My Emergency Planning Worksheet
For Maple Syrup Urine Disease (MSUD)

Even minor illnesses can quickly escalate into an emergency situation for people with MSUD, so it’s important to be prepared. The front of this worksheet provides tips for managing an emergency situation, and the back can be filled out with personal health information.

It is vital that you contact your metabolic healthcare team at the first signs of illness or injury. Always follow your clinician’s instructions without delay.

CALL YOUR CLINIC
Your clinician may instruct you to follow your Sick Day diet plan, which provides more calories and fluids than the Well Day diet plan. Only make changes to diet and formula as instructed by your metabolic team.

SICK DAY
Even though the Sick Day diet plan is designed to avoid hospitalizations, sometimes it is necessary to go to the hospital. It may be necessary to go to the emergency room if, for example, you or your loved one are unable to drink formula, are vomiting, or have a high fever. Follow your metabolic clinic’s instructions. If you are unsure, it is safest to promptly go to the hospital.

GOING TO THE HOSPITAL
Be sure to bring all of these essential items when you go to the hospital.

Hospital checklist:
Remember to pack your E D F A M if going to the hospital

☐ Emergency Protocol Letter signed by your doctor
☐ Diet Plans: Sick Day and Well Day
☐ Formula: 1-2 cans of your Sick Day and Well Day formulas (List below)

☐ Amino acids and vitamin/mineral supplements

☐ Medications

ARRIVING AT THE HOSPITAL
Immediately notify the hospital that you or your loved one has MSUD and show them your Emergency Protocol Letter signed by your doctor. If possible, let your metabolic clinic know that you are in the hospital.
This worksheet can be used to help you stay organized and inform healthcare providers or caregivers of your or your loved one's important health information related to MSUD.

**PATIENT INFORMATION**

Patient Name: ____________________________ Date of Birth: ___/___/___

Patient/Guardian Phone: (______)__________-__________

Patient/Guardian Email: ____________________________

Guardian Name: ____________________________

Relationship to Patient: ____________________________

**DIAGNOSES AND MANAGEMENT**

Diagnoses: ____________________________

ICD-10 code: E71.10

Maple Syrup Urine Disease

Metabolic formula(s): ____________________________

Medications, amino acids, and supplements: ____________________________

Drug or food allergies: ____________________________

**CARE TEAM**

Metabolic clinic: ____________________________

Metabolic physician: ____________________________

Phone: (______)__________-__________

Other medical team(s) and contact details:

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