



Health Emergency Ready Oregon (HERO) Kids Registry

In an emergency, every moment counts





HERO Kids Registry



Developed by:

Oregon Center for Children and Youth with Special Health Needs (OCCYSHN)

In partnership with:

Oregon Emergency Medical Services for Children Program (EMSC)

OCCYSHN

Oregon Center for Children and
Youth with Special Health Needs



What is HERO Kids Registry?



- Voluntary, no-cost system
- Oregon families share critical information about their child's or young adult's health **before** a health emergency occurs
- The information can be quickly and easily accessed by emergency medical services (EMS) and hospital emergency department (ED) providers



Who is HERO Kids for?

- Any Oregon child or young adult through age 26
- Especially useful for young people with:
 - Complicated or chronic health conditions
 - Those who experience developmental disabilities or mental health conditions

Why register with HERO Kids?

By registering with HERO Kids, families give EMS and ED providers a head start on understanding their child or young adult's medical history and unique needs. The information may help them provide more informed care or comfort.

For example:

- *Flashing lights may trigger seizures*
- *Specific words may calm the child or young adult*
- *Child or young adult does not communicate with spoken language*

What information will families enter into the Registry?

- Alerts
- Allergies
- Comfort Items
- Emergency protocol letters
- Emergency Information Forms
- Factors that may impact care
- Medical and/or behavioral conditions
- Medical equipment or technology
- Medications
- Mobility devices
- Parent or legal guardian contact information
- Preferred hospital
- Safe words

How does the Registry work?

- In an emergency:
 - The person calling 911 will give the dispatcher or arriving EMS the HERO Kids Registry ID number, or tell them that the child or young adult is registered
- Once EMS and ED providers know a child or young adult is registered **or** they have enough information to identify them:
 - Call the confidential provider line
 - Connect through the OREMS app
 - View Emergency Department Information Exchange (EDIE) alert

The image shows two smartphone screens displaying the Oregon Registries for EMS app. The left screen shows a search result for a child named Billy. The right screen shows the full registration form with demographic and clinical alert sections.

Left Screen: Oregon Registries for EMS

Logout

Back To Search

View HERO Kids

Details

OR396266
Test, Kiddo 'Billy'
07-17-2019
Male
HERO KIDS

Address

12345 Made Up Lane,
Imaginary Town OR
00000

AA oremis.org

Right Screen: HERO Kids Registry

Back

HERO Kids Registry OR POLST # 123456789

Health Emergency Ready Oregon (HERO) Kids Registry
IN AN EMERGENCY, EVERY MOMENT COUNTS

DEMOGRAPHICS

Last Name: Test, First Name: Billy, Middle: Billy, Preferred Name: Billy
DOB: 07-17-2019, Date of Birth: 07-17-2019, Sex: Male, Preferred Pronouns: He/Him
Address (street, city, state, ZIP): 12345 Made Up Lane, Imaginary Town OR 00000
Preferred Language: English, Emergency Contact Name: Parent, Emergency Contact Phone: 123-456-7890, Emergency Contact Relationship: Parent

CLINICAL ALERTS

Primary Diagnosis (Condition): [Blank] Conditions that May Impact Care: [Blank]
Critical: ☐ Child or young adult is most likely to need Emergency Medical Services for: [Blank] (Select all that apply)

Pain management: [Blank] BP: [Blank] HR: [Blank] RR: [Blank]
Baseline Value in last 48 hours: [Blank] YES - Outside the Bounds: [Blank] YES - Outside the Bounds: [Blank]

Medication: [Blank] Medication: [Blank] Medication: [Blank] Medication: [Blank] Medication: [Blank]

Allergies: [Blank] Allergies: [Blank] Allergies: [Blank] Allergies: [Blank] Allergies: [Blank]

Environmental or Food Allergy: [Blank] Environmental or Food Allergy: [Blank] Environmental or Food Allergy: [Blank] Environmental or Food Allergy: [Blank] Environmental or Food Allergy: [Blank]

Personal Butler (if any): [Blank] Personal Butler (if any): [Blank] Personal Butler (if any): [Blank] Personal Butler (if any): [Blank] Personal Butler (if any): [Blank]

