may have lower oxygen saturation than most children that age. Having this information helps emergency providers know what is "normal" or "typical" for the child or young adult.</i>
Medical equipment or technology	<i>Equipment or technology that the child or young adult uses regularly. Examples: shunts, pumps, lines, implants, prostheses</i>
Mobility devices	<i>Devices that the child or young adult uses regularly for mobility or walking. Examples: walker, crutches, wheelchair</i>
Medication allergies	<i>Medications that the child or young adult is allergic to, or has negative reactions to. Examples: aspirin, latex</i>
Environmental or food allergies	<i>Foods or things in the environment that cause allergic or negative reactions for the child or young adult. Examples: bee stings, peanuts, grass</i>
Medications	<i>Any prescription or over-the-counter medicines, vitamins, or herbal supplements that the child or young adult takes regularly. Includes medical marijuana and CBD.</i>
History of alcohol use	<i>Knowing this helps emergency providers make the most informed care decisions. Examples: beer, wine, liquor</i>

History of drug use	<i>Knowing this helps emergency providers make the most informed care decisions. Non-prescription drugs. Examples: cocaine, marijuana, methamphetamine</i>
If transported, what is the preferred hospital?	<i>HERO Kids Registry cannot guarantee that EMS will be able to honor this preference.</i>
Child or young adult is most likely to need emergency medical services for:	<i>The most likely reason that the child or young adult would need emergency medical services. Examples: seizures, breathing issues, psychiatric or mental health issues, life-threatening allergies.</i>
Does the child or young adult have a POLST form in the Oregon POLST Registry?	<i>POLST stands for "Portable Orders for Life-Sustaining Treatment." If the child or young adult is registered with the Oregon POLST Registry, provide the POLST ID number if known.</i>
EMS may observe the following	<i>Behaviors or responses that are normal for the child or young adult. Examples: avoids eye contact, highly sensitive to lights, sounds, touch, or smells, flapping, rocking, spinning</i>
Comfort items	<i>Item that the child or young adult finds comforting or soothing. HERO Kids Registry cannot guarantee that EMS will be able to transport this item to the hospital.</i>
Safe words	<i>Words or phrases that EMS or emergency department providers may use to comfort or calm the child or young adult.</i>
Factors or conditions that may impact care	<i>Examples: blind, low vision or difficulty seeing, deaf or hard of hearing, difficulty swallowing, unable to walk</i>
If transported by ambulance, child or young adult will be most comfortable in this position	<i>Some conditions require the child or young adult to be transported in a specific position.</i> Car Seat: child safety seat Fowler's: sitting semi-upright with head of bed at 45-60-degree angle Lateral Left: lying on left side Lateral Right: lying on right side Other Prone: lying face down Semi-Fowler's: lying down with head of bed at 15-45-degree angle Sitting: sitting straight up Supine: lying face up Trendelenburg: lying face up with head slightly lower than feet
Preferred person to accompany child or young adult	<i>HERO Kids Registry cannot guarantee that EMS will be able to honor this preference.</i>
Emergency Protocol Letter	<i>A letter signed by a health care provider that gives specific care instructions to emergency department providers. Example: Emergency Protocol Letter (tinyurl.com/4nu3pvjs)</i>
Emergency Information Form	<i>Emergency Information Form for Special Needs (tinyurl.com/227ure2k) is a widely accepted form that details health information for a child or young adult.</i>

Buttons you will see as you register:	
BUTTON	NOTES
	<i>Required field</i>
	<i>Submits the registration form</i>
	<i>Deletes all information entered and closes the registration form. No information is saved.</i>
	<i>Returns to previous page</i>
	<i>Moves to next page</i>
	<i>Opens a single choice dropdown list</i>
	<i>Opens a multiple-choice dropdown list</i>
	<i>Selects all items in multiple-choice dropdown list</i>
	<i>Clears all items selected in multiple-choice dropdown list</i>
	<i>Clears results filter in multiple-choice dropdown list</i>
	<i>Confirms items selected in dropdown list</i>
	<i>Cancels items selected in dropdown list</i>
	<i>Allows additional information for specific fields. Example: emergency contact, physical address</i>
	<i>Minimizes a section</i>



www.herokidsregistry.org
herokids@ohsu.edu
 Business office: 833-770-4376





Health Emergency Ready Oregon (HERO) Kids Registry

IN AN EMERGENCY, EVERY MOMENT COUNTS

DEMOGRAPHICS

Last Name:		First Name:		Middle:	Suffix:	POLST # (if any):
Address (street / city / state / ZIP):		Date of Birth:		Race:		
Preferred Language:	Gender Identity:		Sex:		Preferred Ponouns:	
Emergency Contact Name:	Emergency Contact Phone:		Emergency Contact Relationship:			

