



## Key information about the person I care for

This file contains important information about someone I care for with specific care needs. It is intended to be a quick reference to support Carer Gateway, informal and formal care providers to deliver safe and effective care, and to plan for changes in circumstances and emergencies.

## Introduction

This pack is designed to help carers capture key information about the support needs of the person they care for so they can easily provide these details to Carer Gateway, informal and formal support staff when arranging support services. If the person you care for has any other related plans, such as a behaviour support plan, emergency care plan, medication plan, meal plan, please include a copy with this pack. If you care for more than one person, please complete a separate file for each person.

Care recipient name:			Date of	birth//		
$\Box$ This person has given their consent for me to record and share their personal information for the purposes of service delivery.						
Key health information						
Last flu vaccination receive	Last flu vaccination received: MonthYear					
Last COVID-19 vaccination	received: M	lonth	Year			
Key service information						
Receives support through t	he Nationa	al Disability Insurance Sche	me (NDIS)	– please tick: Y □ N	1 🗆	
<ul> <li>If yes, their referen</li> </ul>	ice numbe	r is:	_			
Has received an Aged Care	e Assessm	ent Team (ACAT) assessm	ent – <i>pleas</i>	e tick: Y/N		
o If yes, their My Aged Care referral code is:Approval year:						_
Key safety information						
Please tick "Y" for yes or "N" for	r no in res <sub>l</sub>	oonse to the below question	ıs			
Does the person have any difficulty communicating, e.g. hearing impairment, vision impairment, cognitive impairment?	Y N	Does the person have any violent, aggressive or sexually inappropriate behaviours?	Y N	Does the person have any allergies?	Y□	N
Does the person speak and understand English fluently?	Y N	Does the person require assistance taking medication?	Y□ N□	Does the person have a choking risk?	Υ□	N□
	Y N	Does the person require wound care?	Y N	Does the person have an epipen or asthma inhaler?	Υ□	N□
<ul> <li>Is this person of Aboriginal or Torres Strait Islander origin? <i>please tick</i>: Y □ N □</li> <li>Is this person from a culturally or linguistically diverse (CALD) background? <i>please tick</i>: Y □ N □</li> </ul>						





# Emergency care plan

1800 422 737 www.carergateway.gov.au





## **Emergency care plan**

An emergency care plan has all the information about the person you care for in one place, so you can get it quickly and easily.

An emergency care plan makes it easy for someone to take over from you in a hurry.

## **Instructions**

## 1. Fill in your emergency care plan

- It should have all the information someone else would need to know to look after the person you care for
- If you need to add more information, you can write it on extra pages and keep them with your plan
- If you need help filling in your emergency care plan, call Carer Gateway on 1800 422 737

## 2. Save your emergency care plan

If you have downloaded the plan and filled it in:

- Save the plan to your computer or phone
- Print out copies of the plan

If you have asked for a printed copy of the plan and filled it in:

- Use a photocopier to make copies of the plan
- · Keep a copy of the plan somewhere safe and easy to see in your home
- Take a copy with you when you leave home or travel with the person you care for

## 3. Share your emergency care plan

- You can give people a printed copy or email it to them if you have saved it on your computer
- Give a copy to each of your emergency contacts
- Give a copy to your doctor, and anyone else who may need to know what to do



## **Emergency contacts**

My emergency contacts		
Name		
Phone		
Name		
Phone		
Thome		
Name		
Phone		
If something happens to me		
I would like my emergency contacts to		
My emergency financial arrangements are		

Remember to update this plan if your information changes. This emergency care plan and information for carers is available from Carer Gateway.



## Care needs

Care routine	Home and community care services
The person I care for needs:	Organisation/service provided
Full time care	
Regular visits	Phone
Meals only	
The person I care for needs help with:	Organisation/service provided
Getting meals	organisation//service provided
Going to the toilet	Phone
Showering/bathing	
Taking medicine	
Getting out of bed/moving around	Organisation/service provided
Mental health/emotional issues	
When do they need help (what is their usual routine)	Phone
	Other information
	Please attach extra notes if more space is needed
Food and diet, likes and dislikes, food allergies	
Behaviours, calming strategies	

Remember to update this plan if your information changes. This emergency care plan and information for carers is available from Carer Gateway.



## **Medical information and contacts**

Medicines	Doctor		
Medicine allergies	Name		
Medicines, dose/timing, special instructions	Address		
	Phone		
	Pharmacist		
	Name		
Health information			
Medicare number	Address		
Ambulance fund/Registration number	Phone		
Health insurance fund/Registration number	Health professional/hospital		
Medic-Alert number	Organisation/service provided		
Safety Net number	Address		
Concession card type	Phone		



## **Medicine list**

Medicine allergies					
Medicine name	Dose/timing	Other important information			



## Notes

Use this space to include any other important information				





## **Future Care Planning**

Unexpected events are part of life and can be an extremely stressful time for families. However this stress can be minimized if there are plans in place.

