



NC-F-11A

Patient-Specific Emergency Plan (PSEP)

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Version:	1.0	Related Policy:	NC-11 Emergency Preparedness

Patient-Specific Emergency Plan (PSEP)

NobleCare Home Health LLC

Form NC-F-11A | Per Policy NC-11 -- Emergency Preparedness

A Patient-Specific Emergency Plan must be developed for each patient at admission and reviewed every 180 days or upon significant change in condition. This plan ensures continuity of care during emergencies including natural disasters, power outages, and evacuations.

Patient Information

Patient Name

Date of Birth

Medical Record #

Address

Phone (Home)

Phone (Cell)

Primary Diagnosis

Emergency Contacts

Priority	Name	Relationship	Phone (Primary)	Phone (Alternate)	Address
1					
2					
3					

Hospital Preference

Preferred Hospital

Hospital Address

Hospital Phone

Advance Directive Status

- DNR (Do Not Resuscitate) on file
- POLST (Physician Orders for Life-Sustaining Treatment) on file
- DPOA (Durable Power of Attorney for Healthcare) on file
- Living Will on file
- No advance directives on file

Copies attached to this plan?

Medical Equipment / Devices

Check all equipment currently in use in the patient's home:

- Oxygen concentrator / tanks
- CPAP / BiPAP
- Wheelchair
- Hospital bed
- Hoyer lift / patient lift
- Nebulizer
- Suction equipment
- IV pump / infusion equipment
- Ventilator
- Feeding pump
- Cardiac monitor / telemetry
- Glucometer / insulin supplies
- Wound VAC
- Walker / cane / crutches
- Other: _____

Electricity-dependent equipment?

Registered with power company priority list?

Power company name and contact

Evacuation Plan

Primary Evacuation Destination

Address

Contact Phone

Secondary Evacuation Destination

Address

Contact Phone

72-Hour Emergency Supply Plan

Medications:

72-hour medication supply maintained?

Pharmacy name and phone

Medication list location

Dietary Requirements:

Special diet

Dietary restrictions / allergies

Special Supplies:

Transportation Needs

Patient ambulatory?

Transportation method

Special transport needs (stretcher, wheelchair van, bariatric)

Communication

Preferred communication method during emergency

Language preference

Communication barriers (hearing, vision, cognitive)

High-Risk Factors

Check all that apply:

- Oxygen-dependent
 - Insulin-dependent
 - Lives alone
 - Immobile / non-ambulatory
 - Cognitive impairment
 - Electricity-dependent equipment
 - No reliable transportation
 - No local emergency contacts
 - Behavioral health concerns
 - Pediatric patient
 - Other: _____
-

Caregiver / Family Responsibilities During Emergency

RN Signature

I have assessed this patient's emergency preparedness needs and developed this plan in collaboration with the patient / caregiver.

_____ RN
Signature Credentials Date

_____ Patient / Caregiver Signature
(acknowledging receipt) Printed
Name Date

PSEP Review Log

This plan must be reviewed every 180 days or upon significant change in condition.

Review Date	Reviewed By	Changes Made (Y/N)	Description of Changes	Next Review Due