CLINICAL ALERTS

EMS/ED: ADD'L INFO CALL HOTLINE

Primary Diagnosis / Condition(s):	Conditions that May Impact Care:
Child or young adult is most likely to need Emergency Medical Services for:	
Baseline Vitals Out of Normal Range:	BP: HR: O2: RR:
Medication:	
Medication Allergy:	
Environmental or Food Allergy:	
Drug Use: <input type="checkbox"/> Alcohol: <input type="checkbox"/>	If Yes to Use: Type?
EMS May Observe the Following:	
Medical Equipment or Technology:	
Mobility Devices:	
Primary/Specialty Care:	Phone:
Name of Person to Accompany:	Relationship:
Position of Comfort If Transported:	Comfort Item(s):
Preferred Hospital:	Reason for Choosing Hospital:

Emergency Information Form: ☐

Protocol Letter: ☐

POLST Form in OPR: ☐



Health Emergency Ready Oregon (HERO) Kids Registry

In an emergency, every moment counts

Only parents, legal guardians, and young adults ages 15-26 may complete this form

At this time, Oregon Resource Parents may not register children in their care.

Please do not add any information to the Registry that you do not want shared with emergency medical providers.

Getting Started:

If you have any questions about this form please refer to the enclosed **HERO Kids Registration Guide**

Is this a first-time registration? ☐ Yes ☐ No

If no, please share the HERO Registry ID number (if known) _____

Are you a young adult age 15-26 registering yourself? ☐ Yes ☐ No

If yes, do you grant your parents or legal guardian(s) access to your registry information? ☐ Yes ☐ No

If you select No, you will be the only person allowed to make updates to this information.

Registration completed by:

- ☐ Legal Guardian
- ☐ Parent
- ☐ Self

Did anyone help you complete this form?

- | | |
|---|--|
| <input type="checkbox"/> Behavioral health therapist | <input type="checkbox"/> Physical therapist |
| <input type="checkbox"/> Care manager | <input type="checkbox"/> Primary care provider |
| <input type="checkbox"/> Dietician | <input type="checkbox"/> Respiratory therapist |
| <input type="checkbox"/> Family member | <input type="checkbox"/> Service coordinator |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Social worker |
| <input type="checkbox"/> Occupational therapist | <input type="checkbox"/> Other |
| <input type="checkbox"/> Palliative care or hospice staff | |

Demographics:

First Name _____

Middle Initial/Name _____

Last Name _____

Suffix (Jr., III., etc.) _____

Preferred name/likes to be called _____

Pronouns used _____

Social Security Number (SSN) _____ - _____ - _____

Social Security Number is optional and NOT required for registration.

Date of Birth (MM-DD-YYYY) ____ - ____ - ____

Sex

- ☐ Female
- ☐ Male
- ☐ Female-to-male, transgender male
- ☐ Male-to-female, transgender female
- ☐ Other, neither exclusively male or female

☐ Unknown (unable to determine)

Gender identity _____

Race - check all that apply

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x
- ☐ Middle Eastern/North African
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other (please fill out below)
- ☐ Don't know
- ☐ Decline to answer

If selected Other, please share information here _____

Preferred language _____

Contacts:

Child or young adult's mailing address

Address _____ **Apartment #** _____
City _____
State _____ **Zip Code** _____

Child or young adult's physical address(es) (if different from above)

Address _____ **Apartment #** _____
City _____
State _____ **Zip Code** _____

Emergency contact phone number(s)

Number _____ - _____ - _____

Type

- ☐ Home
- ☐ Mobile
- ☐ Pager
- ☐ Work

Relationship to child or young adult

- ☐ Legal guardian
- ☐ Life/domestic partner
- ☐ Other relative (Please fill out below)
- ☐ Other non-relative (Please fill out below)
- ☐ Parent
- ☐ Spouse

If selected Other, please share information here _____

Opt-in to receive emails from HERO Kids Registry

Yes, I would like to opt-in. Email Address _____

Relationship to child or young adult: ☐ Legal Guardian ☐ Parent ☐ Self

Clinical Details:

Primary diagnosis/condition(s) _____
(Examples: asthma, autism, cerebral palsy, seizure disorder, severe anxiety disorder)

Blood type (if known) _____

Does the child or young adult have baseline vitals outside of the normal range for age? ☐ Yes ☐ No

If yes, Indicate child or young adult's baseline vitals:

Heart Rate	
Respiratory Rate	
Blood pressure (Diastolic) – DBP	
Blood Pressure (Systolic) – SBP	
Oxygen saturation	

Medical equipment or technology

(Examples: shunts, lines, implants, prostheses)

Medical equipment or technology name _____

Comments _____

Mobility devices

(Examples: walker, wheelchair)

Mobility device name _____

Comments _____

Medication allergy

(Examples: aspirin, latex)

Medication Allergy Name _____

Comments _____

Environmental or Food Allergy

(Example: bee stings, peanut butter)

Allergy Name _____

Comments _____

Current medications/prescriptions

Medication Name	Dose	Units	Dose schedule

History of alcohol use? ☐ Yes ☐ No

History of drug use? ☐ Yes ☐ No

If history of alcohol or drug use, please provide details

Type _____

Comments _____

If transported, what is the preferred hospital? _____

Reason for choosing hospital

- ☐ Closest facility
- ☐ Family preference
- ☐ Insurance coverage
- ☐ Personal preference
- ☐ Regional specialty center

