



## APPENDIX FOR HIGH-RISK TRIGGERS EXAMPLE

Item: Corn

See:

[Corn in Medical Supplies and Equipment](#)

[College of Pharmacists of British Columbia: Corn-related Allergens](#)

Often Found In: products containing dextrose, maltose, sorbitol, citric acid, acetic acid

Medical Item	Information/Alternatives
<input type="checkbox"/> IV Solution	Do not use lactated ringers solution. Check for dextrose. Use saline IV
<input type="checkbox"/> Prefilled Saline Flushes	Do not use. Use plain saline.
<input type="checkbox"/> Cleansers - Surgical	
<input type="checkbox"/> Antiseptics	
<input type="checkbox"/> Lubricants	
<input type="checkbox"/> Sutures	
<input type="checkbox"/> Adhesives	3M products may be safer
<input type="checkbox"/> Hand Sanitizers	Do not use / glove up after using
<input type="checkbox"/> Blood Products	
<input type="checkbox"/> Plasma	
<input type="checkbox"/> Contrasts	
<input type="checkbox"/> Antibiotics	Corn is growth medium. Consider prophylactic medications.
<input type="checkbox"/> Coatings (tubing, single-use items)	Rinse before use
<input type="checkbox"/> Soaps	
<input type="checkbox"/> Gloves	powder-free

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<input type="checkbox"/> Antibiotics	
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<input type="checkbox"/> Soaps	
<input type="checkbox"/> Gloves	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

# MY DAILY AND RESCUE MEDS

My Medications	Safe Sources: Manufacturer, NDC#	Hospital Can Supply	I Will Supply
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>











## MY PERSONAL ITEMS PLANNING

### Things To Bring With Me:

<input type="checkbox"/> Bedside Organizer	<b>Hygiene Supplies</b>	<b>Sensory</b>	<b>Bedding/Linens</b>
<b>Electronics, etc</b>	<input type="checkbox"/> Skin care	<input type="checkbox"/> Ear defenders	<input type="checkbox"/> sheets
<input type="checkbox"/> Phone	<input type="checkbox"/> Lip care	<input type="checkbox"/> Eye mask	<input type="checkbox"/> blankets
<input type="checkbox"/> Other personal electronic devices	<input type="checkbox"/> Oral care (toothbrush, toothpaste)	<input type="checkbox"/> Compression items	<input type="checkbox"/> pillows
<input type="checkbox"/> charger(s)	<input type="checkbox"/> Hair care items	<input type="checkbox"/> Task lamp	<input type="checkbox"/> pillowcases
<input type="checkbox"/> Battery packs	<input type="checkbox"/> Menstrual supplies	<input type="checkbox"/> Fidgets/sensory tools	<input type="checkbox"/> Towels, washcloths
<input type="checkbox"/> Books, magazines	<input type="checkbox"/> Hand soap	<input type="checkbox"/>	<input type="checkbox"/> Mattress pads
<input type="checkbox"/> Puzzles, crafts, etc.	<input type="checkbox"/> Body soap	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HEPA filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Power strip	<input type="checkbox"/>	<input type="checkbox"/>	<b>Clothing</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hospital gowns
<b>Eating Supplies</b>	<b>Additional/Other</b>	<b>Additional/Other</b>	<input type="checkbox"/> Grippy socks
<input type="checkbox"/> plate/bowls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> underwear
<input type="checkbox"/> utensils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Warmth layers
<input type="checkbox"/> Sippy cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tee shirt sleeve
<input type="checkbox"/> straw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dish soap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bottled water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

