

Emergency plan for the person being cared for



I rely on a carer to look after me. Please use this information to understand how to support me if they are unable to. You can take this form with me if I need to go to hospital or temporary care.

About me

My first name:

My last name:

Date of birth:

I like to be

Address:

called:

Town:

Postcode:

My phone:

GP surgery name:

GP surgery

number: Sight &

hearing: Religion:

Religious needs:

Languages I speak:

In case of conditions that make it hard to speak. People will need to know that you can indicate yes and no to understand the way you are feeling. How I will communicate:

ABOUT MY CARER

I have a carer who I rely on for support.

First name:

Last name:

Relationship:

Phone:

Address if different:

Town:

Postcode:

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Emergency contact

If my carer is unable to care for me, please contact the person below who can step in to care.

First name:

Last name:

Relationship:

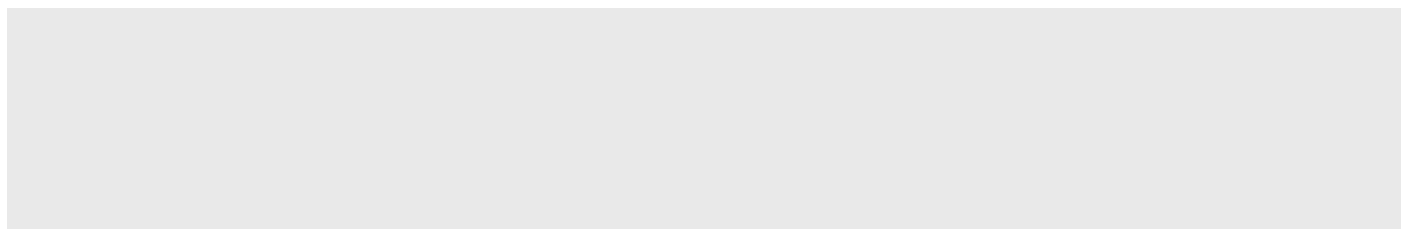
Phone:

I don't have an emergency contact who can help. Please call Oxfordshire County Council on 0345 050 7666 (8.30am - 5pm Mon– Thu 8.30am - 4pm Fri). In an emergency outside of these hours call 0800 833408. (tick if appropriate)

INFORMATION ABOUT MY HEALTH

Medical Conditions:

Allergies:



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MEDICATION:

I need to be reminded to take my medication. (tick if appropriate)

Where my medication is kept: (e.g in the fridge, drawer etc.):

PRESCRIPTION SERVICES:

Medication:

Supplier name:

Supplier address:

Phone number:

Medication:

Supplier name:

Supplier address:

Phone number:

SUPPORT SERVICES

NHS help with complex medical needs e.g. Insulin, oxygen, gastrostomy:

Name:

Phone number:

Nursing support I receive:

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Our care providers:

Name: Phone number:

Support type:

Name: Phone number:

Support type:

Name: Phone number:

Support type:

Equipment:

Continence products and who supplies them:

Product	Supplier	Contact
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Mobility aids such as a wheelchair or hoist:

Product	Supplier	Contact
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Other telephone numbers you may need: e.g. hospital beds, physio, stair lift:

Product	Supplier	Contact
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MY HEALTH: TREATMENT

How to take my blood, give me injections etc:

Any risks from choking, seizures or other:

How to tell if I am in pain:

How I keep safe (e.g., bed rails):

How I eat (help with eating, PEG feeds):

How I drink (small amounts, thickened fluids):

MY HEALTH: MOBILITY

My mobility - Moving around (type of seat, walking aids):

How I use the toilet (continence aids, help to get to the toilet):

Other help I may need:

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HELP ME TO COPE:

What is important to me; the things I like that help my day to go well:

Things I don't like or that don't work well for me:

Things that help to keep me feel safe: (eg. emergency contact necklace)

Behaviour I sometimes show:

You can help me by:

How my carer could help me when I am in a hospital:

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LEGAL DOCUMENTS I HAVE IN PLACE:

I have a Deprivation of Liberty Safeguard (DOLS) in place.

I have a Court of Protection Order in place.

I have a Lasting Power of Attorney for Welfare (LPA).

Plans I have for end-of-life care :

Other useful information:

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OTHER CONTACTS:

Contact details of the people who have agreed to help:

Name: Keyholder:

Relationship: Phone:

How they can help:

Name: Keyholder:

Relationship: Phone:

How they can help:

Name: Keyholder:

Relationship: Phone:

How they can help:

Name: Keyholder:

Relationship: Phone:

How they can help: