



Emergency Care Plan

Use this document to record important information that can help with continuity of care if you are not able to provide it. It should be completed, kept up to date, and stored in an easily accessible place.

Carer Details

Name	<input type="text"/>		
Address	<input type="text"/>		
Main Contact Number	<input type="text"/>	Alternative Number	<input type="text"/>
Email Address	<input type="text"/>		

Person Being Cared For

Full Name	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>		
Relationship to Carer	<input type="text"/>		

Medical Details

GP Name & Surgery	<input type="text"/>	GP Phone Number	<input type="text"/>
Diagnosed Conditions	<input type="text"/>		
Allergies/Sensitivities	<input type="text"/>		

Medication Details

Medication Name	Dosage	When to take	How to take	Adminstered by	Storage	Notes

Attach additional sheet if needed

Care Needs

Mobility	
Eating & Drinking	
Toileting & Hygiene	
Communication	

Daily Routine

Morning

Afternoon

Evening

Night

Emergency Contacts

Primary Contact Name

Relationship

Main Contact Number

Alternative Number

Secondary Contact Name

Relationship

Main Contact Number

Alternative Number

Safeguarding & Risk Information

Known Risks

Alarms or Monitoring Devices

Advance Decisions & Legal Information

Advance Care Plan

DNACPR

Power of Attorney

Location of Documents

Additional Notes

Review Information

Date Completed

Completed By

Last Review

Next Review