

Emergency Plan Extension Step Three

Keep me at
the Cared For
Person's house

3

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

Emergency Plan Extension

Step Three

Keep me at
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Person's house

3

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:

Emergency Plan Extension Step Three

Keep me at the Cared For Person's house

3

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: |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------|
| <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: _____

Emergency Plan Extension Step Three

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Person's house

3

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)

| | | |
|--------------------------|----------------|-----------------------|
| GP details: | Name: _____ | Contact number: _____ |
| | Address: _____ | |
| Pharmacy details: | 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

Emergency Plan Extension Step Three

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Person's house

3

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 |
| | | | |
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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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3

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 | |

Emergency Plan Extension Step Three

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3

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

Emergency Plan Extension Step Three

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3

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 | |
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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
