**Carer’s Emergency Plan (Dementia)**

This emergency plan is for ……………………………

should the carer, …………………………… be unable to care for them.

Keep this plan in a prominent place and discuss in advance with people who can help.

Consider sending a copy to your local authority’s carer support organisation.

**About the Carer**

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| Name: | Date of Birth: |
| Address:Post Code: |
| Telephone, including area code:  |
| Mobile: | Work Number: |
| **About the person cared for:**  |
| Name of person cared for: Likes to be called: | Their date of Birth:  |
| Relationship to carer: |
| S/he lives at:Postcode: |
| Telephone, including area code:  |
| Are there any other occupants? If so please list and state relationship: |
| Is the cared for known to Social Services or any other care provider? If so give details. |
| Name and address of GP |

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| Details of the person’s disability, illness or condition: **Dementia** |
| Are there any communication difficulties?  |
| Does your ‘cared for’ have memory problems/concentration difficulties? |
| Can they be left on their own, and if so for how long?  |
| Please explain any problems someone might meet in trying to help. For example: can the person you look after appear difficult with someone they don’t know? What would they need to do to calm the person down? |
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| **Medication:****Please ensure that an up to date copy of the medication prescription (inhalers and essential medicines) is kept with current medication.** Details of where medication is kept:Is this person taking life preserving medication?Pharmacist/GP/Nurse to contact? |
| **About the help they would need:** |
| What assistance does your ‘cared for’ need ie help with getting washed and dressed, help with getting to the toilet, meals etc. Give any information you think would be useful to a helper taking over in an emergency |
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**Contact details of helpers who could assist in an emergency.**

**Consider how they could access the house. Can the ‘cared for’ answer the door, is there a key safe, and if so do the helpers have the access code?**

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| **Name 1:** Relationship to carer for i.e. son, friend, neighbourContact details, including telephone number:   |
| **Name 2:** Relationship to carer for i.e. son, friend, neighbourContact details, including telephone number:  |

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| **Name 3:** Relationship to carer for i.e. son, friend, neighbourContact details, including telephone number:  |
| **Name 4:** Relationship to carer for i.e. son, friend, neighbourContact details, including telephone number:  |
| **List useful contact numbers :** |
| **Social Services****Social services Out of hours emergency duty number:** **NHS Direct 111****Non emergency Police 101** |