

Emergency Care Plan

Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____

Mobile: _____

This plan was last updated on: _____

Please see the back pages for instructions to assist you when completing this plan.

Notes:

Carers NSW

Phone: 1800 242 636
Web: www.carersnsw.org.au
E-mail: contact@carersnsw.org.au
Address: Level 10, 213 Miller St, NORTH SYDNEY NSW

The Carer Line can provide information, advice and emotional support for carers. Contact our team on 1800 242 636 (Monday to Friday, 9am—5pm).

More copies of this plan are available on the Carers NSW website.

Condition/s and Medications

Condition/s including allergies

Medications

Prescriptions are kept here: _____

Medicare Number: _____

Allergies to medications: _____

Medication	Dosage	When taken	Condition it is for
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Carers NSW offers free, short-term counselling for carers. Counselling is available in person, over the phone or online, for carers living across metro, regional and rural areas.

Contacts

These people can be contacted in the event of an emergency.

First Emergency Contact

NAME:

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

Relationship: _____

Information: _____

Other Emergency Contacts

NAME:

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

Relationship: _____

NAME:

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

Relationship: _____

Other contacts:

Doctor:

Surgery: _____

Phone: _____

Address: _____

Info: _____

Pharmacy:

Phone: _____

Address: _____

Info: _____

Other:

Commonwealth Respite and Carelink Centre (CRCC)

Phone: 1800 052 222

Contact the CRCC for assistance with emergency and short term respite.

Registered Y N

Date: _____

Information: _____

Emergency Care Plan Instructions

An Emergency Care Plan can be used to help you make alternative arrangements for the person you care for in the event that an emergency takes you away from your caring role. Review the plan at least once a year and update any details. Let your family and friends know about your Emergency Care Plan. Keep the plan in a file on top of the fridge so it is easy for anyone to find. Write 'Emergency Care Plan' on the spine of the folder.

PAGE 2. Condition/s including allergies

List the condition/s of the person you care for and include any relevant symptoms or effects. This could include dizziness, falls, choking, fatigue, weakness, wandering, mood or communication issues.

Include any strategies you may use to assist the person you care for to understand instructions or information. You may like to list recent hospitalisations or changes in the condition/s.

Note any allergies, for example to certain foods and if an epipen is needed.

Medications

List any known allergies to medications.

Note where you keep prescriptions and the medicare number of the person you care for in case they need extra medication in your absence.

List all medications taken, including supplements, inhalers, drops and injections. Include the dosage and when it should be taken. Include any medications that can be taken 'as needed'.

PAGE 3. Care Required

Daily Care

This could include medication administering or prompting, feeding, bathing, dressing or undressing, preparing meals, prompting to eat, toileting, a catheter, transport, emotional and social support or safety issues including wandering, mobility and lifting.

You may include information about whether the person you care for can stay alone for any length of time or whether they need continuous care. Include if they get up during the night and how often they wake you.

Daily Routine

Often people needing care feel better if they can stick to their routine. Include mealtimes, rest times, bed time, any special activities like walking to get the paper and any household tasks they would usually perform.

Weekly Routine

List any regular appointments, services that may come to the home or day centre visits. Provide the contact details of any services that may visit the home. Include regular outings or groups the person you care for attends.

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You may find that there is not enough room on these pages for all of the information you would like to include. Add more pages where needed. Ask your pharmacist to print a list of medications. Think about completing a plan for yourself.

Emergency Care Plan

INSTRUCTIONS

PAGE 4. Care Required

Likes and dislikes

Knowing the likes and dislikes of the person you care for can help the person who steps into your role make sure the time is as enjoyable as possible.

What does the person you care for like to help out with? Do they need assistance to do this? Do they like music or television? Do they like being around people or being alone? Do they prefer outings to a busy café or a peaceful park? If the person you care for became upset what do you do to distract or sooth them? Do they have a favourite food, television program, activity, person or animal?

Other Information:

Hearing: Does the person you care for have trouble hearing and/ or use hearing aids? List where the spare batteries are kept and who to call if a repair is needed. How is it best to communicate with them eg: a raised voice, clearly, so that they can see your face etc.

Sight: Does the person you care for have trouble seeing and do they use glasses or contacts? Does this pose any safety issues?

Contenance: Does the person you care for have any continence issues and do they use any products? List where you purchase products from. Is extra planning needed when leaving the house?

Equipment: Does the person you care for use any special equipment? Provide any instructions for use in a separate document if needed.

Mobility: Does the person you care for need help to walk? Do they need to be lifted? Do you use any equipment or strategies to assist.

Falls: Has the person you care for had any falls? Explain how you try to prevent this and what to do if this should happen.

Diet: Does the person you care for need a special diet? Do they have any food allergies or intolerances? Is it difficult for them to eat food that requires a lot of chewing? Are there any products that need to be specially purchased, for example, from the pharmacy?

Memory: Do you use notes around the house to remind them of things? Do they get frustrated if you keep asking them what happened in the recent past? Do pictures or signals help them to understand what they need to do?

PAGE 5. Household Information

Use this section to direct people to call trusted family and friends who hold your personal information. Do not list bank details or the location of important documents here, but ensure someone knows where they are.

Include information that may help people to access and lock up the house, for example if keys are with a neighbour and who to contact for an alarm code. You may like to include instructions on how relevant appliances work or where to find useful items.

PAGE 6. Contacts

Include the details of who can be contacted in an emergency. Make some time to go through the plan with these people and let them know where it will be kept. Complete the doctor and pharmacy details in case they need to be contacted for clarification on the condition of the person you care for or their medications.

Carers NSW gratefully acknowledges Carers WA as the original author of this document.

Emergency Care Plan

If an ambulance needs to be called it can be useful to have a brief cheat sheet available. This can be kept on the front of the fridge and provided to ambulance officers. They can then communicate any important information to hospital staff. This could include communication or cognitive issues, hearing or sight problems, and mobility issues.

Name:	_____
Age:	_____
Condition/s:	_____ _____
Symptoms:	_____ _____
Medications:	_____ _____
Information:	_____ _____
Emergency Contact:	_____

Cut and fold these handy wallet cards for yourself and the person you care for.

I have a carer	My condition/s: _____ _____	I have a carer
My name: _____	Other information: _____ _____ _____	
My carer: _____		
Phone: _____		
Mobile: _____		
Address: _____		
I am a carer	Emergency contact	I am a carer
My name: _____	Name: _____ Phone: _____	
I care for: _____	Other information: _____	
Phone: _____	_____	
Address: _____	_____	
Condition/s: _____	_____	