Planning and conversation are two of the most valuable ways in approaching Future Care Planning. When Future Planning, you can discuss your wishes in advance, put things in writing, get your affairs in order, complete relevant documents, and tell your family where your documents are kept. It is one of the greatest gifts you can give to those you love.

It is always practical and helpful to keep your documents in order, labelled and in an easy to find place.

LEGAL DOCUMENTS	YES	NO	WHERE IS THE DOCUMENT KEPT?
Advance Care Directive			
<u> </u>			
Enduring Guardianship (EG)			
Enduring Power of Attorney (EPOA)			
Power of Attorney (POA)			
Will			
Trusts			
Superannuation			Have you nominated beneficiaries? If yes, list here.
Fund Name:			
NON-LEGAL DOCUMENTS			
Online accounts (including social			
media) – login and password details			
Legacy and love documents			
FUNERAL PLANNING			
Do you have funeral arrangements in			
place i.e. prepaid funeral, funeral bond			
or funeral insurance?			
	1	1	





## **Glossary of Terms**

Advance Care Directive	An advance care directive is an important part of your end-of-life care. A
	component of the Advance Care Plan. The directive can contain all your health care needs, values and preferences for your future care and details of a substitute decision maker.
Enduring Guardianship	An Enduring Guardian is someone you appoint to make lifestyle, health and medical decisions for you when you are not capable of doing this for yourself. Your Enduring Guardian may make decisions such as where you live, what services are provided to you at home and what medical treatment you receive.
	Enduring Guardianship only comes into effect if or when you lose capacity and will only be effective during the period of incapacity, therefore, it may never become operational. However, it is a good way to plan for the future, particularly for unforeseen situations.
Enduring Power of Attorney (EPOA)	An Enduring Power of Attorney is a legal representative that a person can appoint in advance to manage their assets and financial matters on their behalf. This role can become part of the caring role if the person you care for is no longer able to make certain decisions for themselves due to impaired capacity.
Power of Attorney (POA)	A Power of Attorney is a legal document in which the person you care for appoints someone they trust or a trustee organisation to manage their assets and financial affairs, known as their Power of Attorney while they are alive. It can be useful to have a Power of Attorney if a person becomes unwell or no longer able to manage their financial affairs.
	It can be useful to have a Power of Attorney if you become unwell and are no longer able to manage your financial affairs. You can make an Enduring Power of Attorney which will continue to have effect after you have lost your capacity to self-manage.
Superannuation Nominated Beneficiaries	A superannuation beneficiary is the person/people who you nominate to receive your superannuation money if you die. Nominating a beneficiary/beneficiaries ensures your super is paid out to those who you'd like it to go to. Your nominated super beneficiary must be a dependent; a person dependent on you financially, a child, a spouse (including de facto partners). Superannuation nominated beneficiaries can be legally binding and non-binding.
Will	Your Will is a legal document with instructions for who you want to inherit your estate, care for your children and be the executor of your estate.
Trusts	Under Australian law, a trust is not a separate legal entity like a person or company, but an estate planning tool that puts a person or entity in charge of holding an individual's assets in an account for the benefit of another person or people.

# My notes



	Surname:	MRN	
	Given name:		TOP
	Date of Birth:		5
	Sex:	(Affix patient label here)	
	Please keep this place the origina board. The T	ategies to Support Care and form in a central place where staff can act of the form, or TOP 5 tag, on top of the bed chop 5 form travels with the individual throup of the strategies are	cess it. If the individual is in hospital, art notes and/or on the Patient Bed ughout their health care journey.
		e text space to prevent scrolling	on the back page 2
	1		
	2		
	3		
	4		
	5		
Co	ompiled by:		Date:
Er	mergency Contact	<b>t</b> :	
Τe	elephone:		



## **Identifying TOP 5 strategies**

As a staff member you should negotiate with the carer the TOP 5 strategies which could be most effective in the setting where the person is being cared for. When initiating a TOP 5 on a person with dementia/memory thinking or communication problems, the following script can be used as a prompt to obtain strategies from carers.

The following questions are about the person that you care for and will assist with personalising their care:

- Are there things/situations that you know of that may cause distress?
   E.g. colours, topics, gender of staff, visitors
- If unsettled, are there words or actions that will help settle and calm?
   E.g. listening to music, relocation, reading and lighting, cup of tea, read the paper
- Are there any set routines that have been developed to help keep the person reassured? E.g. at bedtime, with meals, personal care, when taking medication
- Are there any repetitive questions or recurring issues that may need specific answers?
   What is the preferred answer?
- Is there somebody that might be called out for? This could be a person or a pet
- Are you aware of any signs or triggers that indicate a need or a want?
   E.g. fidgeting to indicate a need to go to the toilet.

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