Alerts and Instructions:

Child or young adult is most likely to need emergency medical services for: _____

Does the child or young adult have a POLST form in the Oregon POLST Registry? ☐ Yes ☐ No

If Yes, POLST Registry ID number (if known) _____

EMS may observe the following (check all that apply)

- ☐ Avoids eye contact
- ☐ Avoids or fears people with uniforms or badges
- ☐ Does not/cannot respond to instruction or commands
- ☐ Does not/cannot use spoken language
- ☐ Easily fatigued/low stamina
- ☐ Highly sensitive to lights, sounds, or smells
- ☐ Highly sensitive to pain
- ☐ Issues with balance; clumsiness
- ☐ Less sensitive to pain
- ☐ Puts things in mouth
- ☐ Reacts when touched
- ☐ Repeats words or phrases
- ☐ Screams; makes loud sounds
- ☐ Seems unaware of danger
- ☐ Self-injurious behaviors
- ☐ Self-stimulating behaviors (Examples: flapping/rocking/spinning)
- ☐ Stares into space
- ☐ Tendency for aggression
- ☐ Tendency to make sudden movements
- ☐ Tendency to run away; wander
- ☐ Unaware of being lost

Comfort items (if applicable) _____

Safe word or phrase (if applicable) _____

Factors or conditions that may impact care (Check all that apply)

- ☐ Alcohol or drug use
- ☐ Behavioral health challenges
- ☐ Blind, low vision, or difficulty seeing
- ☐ Cognitive delays or disabilities
- ☐ Cultural, Custom, Religious
- ☐ Deaf or hard of hearing
- ☐ Expressive language disorder (using spoken language)
- ☐ Feeding or swallowing disorders
- ☐ Fine motor delays or disabilities
- ☐ Gross motor delays or disabilities
- ☐ Mental health challenges
- ☐ Obesity
- ☐ Orthopedic or limb differences
- ☐ Primary language is other than English
- ☐ Receptive language disorder (understanding language)
- ☐ Seizure disorder
- ☐ Small stature
- ☐ Unable to walk
- ☐ Unconscious
- ☐ Uncooperative
- ☐ Other: Please share information here _____

If transported by ambulance, child or young adult will be most comfortable in this position

- ☐ Car seat
- ☐ Fowlers (semi-upright sitting)
- ☐ Lateral left
- ☐ Lateral right
- ☐ Prone
- ☐ Other: Please share information here _____
- ☐ Semi-fowlers
- ☐ Sitting
- ☐ Supine
- ☐ Trendelenburg

Preferred person(s) to accompany child or young adult

Relationship

- ☐ Father
- ☐ Mother
- ☐ Legal guardian
- ☐ Life/domestic partner
- ☐ Other non-relative
- ☐ Other relative

If selected other, please share information here:

First name _____ Middle name/initial ____ Last name _____

Primary or Specialty Care Provider (s)

First name _____ Middle name/initial ____ Last name _____

Number _____ - _____ - _____

First name _____ Middle name/initial ____ Last name _____

Number _____ - _____ - _____

Additional Documents:

Does the child or young adult have an Emergency Protocol Letter or Emergency Information Form?

☐ Yes ☐ No

If yes, please mail them along with this registration form

REQUIRED AUTHORIZATION TO DISCLOSE REGISTRY INFORMATION:

HERO Kids is an electronic Registry (the "Registry") developed to help provide critical information on registered children to Emergency Medical Services ("EMS") and emergency department providers ("Emergency Providers") in the first few moments of care during an emergency. Your signature below gives the HERO Kids Registry permission to share the information you have provided with EMS and Emergency Providers and acknowledges you have read and agreed to the following conditions:

- You understand that you are solely responsible for the information entered into the Registry and any of the information you provide may be shared with EMS and Emergency Departments. You will not enter any information into the Registry which you do not wish to be disclosed to EMS or Emergency Departments. Further, OHSU and the HERO Kids Registry shall have no liability for disclosure of Registry information to Emergency Providers unless you have revoked my authorization to share such information.
- You may revoke your authorization at any time by sending a written statement to herokids@ohsu.edu or by mail to HERO Kids Registry, Mail code: BTE234, 3181 SW Sam Jackson Park Road, Portland OR 97239 stating you are revoking this authorization. Please include your Registry number in the request. If you revoke your authorization, the information maintained in the Registry may no longer be used or disclosed. However, any uses or disclosures already made with your permission cannot be undone.

I have read this authorization and I understand it. Please sign your name below. Unless revoked, this authorization expires three years from the date it is signed.

By: _____ Date: _____
Signature of parent, legal guardian, or young adult (if completing form for self)

Description of signer's relationship to Registrant: _____

Mail to:

HERO Kids Registry
3181 SW Sam Jackson Park Rd
Mail Code: BTE 234
Portland, OR 97239

Contact:

herokids@ohsu.edu
Business office: 833-770-4376
www.herokidsregistry.org