



Emergency Plan Supplement

Cared for person

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Please keep this booklet at the premises of the Cared for person

Use as much or as little of this document as you need to.

VERSION: 26/05/2022

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Form 906: My information The cared for person

My full name is: _____

I like to be called: _____

For the purpose of supporting my needs and those of my carer, I consent to this information about me being shared with relevant others

Signed _____ Date completed: _____

Relationship (if not completed by me) _____

The carer/person who knows me best is: _____

Their contact details: _____

My relationship to them: _____

This person:

- Lives with me
- Lives elsewhere: (area, not full address) _____
- Can be contacted by phone on _____
- It is OK to leave a message on their phone

Alternative emergency contact is:

Name: _____

Relationship to me: _____

Contact number: _____

My needs are known to Social Care services (Tel 0345 1551 007)

- Yes No

My GP surgery: _____

My capacity

My ability to use and understand information to make a decision, and be able to communicate my decision to others

I understand my own needs, can weigh up risks and can talk to others about my choices:

- Yes, for all decisions

- For some decisions (*details*):

- No, not for any decisions
 - I do not have a Lasting Power of Attorney (LPA)
 - I do have a Lasting Power of Attorney for
 - Finances
 - Health and welfare

My attorneys are (as named in the LPA)

- 1.
- 2.
- 3.
- 4.

I have capacity, but the following helps me to communicate effectively:

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My needs

I rely on others to support me because:

Please include diagnosed conditions, allergies, and the most important information someone might need to know quickly. Include any further details elsewhere as indicated on the form.

Symptoms that mean I may be unwell include:

The things I can do for myself include:

Things that help me feel better if I am anxious or upset:

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My Care and Support needs

Only tick the areas where support is needed.

Support with: <input type="checkbox"/> (Tick if you are independent)	Details: Brief important details, or if more complex write 'refer to...(e.g. medication sheet / Moving and Handling plan)	Are you assisted with this by? My carer A (paid) worker								
<input type="checkbox"/> Safety / risks		<input type="checkbox"/> Carer <input type="checkbox"/> Worker								
<input type="checkbox"/> Communication		<input type="checkbox"/> Carer <input type="checkbox"/> Worker								
<input type="checkbox"/> Personal care <table border="1" style="width: 100%;"> <tr><td>Clothes</td><td></td></tr> <tr><td>Continence</td><td></td></tr> <tr><td>Keeping clean</td><td></td></tr> <tr><td>Other</td><td></td></tr> </table>	Clothes		Continence		Keeping clean		Other		I need prompting / physical help from 1 or 2 people	<input type="checkbox"/> Carer <input type="checkbox"/> Worker
Clothes										
Continence										
Keeping clean										
Other										
<input type="checkbox"/> Medication		<input type="checkbox"/> Carer <input type="checkbox"/> Worker								
<input type="checkbox"/> Food & Drink		<input type="checkbox"/> Carer <input type="checkbox"/> Worker								
<input type="checkbox"/> Mobility <table border="1" style="width: 100%;"> <tr><td>Walking</td><td></td></tr> <tr><td>Standing/sitting</td><td></td></tr> <tr><td>Getting on/off the bed</td><td></td></tr> <tr><td>positioning</td><td></td></tr> </table>	Walking		Standing/sitting		Getting on/off the bed		positioning		I need prompting / physical help from 1 or 2 people	<input type="checkbox"/> Carer <input type="checkbox"/> Worker
Walking										
Standing/sitting										
Getting on/off the bed										
positioning										
<input type="checkbox"/> I have a Moving & Handling plan										
<input type="checkbox"/> Household tasks		<input type="checkbox"/> Carer <input type="checkbox"/> Worker								
<input type="checkbox"/> Emotional support		<input type="checkbox"/> Carer <input type="checkbox"/> Worker								
<input type="checkbox"/> Behaviour		<input type="checkbox"/> Carer <input type="checkbox"/> Worker								
<input type="checkbox"/> Keeping in contact / socialising with others		<input type="checkbox"/> Carer <input type="checkbox"/> Worker								
<input type="checkbox"/> Recreational activities		<input type="checkbox"/> Carer <input type="checkbox"/> Worker								
<input type="checkbox"/> Sleep/needs at night		<input type="checkbox"/> Carer <input type="checkbox"/> Worker								

The care workers are from:

- An agency Personal assistant

Contact details:

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Additional information

Please include anything you have not covered above and would like to be known e.g. background/family/friends/pets/likes/dislikes:

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Form 907: My medication

The cared for person

My name		
NHS number		
Diagnosed health conditions		
I take medication		<input type="checkbox"/> Yes <input type="checkbox"/> No
I can take my medication by myself		<input type="checkbox"/> Yes <input type="checkbox"/> No (put details in the medication timetable overleaf)
My current prescription , with details of what I take and when, is: * Make sure these details are kept up to date		<input type="checkbox"/> Stored with this plan <input type="checkbox"/> with the medication <input type="checkbox"/> Other: <input type="checkbox"/> A medication timetable is completed
The medication is stored: e.g. in a box in kitchen cupboard above the toaster		
GP details:	Name:	
	Address:	
	Contact no:	
Pharmacy details:	Name:	
	Address:	
	Contact no:	
How and when I usually get repeat prescriptions is: e.g. <i>automatically delivered by pharmacist weekly/carer picks up fortnightly on a Friday</i>		

Medication timetable

Date completed:			
Name of medication	Dosage:	Frequency	Extra information e.g. with food/first dose on waking/I need to be prompted/I need someone to help me





Form 908: Professionals who help me The cared for person

Use this sheet to write down details of all services you have in place to support you – for example this could be meal deliveries, care agency, a cleaner.

Name	
Role/business	
Tel/Mobile(s):	
Email	
How and when they help:	
Consent	Yes <input type="checkbox"/>

Name	
Role/business	
Tel/Mobile(s):	
Email	
How and when they help:	
Consent	Yes <input type="checkbox"/>

Name	
Role/business	
Tel/Mobile(s):	
Email	
How and when they help:	
Consent	Yes <input type="checkbox"/>

Name	
Role/business	
Tel/Mobile(s):	
Email	
How and when they help:	
Consent	Yes <input type="checkbox"/>

Name	
Role/business	
Tel/Mobile(s):	
Email	
How and when they help:	
Consent	Yes <input type="checkbox"/>

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Form 909: Pets in the household

The cared for person

Use this sheet to write down details of your pets and their needs/routines

Pet Name:	
Type of animal: (e.g. cat/dog)	
Additional information: (e.g. assistance dog, location of food, medication, routine)	
Pet Name:	
Type of animal: (e.g. cat/dog)	
Additional information: (e.g. assistance dog, location of food, medication, routine)	
Pet Name:	
Type of animal: (e.g. cat/dog)	
Additional information: (e.g. assistance dog, location of food, medication, routine)	
Continued overleaf <input type="checkbox"/>	

My emergency pet contact I have consent to record their personal details

Name	Contact number	Relationship to me	Key holder?
			Yes / No

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Form 902: Useful contact numbers

Contact	Number / email	Other info: (e.g. Keyholder / knows key safe number)
Devon Carers	03456 434 435	
CDP Care Direct Plus (Social care)	0345 1551 007	
GP		

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