Shug (yes) ☐ Shug (no) ☐ If Yes to Shug, Type? [Blank]

Other May Document the Following: [Blank] Other May Document the Following: [Blank] Other May Document the Following: [Blank] Other May Document the Following: [Blank] Other May Document the Following: [Blank]

Does not consent to use spoken language. Easily follow flow charts: [Blank] Does not consent to use spoken language. Easily follow flow charts: [Blank] Does not consent to use spoken language. Easily follow flow charts: [Blank] Does not consent to use spoken language. Easily follow flow charts: [Blank] Does not consent to use spoken language. Easily follow flow charts: [Blank]

Medical Equipment or Technology: [Blank] Medical Equipment or Technology: [Blank] Medical Equipment or Technology: [Blank] Medical Equipment or Technology: [Blank] Medical Equipment or Technology: [Blank]

Medical Devices: [Blank] Medical Devices: [Blank] Medical Devices: [Blank] Medical Devices: [Blank] Medical Devices: [Blank]

Trainer: [Blank] Trainer: [Blank] Trainer: [Blank] Trainer: [Blank] Trainer: [Blank]

Primary/Secondary Care: [Blank] Primary/Secondary Care: [Blank] Primary/Secondary Care: [Blank] Primary/Secondary Care: [Blank] Primary/Secondary Care: [Blank]

Doctor Speciality: [Blank] Doctor Speciality: [Blank] Doctor Speciality: [Blank] Doctor Speciality: [Blank] Doctor Speciality: [Blank]

Name of Person to Accompany: [Blank] Relationship: [Blank] Relationship: [Blank] Relationship: [Blank] Relationship: [Blank] Relationship: [Blank]

Test Name: [Blank] Test Name: [Blank] Test Name: [Blank] Test Name: [Blank] Test Name: [Blank]

Position of Contact if Transported: [Blank] Position of Contact if Transported: [Blank] Position of Contact if Transported: [Blank] Position of Contact if Transported: [Blank] Position of Contact if Transported: [Blank]

Phone: [Blank] Phone: [Blank] Phone: [Blank] Phone: [Blank] Phone: [Blank]

Preferred Hospital: [Blank] Preferred Hospital: [Blank] Preferred Hospital: [Blank] Preferred Hospital: [Blank] Preferred Hospital: [Blank]

Insurance coverage: [Blank] Insurance coverage: [Blank] Insurance coverage: [Blank] Insurance coverage: [Blank] Insurance coverage: [Blank]

Emergency Information Form: [Blank] Emergency Information Form: [Blank] Emergency Information Form: [Blank] Emergency Information Form: [Blank] Emergency Information Form: [Blank]

AA AA oremis.org

The information will be available in fewer than 90 seconds.

How to register with HERO Kids

- Register online with a computer or tablet at www.herokidsregistry.org.
 - Use the [Registry Guide](#)
 - Have records handy
 - Complete in one sitting
- Registration will take 15-60 minutes
- Provider-signed emergency information form or protocol letter may be included with registration
- Families will receive a packet with a welcome letter, stickers and a backpack tag with the child or young adult's HERO Kids Registry ID number



HERO Kids registration form

- When registration is complete, may print a summary copy of the registration
 - If you do not have a printer, contact HERO Kids Registry
- We recommend putting a copy on the refrigerator for EMS access and share a copy with their caregivers, schools, etc.

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT

HERO Kids Health Emergency Ready Oregon (HERO) Kids Registry
IN AN EMERGENCY, EVERY MOMENT COUNTS

DEMOGRAPHICS		HERO Registry ID#:	POLST # (if any):
Last Name:	First Name:	Middle:	Suffix:
Address (street / city / state / ZIP):		Date of Birth:	Race:
Preferred Language:	Gender Identity:	Sex:	Preferred Pronouns:
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:	Safe Word(s):	
Name of Person to Accompany:	Relationship:	Blood Type:	
Position of Comfort If Transported:		Comfort Item(s):	
Preferred Hospital:		Reason for Choosing Hospital:	
Emergency Information Form: <input type="checkbox"/> Protocol Letter: <input type="checkbox"/> POLST Form in OPR: <input type="checkbox"/>			

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Contact us!

www.herokidsregistry.org

herokids@ohsu.edu

