Medical Summary and Emergency Care Plan: Systemic Lupus Erythematosus (SLE)

This document should be shared with and carried by young adults and caregivers.

Date Completed/Last Revised:

Contact Information

Name:		Nickname:
DOB:		Preferred Language:
Parent (Caregiver):		Relationship:
Address:		
Cell #:	Home #:	Best Time to Reach:
E-Mail:		Best Way to Reach: Text Phone
Health Insurance/Plan:		Group and ID #:

Additional Information (hobbies/interests, personal details, other key information):

SLE History

Date of SLE Diagnosis:

SLE Manifestations History:

- ☐ Malar rash
- ☐ Discoid rash
- ☐ Other rash
- ☐ Alopecia
- ☐ Oral/nasal ulcers
- ☐ Pleural effusion/pleurisy
- ☐ Pericardial effusion/pericarditis
- ☐ Interstitial lung disease
- ☐ Pulmonary hypertension
- ☐ Polyarthritis
- ☐ Myositis
- ☐ Enteritis
- ☐ Leukopenia
- ☐ Thrombocytopenia
- ☐ Hemolytic anemia
- ☐ Thrombocytopenia
- ☐ Leukopenia
- ☐ Thrombocytopenia
- ☐ Hemolytic anemia
- ☐ Hemoyltic anemia
- ☐ Leukopenia

Renal Disease:

- ☐ No history of renal
- ☐ Renal biopsy performed
  - Date(s): ________________________
  - ☐ Class I
  - ☐ Class II
  - ☐ Class III
  - ☐ Class IV
  - ☐ Class V
  - ☐ Class VI
  - ☐ Thrombotic microangipathy
- ☐ On dialysis
- ☐ S/p renal transplant

Other Complications

- ☐ Cerebritis
- ☐ Stroke
- ☐ Transverse myelitis
- ☐ Cognitive dysfunction
- ☐ Psychosis
- ☐ Neuropathy
- ☐ Other:

Other History/Complications:

- ☐ DVT/PE
- ☐ Avascular necrosis
- ☐ Anti-phospholipid antibody syndrome
- ☐ Raynaud's
- ☐ Fibromyalgia
- ☐ Current hypertension
- ☐ Macrophage activation syndrome
- ☐ Pregnancy
- ☐ Abnormal bone density testing
- ☐ Cataract
- ☐ Sjogren's
- ☐ Depression/anxiety
- ☐ Other

Currently Active SLE Problems:	SLE Lab History	Ever Present	Absent	Not Done
	ANA			
	Anti-dsDNA/crithidia			
	Low C3			
	Low C4			
	Anti-Smith antibody			
	Anti-RNP antibody			
	Anti-SSARo antibody			
	Anti-SSB/La antibody			
	Anti-cardiolipin IgG/ IgM			
	Anti-beta2-glycoprotein 1 IgG/IgM			
	Lupus anticoagulant			
	Low vitamin D-25			

Medical Summary and Emergency Care Plan: **SLE**

Current Medications ☐ See attached medication list		
		Preferred pharmacy:
Medication	Dose	Frequency

Prior SLE Medications	Reason Discontinued
☐ Cyclophoshpamide IV Cumulative dose __________ grams	
☐ Cyclophoshpamide po Cumulative dose __________ grams	
☐ Mycophenolate mofetil (Cellcept)	
☐ Mycophenolic acid (Myfortic)	
☐ Azathioprine (Imuran)	
☐ Methotrexate	
☐ Leflunomide (Arava)	
☐ Belimumab (Benlysta)	
☐ Rituximab (Rituxan)	
☐ Cyclosprine (Neoral, Sandimmune)	
☐ Tacrolimus (Prograf)	
☐ Hydroxychloroquine (Plaquenil)	
☐ Other	

Medication Allergy/Intolerance ☐ See attached list

Medication	Reactions

Other Health Conditions, Key Surgeries, Procedures, Hospitalizations ☐ See attached list

Condition/Surgery/Procedure/Hospitalization	Details

Important Immunizations ☐ See attached immunization list	Date(s)
☐ Pneumococcal vaccination	
☐ Influenza vaccination	
☐ Meningococcal vaccination	

Most Recent Key Labs and Radiology ☐ See attached lab and radiology results	
Test	Date

Social History	
Lives with:	Educational/vocational goals:

Risk Behaviors:	Yes	No	Not Asked
Uses alcohol			
Uses tobacco			
Uses other drugs			
Discussed sexual activity, reproductive health, contraception			
Discussed contraception			

Other Health Care Providers

Type	**Name**	**Phone**	**Fax**
Primary Care			
Eye Provider			

Emergency Care Plan

Emergency contact name:		
Relationship:	Phone 1:	Phone 2:
Preferred location for emergency care:		
Special concerns for emergencies:		

Patient/Guardian Signature Print Name Date

Rheumatology Provider Signature Print Name Date