

The Emergency Medical Card changed my life.

This is no exaggeration. Before the Emergency Medical Card I was the only person that knew Logan's entire medical history.

Canada does not have a universal and comprehensive medical data base. The systems that do exist contain some lab reports and some doctor records. They do not include pharmaceutical history, personal characteristics or critical contact information. They are inconclusive, only accessible by health professionals, and not utilized by first responders.

For all the fantastic health experiences we have had during Logan's first four years we had also become familiar with the short comings of our current health care system. As the primary parent for our medically sensitive son I had accepted the responsibility of retaining, recalling and communicating Logan's entire medical history as needed.

I was good at it. We had one child and I knew EVERYTHING. Every date, every medication, every dose, every surgery, every contact number. Everything. And, I had proven capable of upholding my duty as 'medical database' during more than a handful of 'Logan emergencies'. To this point the absence of a reliable and comprehensive medical database had not created a problem.

In 2015 my husband was preparing to travel for 3 months for work. One night Logan had 'an episode'. We do not have a hospital within 30 minutes of our house so, as per our routine, I tossed Logan in the truck and raced to the local urgent care, the highest level of care in our community.

To date we had received personal, compassionate and professional medical care from everyone at this urgent care clinic. However, the doctor on duty was not one we had met before. After begrudgingly treating Logan's symptoms this doctor stood over me and said, 'You cannot bring cases like this here. If doctors wanted to see cases like this they would work in an ER. If you come here and you have to be transferred, then I lose a staff member and my work load doubles'.

I did not understand. Where was I to take him? If I called an ambulance, I would wait 10 minutes for them to arrive and then it would be another 25 minutes before they reached the nearest hospital and a handful more before Logan treatment began. But if I put him in the car I could have him in front of a doctor in 4 minutes.

I was shocked by this doctor's words and rational, but it was his dominating behaviour that had me scoop up my son, cower to my truck, and quietly sob as I drove home.

What was I going to do? Logan's respiratory episodes were asymptomatic. The best guess offered by specialists was that his poorly developed trachea cartilage rings and low tone cause is airway to collapse when he slipped into deep sleep. There was no warning. I would lie away and listen to him breath and wait for him to stop.

Collin was leaving for 3 months, I had a 10-month-old baby and we were entering Logan's 'bad health season', November to May. What do I do if Logan has an episode and he is at school, or it's the middle of the night, and I cannot take the baby in the ambulance? I needed a plan.

The next day I reached out to EMS headquarters in Port Colborne and connected with Kim. To this day we have not met but she changed my life. In just a few minutes she restored my confidence to advocate for my son; something the doctor had taken from me the night before. Kim explained how the dispatch system worked, and how to communicate Logan's specific needs to the dispatcher to ensure a medical team with the correct training was sent our way.

And, she did not know it, but she gave me the key to peace.

Kim said, 'take a pen and paper and write Logan's entire medical history on that paper. When we come hand us the paper and we can get on the road'. That was magic.

As the primary parent in our house I took Logan to every doctor appointment, every specialist, every therapy session and every ER visit. Not only did I hold his history in my memory I was responsible to recall years of information at every appointment and during every emergency.

It is outrageous that this responsibility is placed on any individual. But what if I was not present during an emergency? What if I was present but incapacitated? How would they know his allergies, surgical history, medications or even his name?

So, I did as Kim instructed. I took a photo of Logan and documented his medical history. But I also included how to best communicate with him, that you can trust his 'Yes/No' answers but he will likely not disclose pain, and what his 'normal' behaviour looks like. I copied Logan's Emergency Medical Card and provided one to his school, we keep one pinned by the front door, and he carries one in his backpack.

In that moment I experienced peace. I was no longer the only source of this vital information. And as Logan is getting older his EMC has allowed him to experience a more age appropriate level of independence. He goes to camp, participates in community sports and sleeps over at his grandparents.

The Emergency Medical Card has made such a difference in our lives that I wanted to make it widely accessible and affordable. I believe everyone, regardless of how complex their medical history, should carry an EMC. Avery, Logan's little sister, has no medical highlights, but she also carries her EMC.

First responders do not know that you do not have a heart conditions, allergies, medication, or medical implants ... unless you tell them. Do not make them guess. Equip them with all the information necessary to provide you with the fastest and most effective treatment.

Logan has an intellectual disability, but the Emergency Medical Card serves a far greater group. Anyone who engages in high risk sports, works in a dangerous work environment, travels or manages a medical illness such as dementia, epilepsy, cancer, diabetes, cardiac or respiratory illnesses.

Creating the Emergency Medical Card is one of my most fulfilling achievements. Not only will it liberate parents worldwide from this stressful and unfair responsibility forced upon them, but it will save lives.