

PA Vent Camp



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PA VENT CAMP CAMPER PRE- APPLICATION

Child's Full Name: _____

Street Address: _____ County: _____

City: _____ Township/Borough: _____ State: _____

Zip Code: _____

Date of Birth: _____ Drug Allergies: _____

Diagnosis: _____

Weight: _____

Shirt Size: _____ Sweat pant size: _____

Parent / Guardian: _____

Telephone: _____ Alternate Phone: _____

Email: _____

Respiratory Status **Ventilator**

OR

BiPaP/CPAP

Model: _____

Model: _____

Tidal Volume or Pressure Control: _____

IPAP: _____

PEEP: _____

EPAP/CPCP: _____

Rate: _____

Rate: _____

Pressure Support: _____

Hi/Low Alarms: _____

Pressure Limit: _____

FiO2: _____

Hi/Low Alarm: _____

FiO2: _____ O2 Type: Concentrator: _____ Liquid: _____ Cylinder: _____

Time on Vent / BiPaP: _____

Respiratory Status (continued)

Tracheostomy Brand: _____ Tracheostomy Size: _____

Cuff: Deflated: _____ Inflated: _____ Volume: _____

PM valve: _____ Time used: _____ HME: _____ Time used: _____

Coffalator: Settings: _____ Frequency: _____

Vest: Settings: _____ Frequency: _____

Suction: Cath Size: _____ Depth: _____ Frequency: _____

Nutrition

Diet Type: _____ Regular Food _____ Soft Food _____ Pureed Food

Formula Name: _____ Amount: _____ Times: _____

Tube Feeds: _____ NG _____ GT/GJ

Water: _____ Amount: _____ Times: _____

Food Allergies: _____

Elimination

Voiding Pattern: _____ Voluntary _____ Diapers

CIC: _____ Frequency/Times: _____

Bowel Pattern: _____ Voluntary _____ Diapers

Bowel Program: _____

Mobility

Ambulatory: _____ Manual Wheelchair: _____ Electric Wheelchair: _____

Hospital Bed: _____ Regular Bed: _____

Hoyer Lift: _____

Community Care Providers

Home Care Case Manager: _____ Phone () _____

Home Care Agency: _____ Phone () _____

Medical Equipment: _____ Phone () _____

Physician: _____ Phone () _____

Activities / Education

Education Level: _____ Grade: _____

Means of Communication: _____

Activities Involved with: _____

Explain Child's Social Skills: _____

Special Care Needs:

Return application to:

PA Vent Camp
500 University Drive
Mail Code: H085
Hershey, PA 17033