

# Emergency Plan Extension Step Three

Keep me at  
the Cared For  
Person's house

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## Information about the person being cared for

My full name is: \_\_\_\_\_

I like to be called: \_\_\_\_\_

I consent to information about me being shared with relevant others.

Please tick if the cared for person does not have mental capacity to sign

Relationship (if not completed by me) \_\_\_\_\_

**Signed:**

**Date:**

The carer / person who knows me best is: \_\_\_\_\_

Their phone number: \_\_\_\_\_ My relationship to them: \_\_\_\_\_

The carer:

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

Name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_

Contact number: \_\_\_\_\_

### Social Services (Care Direct)

My needs are known to Social Care Services (Phone 0345 1551 007)

**Any additional information:** please include anything you have not covered and would like to be known e.g. background / family / friends / likes / dislikes

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## 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 Power of Attorney (LPA / EPA)

I **do** have a Power of Attorney for:  Finances     Health & Welfare

My attorneys are (as named in the LPA / EPA):

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

## 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

I am independent and do not require any extra care or support

If support is required - please tick the relevant boxes and give brief important details.

Support with:	Details: (e.g. medication sheet / moving and handling plan)	Are you assisted with this by: • your carer • a paid care worker
<input type="checkbox"/> Safety / risks		<input type="checkbox"/> My carer <input type="checkbox"/> A paid care worker
<input type="checkbox"/> Communication		<input type="checkbox"/> My carer <input type="checkbox"/> A paid care worker
<input type="checkbox"/> Personal care <input type="checkbox"/> Clothes <input type="checkbox"/> Contenance <input type="checkbox"/> Keeping clean <input type="checkbox"/> Other	I need prompting / physical help from 1 or 2 people	<input type="checkbox"/> My carer <input type="checkbox"/> A paid care worker
<input type="checkbox"/> Medication		<input type="checkbox"/> My carer <input type="checkbox"/> A paid care worker
<input type="checkbox"/> Food & drink		<input type="checkbox"/> My carer <input type="checkbox"/> A paid care worker
<input type="checkbox"/> Mobility <input type="checkbox"/> Walking <input type="checkbox"/> Standing / sitting <input type="checkbox"/> Getting on or off bed <input type="checkbox"/> Positioning <input type="checkbox"/> I have a moving & handling plan	I need prompting / physical help from 1 or 2 people	<input type="checkbox"/> My carer <input type="checkbox"/> A paid care worker
<input type="checkbox"/> Household tasks		<input type="checkbox"/> My carer <input type="checkbox"/> A paid care worker
<input type="checkbox"/> Emotional support		<input type="checkbox"/> My carer <input type="checkbox"/> A paid care worker
<input type="checkbox"/> Behaviour		<input type="checkbox"/> My carer <input type="checkbox"/> A paid care worker
<input type="checkbox"/> Keeping contact / socialising		<input type="checkbox"/> My carer <input type="checkbox"/> A paid care worker
<input type="checkbox"/> Recreational activities		<input type="checkbox"/> My carer <input type="checkbox"/> A paid care worker
<input type="checkbox"/> Sleep / needs at night		<input type="checkbox"/> My carer <input type="checkbox"/> A paid care worker

The care workers are from:  An agency  Personal assistant

Contact details: \_\_\_\_\_

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## My medication

My name is: \_\_\_\_\_ NHS number: \_\_\_\_\_

Diagnosed health conditions: \_\_\_\_\_

I take medication:  Yes  No

I can take medication by myself:  Yes  No (put details in the medication timetable)

My current prescription (with details) is:

stored with this plan  with the medication  a medication timetable is completed

other: \_\_\_\_\_

The medication is stored: (e.g. in a box in the kitchen above the toaster)

<b>GP details:</b>	Name: _____	Contact number: _____
	Address: _____	
<b>Pharmacy details:</b>	Name: _____	Contact number: _____
	Address: _____	

How and when I usually get repeat prescriptions: (e.g. automatically delivered by pharmacist weekly / carer picks up fortnightly on a Friday)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A medication template is available on the next page.

This information was given on: 00 / 00 / 00

**DISCLAIMER:** If you are unsure if this information is correct and up-to-date, please contact the cared for persons GP for confirmation

**Please keep these details up to date**

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## Medication timetable **Please make sure you keep these details up to date**

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

You may also want to attach the prescription script from the pharmacy to this page with the most up-to-date details of your medication.

I need the following support with my medication:

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## Professionals who help me

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

Name:	Role / business:
Phone:	Email:
How and when they help:	
Consent: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:	Role / business:
Phone:	Email:
How and when they help:	
Consent: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:	Role / business:
Phone:	Email:
How and when they help:	
Consent: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:	Role / business:
Phone:	Email:
How and when they help:	
Consent: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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## Pets in the household

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

Name:	Type of animal (e.g. cat):
Additional information: (e.g. assistance dog, location of food, medication, routine)	

Name:	Type of animal (e.g. cat):
Additional information: (e.g. assistance dog, location of food, medication, routine)	

Name:	Type of animal (e.g. cat):
Additional information: (e.g. assistance dog, location of food, medication, routine)	

Name:	Type of animal (e.g. cat):
Additional information: (e.g. assistance dog, location of food, medication, routine)	

## My emergency pet contact

I have consent to record their personal details

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship to me: \_\_\_\_\_ Keyholder:  Yes  No

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## Useful contact numbers

Contact	Number / email	Other info: (e.g. keyholder / knows key safe number)
Devon Carers	03456 434 435	
Care Direct (Social Care)	0345 1551 007	
Millbrook Devon	0330 124 4491	

## Other useful information:

Use this space to give any other information you think might be useful for your nominated contacts to know. For example: how your central heating works or how the oven works

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