Emergency Care Plan – guidelines on completion

About you

This section is about the unpaid carer, this can be a family member, neighbour or friend.

About the person you care for

Please put as much information that you can about the person that you are caring for. Include names of any health professionals and their contact details. Include names and contact details of any Social Services support received. Do Social Services have a copy of the emergency care plan or know where it is kept? Does the cared for receive any additional support via direct payments? How is this managed? Does the cared for receive any care or support from care agencies, who are they and what are their contact details?

Name and address of GP

Please include any GPs that are known to the cared for within the surgery. Please also include contact telephone number for surgery. Does the surgery know that you have an emergency plan and, if so, do they have a copy?

Details of the person's disability, illness or condition

Please list any mobility, health or allergy conditions for the cared for, detail the support needed. Does the cared for use any special equipment and where is this stored? Is more than one person needed for a transfer? Does the cared for use incontinence aids? If so where are these kept? What is the contact detail for replenishment if required? Does the cared for need pressure relief to avoid pressure sores? Does the cared for need their legs elevated to avoid water retention? Are there certain foods to avoid due to their health condition?

Are there any communication difficulties?
Does the cared for speak in another language? Is an interpreter needed or is there someone else that we can ask for assistance?
Is the cared for deaf? How do we communicate? Can they lip read? Do they communicate via British Sign Language (BSL)?
Does the cared for have a condition that restricts them from speech, but can communicate in other ways?
Do they have a communication aid and where is this kept?

**Does the cared for have memory problems/concentration difficulties?**
Please include any suggestions for how the carer overcomes these difficulties with the cared for.

**Can they be left on their and if so for how long?**
Is the cared for okay if you leave them alone in another room?
Are they safe to be left alone in the bath/shower or left on the toilet?
Can the cared for be left at home alone for short periods?
What support is needed to enable the cared for to be left on their own?

**Explain any problems that someone might meet in trying to help**
Does the person you care for mind if someone else is trying to help them?
Do they like things done in a certain way?
How would they be if someone changed their routine?

**Medication**
Please ensure that up to date copies of prescriptions are kept with the plan.
Document where medication is stored, advise if some medication is kept in fridge.
Does the cared for have to carry any medication with them?
Where and how does prescription get collected?

**About the help that the cared for would need**
Please document fully a typical day for the cared for and anyone who helps with this support.

**Contact details for assistance in an emergency**
This does not just need to be family, it could be a friend or neighbour.
Please write these in order of preference to contact first.
Useful contact numbers

Please include a list of useful contacts and names if known.