



Plan for caring in an emergency for:

Sheffield
Carers Centre

.....
[Insert name of the person you care for]

Date plan completed.....



Details of the person I care for	My details (carer)
Forename	Forename
Surname	Surname
Likes to be called:	Address
Address	
Postcode	
Telephone no.	Telephone no.
Mobile no.	Mobile no.
Date of Birth	Date of Birth
Emergency contact 1	Emergency contact 2
Forename	Forename
Surname	Surname
Address	Address
Postcode	
Telephone no.	Telephone no.
Work phone no.	Work phone no.
Mobile no.	Mobile no.
Relationship to carer or cared for person	Relationship to carer or cared for person

Main professional contacts for the person I am caring for

GP	Social Services
Name	Name
Surgery	Job title
Address	Office address
Postcode	Postcode
Telephone no.	Telephone no.

The following sections provide information about the care needs of

Access

How would help get into the home?

Can answer the door? Yes No

Is there a key safe? Yes No

If yes, where? Who knows the access code?

If there is a house alarm, can operate it? Yes No Not applicable

If no, who is able to deactivate it?

Are there any safety risks in the home e.g. unsafe/uneven steps or unrestrained pets?

Information about the person I am caring for

Is there a Social Services **Support Plan** in place? Yes No

Where is this kept?

Does it include an emergency plan? Yes No If yes, please provide details:

Information about’s **medical condition or disability**

Does have any known **allergies** or experience any adverse reactions? (e.g. nuts, penicillin, elastoplasts)

If yes, please give details

Help needed with **medication**? Yes No

If yes, what do you do?

Medication is kept.....

If applicable, is any help needed with insulin injections / an inhaler / oxygen? Yes No

Anything extra to add?

Communication needs? For example:

- Difficulty with speech
- Understanding / speaking English
- Reaching / using the telephone

Please give details

Anything extra to add?

Does have any **memory problems**? Yes No

If yes, how does this affect him/her?

Anything extra to add?

Do you help with **eating and drinking**? Yes No

If yes, what do you have to do? (You could include here any tips for how to encourage eating or drinking or how to help with difficulties or reluctance to eat or drink)

At what time(s) do you help?

Are there any special dietary requirements? Yes No

If so, what are they?

Anything extra to add?

Do you help with **getting to the toilet**? Yes No

Where is the toilet?

How often do you need to give help?

Anything extra to add?

Do you help with **getting up in the morning / getting washed and dressed / going to bed**? Yes No

If yes, what do you do?

Anything extra to add?

Are there any problems with **sight**? Yes No

If yes, how does this affect him/her?

Are there any problems with **hearing**? Yes No

If yes, how does this affect him/her?

Anything extra to add?

Are there any problems with **mobility**? Yes No

If yes, how does this affect him/her?

Are any aids / equipment in use? Yes No

If yes , please give details

Is help needed to get up and down stairs? Yes No

Anything extra to add?

Doeshave a **care alarm and / or sensor pads**? Yes No

Please give details:

Could manage the **heating** in the home? Yes No

Anything extra to add?

Are there arrangements in place for any **other support**? If so, please put the names here and then their full contact details in the 'Other Useful Numbers' section later on in this form

Family and friends

Care Agency - how often and which one?

Day care – where, and which days?

Respite care – who provides the care and when?

Personal Assistant?

What sort of things does enjoy doing? (e.g. television / radio / knitting)

What does like?

What does dislike?

Things that are important to me, as the carer, to take into account when looking after

Pets

Does have any pets? Yes No

If yes, what are they, and where are they? What are their names?

What care do they need?

Is there anyone who would be willing to look after the pet(s)? Yes No

If yes, please give details:

Contact for pet care 1	Contact for pet care 2
Name	Name
Telephone no.	Telephone no.
Work phone no.	Work phone no.
Mobile no.	Mobile no.

Other friends / neighbours to contact

Title	Title
Forename	Forename
Surname	Surname
Address	Address
Postcode	Postcode
Telephone no.	Telephone no.
Mobile no.	Mobile no.
Relationship to carer or cared-for person	Relationship to carer or cared-for person

Other useful numbers

Please add whatever other contacts you think may be useful – eg.
District Nurse Team / Social Services / care agency / Community Psychiatric Nurse / pharmacy

Agency

Name / role

Telephone no.

Out-of-hours telephone no.

Agency

Name / role

Telephone no.

Out-of-hours telephone no.

Agency

Name / role

Telephone no.

Out-of-hours telephone no.

Agency

Name / role

Telephone no.

Out-of-hours telephone no.

Agency

Name / role

Telephone no.

Out-of-hours telephone no.

**Call 999
in an emergency**

Call 111 if:

- you need medical help fast but it's not a 999 emergency
- you think you need to go to A&E or need another NHS urgent care service
- you don't know who to call or you don't have a GP to call
- you need health information or reassurance about what to do next