Emergency Care Plan

This booklet is for family carers to think about who could offer support, and what that person would need to know, in the event the primary family carer is unable to provide care due to an emergency.

EMERGENCY CARE PLAN FOR

____

Insert cared for person's name here

Developed by: ______________________________ (primary family carer)

Date: ________________

Personal details of person being cared for:

Name: ____

Address: ____

____

Eircode: ____

Phone Number: ____

Email: ____

Date of Birth: ____

GP Name: ____

GP Address:

____

____

GP Phone Number: ____

What difficulties/disabilities does this person that you care for have?

- Arthritis ☐
- Autistic Spectrum Disorder ☐
- Cancer ☐
- Cerebral Palsy ☐
- Dementia/Alzheimer's ☐
- Behaviour/Development Issues ☐
- Diabetes Elderly/Frail ☐
- Epilepsy ☐
- Hearing Loss ☐
- Heart Condition ☐
- Illness: Non-Life-Threatening ☐
- Hydrocephalus ☐
- Illness: Life-Threatening ☐
- Intellectual Disability ☐
- Mental Health ☐
- Multiple Sclerosis ☐
- Parkinson's ☐
- Physical Disability ☐
- Stroke ☐
- Substance Misuse ☐
- Palliative Condition ☐
- Visual Loss ☐
- Spina Bifida ☐

Other (please specify):

The person I care for can:

- Communicate verbally ☐
- Manage their own medicines ☐
- Wash/dress themselves ☐
- Answer the door ☐
- Answer the phone ☐
- Go to the toilet alone ☐
- Get themselves something to eat/drink ☐
- Stay safely on their own independently in the house for a short time ☐
- None of the above ☐

List of Medications:

Name of Medicine	Dose	How many times a day	Special Instructions

Where in the person's house is their medication kept?

Do they need support to take their medication?

If yes, what support is needed?

Pharmacy Name:

Pharmacy Phone Number:

Does the person receive any care or support services?

Main HSE[1] Contact (as required):______________________________________

Phone Number: ____

Day Service (if applicable): ____

Name of Service: ____

Name of Main Contact: ____

Phone Number: ____

Home Support / Personal Assistant Support (if applicable):

Name of Service: ____

Name of Main Contact: ____

Phone Number: ____

Respite Service (if applicable):

Name of Service: ____

Name of Main Contact: ____

Phone Number: ____

Other issues that may impact on the person's health and wellbeing:

Does the person have epilepsy? Yes ☐ No ☐

Does the person have any allergies? Yes ☐ No ☐

If yes, please list allergies and record if the person takes Buccal or has an EpiPen.

[1] This could be a Public Health Nurse, Social Worker, Disability Manager, etc.

Does the person have behaviours others need to be aware of?

Does the person need assistance to eat or drink? Yes ☐ No ☐

If yes, describe what help is required.

Does the person have a PEG or NG tube or require fluids to be thickened?

Yes ☐ No ☐

Where are the products and parts stored and who supplies them?

Does the person use any continence products? Yes ☐ No ☐

If yes, outline the type continence products needed and who supplies them.

Does the person require the use of a mobility aid e.g. hoist, wheelchair, walking stick, etc.? Yes ☐ No ☐

Does the person have any sensory issues? Yes ☐ No ☐

If yes, describe them here.

Emergency Contacts:

If there was an emergency and you were no longer able to provide care, do you have a family member or friend who would be able to provide the full care the person requires? Yes ☐ No ☐

If yes include their details

Name: ____

Address: ____

____

Eircode: ____

Phone Number: ____

Relationship to you, the carer? ______________________________________

Relationship to the person you care for? _______________________________

Does this person have a key to the cared for person's house? Yes ☐ No ☐

Other Emergency Contact:

Name: ____

Address: ____

____

Eircode: ____

Phone Number: ____

Relationship to you, the carer? ____

Does this person have a key to the cared for person's house? Yes ☐ No ☐

Have you discussed this plan with your contacts and do they agree to be contacted in the event that you are not able to provide care?

Yes ☐ No ☐

Other Information:

Use this space to consider what other information a person would need to know if they were required to provide care in the event of an emergency.

What now?

- Talk about the plan with the person you care for.
- Talk about the plan with the emergency contacts named in this document.
- Talk about the plan with other family members, healthcare professionals and people you trust.
- Give people a copy of the plan – or let them know where they can find it.
- Make sure the information is regularly updated.
- Find out your Eircode and make sure it is available close to the phone or the front door of the house in case of an emergency.
- Make sure you have enough medication for the person for a month – please don't stockpile medication as others who need it may not have access to it.
- Members of Family Carers Ireland have a membership card with contact details of a person to be contacted in case of emergency – carry it with you.
- In the event of an emergency, please contact 999.
- Try to relax and know that you have a plan in the event of an emergency situation.

This document was developed by **Family Carers Ireland** in response to the Covid-19 outbreak, at the request of our members, but it can be used for any emergency.

If you would like to share your experience of completing this document or using this plan, we would love to hear from you. If there is additional information you would like to see included in future versions please contact us by email at kmcloughlin@familycarers.ie.

Family Carers Ireland provide services and supports to carers of all ages across Ireland. This includes a National Freephone Careline - 1800 240724, a carer's emergency card, support groups, information about rights and entitlements, home care, respite, education and training and activities for carers designed to give them a break.

See www.familycarers.ie to become a member and get access to a range of supports and membership benefits including discounts for a large number of services and products.