

Emergency Preparedness Supplies for **GLUTARIC ACIDEMIA/ACIDURIA** Type 1 (GA-1)

- ➔ Metabolic geneticist name and contact information _____
- ➔ Dietitian name and contact information _____
- ➔ Primary care provider or pediatrician name and contact information _____
- ➔ Local hospital/emergency room name and contact information _____
- ➔ Pharmacy name and contact information _____
- ➔ Formula manufacturer name and contact information _____
- ➔ Formula prescription _____
- ➔ Medication manufacturer name and contact information _____
- ➔ Medication prescription _____

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| <ul style="list-style-type: none"><input type="checkbox"/> Emergency letter with diagnosis and treatment plan from genetics clinic<input type="checkbox"/> 7-10 day supply of metabolic food/formula<input type="checkbox"/> 7-10 day supply of low-protein food<input type="checkbox"/> Food scale with extra batteries<input type="checkbox"/> Set of household measuring cups and spoons<input type="checkbox"/> Calculator and preferred method for tracking daily lysine levels<input type="checkbox"/> Preferred container for consuming | <ul style="list-style-type: none">metabolic food/formula<input type="checkbox"/> Purified or bottled water (plenty to prevent dehydration)<input type="checkbox"/> Low protein food list and/or list of Lysine and Protein content of foods in your emergency kit<input type="checkbox"/> Supplements (i.e. L-carnitine, Arginine, vitamins, etc.)<input type="checkbox"/> Daily medications with dosage cups and syringes<input type="checkbox"/> Thermometer and fever reducers |
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(i.e. ibuprofen, acetaminophen)

- Glucose tablets, glucose meter, lancets, test strips, alcohol wipes
- Feeding tube supplies and pump
- Standing orders for blood draw at lab
- Well Day and Sick Day at Home Management Protocol
- Emergency Protocol Letter
- Medical notebook/records
- Solar-powered chargers
- Adapters for car chargers
- Hand-powered radio

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