Care Tool
Emergency Care Plan

Carers NZ's Emergency Care Plan is designed for family carers who provide regular or 24 hour support for an elderly, ill, or disabled family member or friend. If you become ill or die suddenly, having an emergency plan in place will ensure uninterrupted care for the person you support. Give copies of this Plan to at least one other member of your family or to a close friend, and/or to your GP, home support worker, or others who should know what to do if you are suddenly unable to continue caring. When you and the person you support travel away from home, take a copy of your Emergency Care Plan with you, along with copies of our Medications Care Plan. You may also wish to keep a copy of your Emergency Carer ID Card in your wallet or handbag, or attach it to your key ring. If something happens to you while you are away from home, the Card will alert others that the person you support may need help too.

To whom it may concern

I support someone who is frail, unwell, or has an impairment. If I become ill or die suddenly, please use the information in this Plan to ensure uninterrupted care for the person I support.

My name ..... **Address** .....

City/Town ..... **Phone** .....

PLEASE NOTIFY THESE EMERGENCY CONTACTS IF I BECOME ILL OR DIE SUDDENLY

Name ..... **Relationship** .....

Phone ..... **Mobile** ..... **Email** .....

Name ..... **Relationship** .....

Phone ..... **Mobile** ..... **Email** .....

Name ..... **Relationship** .....

Phone ..... **Mobile** ..... **Email** .....

My doctor ..... **Phone** .....

My solicitor ..... **Phone** .....

My accountant ..... **Phone** .....

Copies of my important papers (Will, Insurance Policies, Financial Documents, Birth Certificate, Passport etc) can be found in this place: .....

or contact ..... **whose details are listed above.**

I have a current Will ☐ **Yes** ☐ **No**

My IRD number ..... **My Community Services Card Number** .....

If I die, my preferred funeral director or service is .....

Phone ..... **City/town** .....

REMEMBER If your details change, complete a new Plan!
Download free tools and plans at www.carers.net.nz

HEALTH INFORMATION AND CARE ROUTINES FOR THE PERSON I SUPPORT

Name of person requiring support .....

My relationship to him/her .....

Their age ..... **Their address** .....

Their doctor's name ..... **Phone** .....

The person I support needs regular or 24 hour assistance ☐ Yes ☐ No

Describe the person's general daily care needs and preferences (Attach extra notes if more space is needed)

.....

.....

.....

.....

.....

The person I support receives assistance from support workers or other visiting health professionals

☐ Yes ☐ No

Services provided (How often, by whom, contact names and details; attach extra notes if more space is needed)

.....

.....

.....

.....

Personal care needs (tick all that apply)

Bathing/Showering: ☐ Yes ☐ No **In the :** ☐ AM ☐ PM

Dental (Teeth/Denture Cleaning): ☐ Yes ☐ No **In the :** ☐ AM ☐ PM

Dressing: ☐ Yes ☐ No **In the :** ☐ AM ☐ PM

Grooming (Hair, Nail Care etc): ☐ Yes ☐ No **In the :** ☐ AM ☐ PM

Assistance in the bathroom: ☐ Yes ☐ No

Bladder/bowel care products: ☐ Yes ☐ No

Special preferences or daily routines (Describe; attach extra notes if more space is needed)

.....

.....

.....

.....

Health information and care routines for the person I support continued...

The person I support requires assistance with lifting/transferring/mobility ☐ Yes ☐ No

Equipment used, daily routines and preferences (Attach extra notes if required)

Food and dietary preferences, coffee/tea etc, food allergies (Attach extra notes if required)

Dressing and grooming preferences, favourite clothing, toiletries, hair styles etc (Attach extra notes if required)

Other preferences and general care needs or routines (Attach extra notes if required)

Please also review the attached Medication Care Plan for dosages and routines ☐ Yes ☐ No

REMEMBER If your details change, complete a new Plan!
Download free tools and plans at www.carers.net.nz