



EMERGENCY CARE PLAN

INFORMATION ABOUT THE PERSON YOU CARE FOR

INFORMATION ABOUT THE PERSON YOU CARE FOR	
Name:	
Preferred Name:	
Address:	
D.O.B:	
Home Tel No:	
Mobile Tel No:	
CHI Number If Known:	
Next Of Kin:	
Preferred Language:	
GP Details:	
Illness/Disability:	
Communication Difficulties:	
Hearing Aid (Yes/No)	
Glasses (Yes/No)	
How Long Can They Be Left On Their Own?	

INFORMATION ABOUT THE PERSON YOU CARE FOR (CONTINUED)

How Can Access Be Gained To The Property?	
Number of Key safe If Installed?	
Location of Key Safe?	
Details of Any Other Dependents In The Household?	
Will Their Needs Be Met By Emergency Contact, If Not Is There Anyone Else We Should Contact?	
Are There Any Pets On The Property?	
If Yes, Give Details:	
Name & Contact Details of Any Professionals (e.g. Social Worker, GP, CPN)	
Any Other Details You Feel Relevant In The Case Of An Emergency?	

CARERS DETAILS

Name:	
Address:	
D.O.B:	
Home Tel No:	
Mobile Tel No:	
Next Of Kin:	
Preferred Language:	
Illness/Disability:	
Relationship To Cared For:	
Carers Assessment:	

NEEDS OF THE PERSON BEING CARED FOR**PERSONAL CARE**

Bathing/ Showering:

Dressing:

Brush Teeth:

Dentures:

Are They Supported By Home Care/ Agency:

If So, Please give Details:

EATING/DRINKING

Preparing Meals:

Making Drink:

Eating Meals:

Dietary Requirements/Preferences or Allergies:

CONTINENCE

Getting To And From The Toilet:

On and Off The Toilet:

Personal Hygiene:

Do They Use Incontinence Pads?

MOBILITY/TRANSPORT

Frame/Walking Stick:

Wheel Chair:

Moving/Assisting:

How Many People Are Need To Help:

Please Detail All Help And Support Including Health, Social Work, Voluntary and Private Services:

	MORNING	AFTERNOON	EVENING	NIGHT
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Respite Contact Details:				

BRIEF PERSONAL HISTORY

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Likely Response To Being Separated From Carer?	
Any Challenging Behaviour?	
Any Risks?	
Where Is Medication Stored?	
Does The Cared For Require Assistance With Medication?	
Pharmacy Contact Details?	
Any Allergies?	
Do You Leave The Person you Care For Unattended In a Car At Any Time?	
Car Make:	Car Model:
	Car Registration:
Where At Home Will Your Copy Of This Plan Be Kept?	

Do you Have Power of Attorney/Guardianship In Place for The Person You Care For?	YES	NO
<p align="center"><i>This Allows You To Make Decisions On The person You Care For's Behalf. This Can Include Care Arrangements And/or finances. If You Require Further Information, Please Contact Us</i></p>		

WHO CAN HELP OUT IN AN EMERGENCY (1)

Name:	
Address:	
Home Tel No:	
Mobile Tel No:	
Relationship/Organisation:	
Key Holder (Yes/No):	
In What Way Are You Able To Help In An Emergency?	
The Above Person Must Sign Here To Consent To Being An Emergency Contact: _____	

WHO CAN HELP OUT IN AN EMERGENCY (2)

Name:	
Address:	
Home Tel No:	
Mobile Tel No:	
Relationship/Organisation:	
Key Holder (Yes/No):	
In What Way Are You Able To Help In An Emergency?	
The Above Person Must Sign Here To Consent To Being An Emergency Contact: _____	

WHO CAN HELP OUT IN AN EMERGENCY (3)	
Name:	
Address:	
Home Tel No:	
Mobile Tel No:	
Relationship/Organisation:	
Key Holder (Yes/No):	
In What Way Are You Able To Help In An Emergency?	
The Above Person Must Sign Here To Consent To Being An Emergency Contact: _____	

CONSENT TO SHARE INFORMATION	
<p>This emergency plan will be held by Renfrewshire Council Social Work & Renfrewshire Carers Centre. All information on this plan will be recorded on an electronic database. Once the plan has been completed the carer will be issued with a Carers Emergency Card. In order to action the plan we may need to contact some of agencies involved in care, i.e. GP or Pharmacy. Do you consent to this information being shared for the purpose of meeting care needs</p>	
Carer (Yes/No):	Signature: _____
Cared for (Yes/No):	Signature: _____
Unable to consent (Yes/No):	
Date Plan Completed:	
Name Of Worker:	
Review Date:	
Any Other Comments :	