

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 called:

Address:

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:

EMERGENCY PLAN FOR THE PERSON BEING CARED FOR

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:

EMERGENCY PLAN FOR THE PERSON BEING CARED FOR

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:

EMERGENCY PLAN FOR THE PERSON BEING CARED FOR

Our care providers:

Name: Phone number:

Others:

Name: Phone number:

Support type:

Name: Phone number:

Support type:

EQUIPMENT:

Continence products and who supplies them:

PRODUCT	SUPPLIER	CONTACT
---------	----------	---------

Mobility aids such as a wheelchair or hoist:

PRODUCT	SUPPLIER	CONTACT
---------	----------	---------

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

PRODUCT	SUPPLIER	CONTACT
---------	----------	---------

EMERGENCY PLAN FOR THE PERSON BEING CARED FOR



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:

EMERGENCY PLAN FOR THE PERSON BEING CARED FOR



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:

EMERGENCY PLAN FOR THE PERSON BEING CARED FOR



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:

EMERGENCY PLAN FOR THE PERSON BEING CARED FOR



OTHER CONTACTS:

Contact details of the people who have agreed to help:

Name: Keyholder (Y/N):

Relationship: Phone:

How they can help:

Name: Keyholder (Y/N):

Relationship: Phone:

How they can help:

Name: Keyholder (Y/N):

Relationship: Phone:

How they can help:

Name: Keyholder (Y/N):

Relationship: Phone:

How they can help: