

# Emergency Plan

Please use the  
details in this plan to  
arrange or provide  
emergency care for:

# Personal Details

**Name**

**Known as / prefers to be called**

**Address**

**Telephone numbers**

**Date of Birth**

**Religion / Faith**

**Next of Kin**

**Is a guardianship order in place? Please provide details**

**Is there a Power of Attorney? Please provide details**

**Is there an Anticipatory Care Plan in place? Please provide details**

**Likes**

**Dislikes**

# Needs of the person being cared for

## Personal Care

## Mobility

## Vulnerabilities

## Triggers and strategies

## Other

# Routine

|      | Morning | Afternoon | Evening |
|------|---------|-----------|---------|
| Mon  |         |           |         |
| Tue  |         |           |         |
| Wed  |         |           |         |
| Thur |         |           |         |
| Fri  |         |           |         |
| Sat  |         |           |         |
| Sun  |         |           |         |

# Emergency Contacts

## Emergency Contact 1

|   |   |
|---|---|
| Name  |   |
| Address   |   |
| Home Number   |   |
| Mobile Number   |   |
| Work Number   |   |
| Relationship  |   |
| Keyholder? <input type="radio"/> Yes <input type="radio"/> No                               | Access to keysafe? <input type="radio"/> Yes <input type="radio"/> No |
| What help can they provide in an emergency? Days / times, care and support, transport, etc. |   |
| Please sign to acknowledge you have read this plan and can help in an emergency             |   |

## Emergency Contact 2

|   |   |
|---|---|
| Name  |   |
| Address   |   |
| Home Number   |   |
| Mobile Number   |   |
| Work Number   |   |
| Relationship  |   |
| Keyholder? <input type="radio"/> Yes <input type="radio"/> No                               | Access to keysafe? <input type="radio"/> Yes <input type="radio"/> No |
| What help can they provide in an emergency? Days / times, care and support, transport, etc. |   |
| Please sign to acknowledge you have read this plan and can help in an emergency             |   |

# Emergency Contacts

## Emergency Contact 3

|   |   |
|---|---|
| Name  |   |
| Address   |   |
| Home Number   |   |
| Mobile Number   |   |
| Work Number   |   |
| Relationship  |   |
| Keyholder? <input type="radio"/> Yes <input type="radio"/> No                               | Access to keysafe? <input type="radio"/> Yes <input type="radio"/> No |
| What help can they provide in an emergency? Days / times, care and support, transport, etc. |   |
| Please sign to acknowledge you have read this plan and can help in an emergency             |   |

## Emergency Contact 4

|   |   |
|---|---|
| Name  |   |
| Address   |   |
| Home Number   |   |
| Mobile Number   |   |
| Work Number   |   |
| Relationship  |   |
| Keyholder? <input type="radio"/> Yes <input type="radio"/> No                               | Access to keysafe? <input type="radio"/> Yes <input type="radio"/> No |
| What help can they provide in an emergency? Days / times, care and support, transport, etc. |   |
| Please sign to acknowledge you have read this plan and can help in an emergency             |   |

# Health

**Health conditions**

**Allergies**

**Where is medication kept?**

**Name and address of pharmacy**

**Name and address of GP**

# Food

**Special dietary requirements**

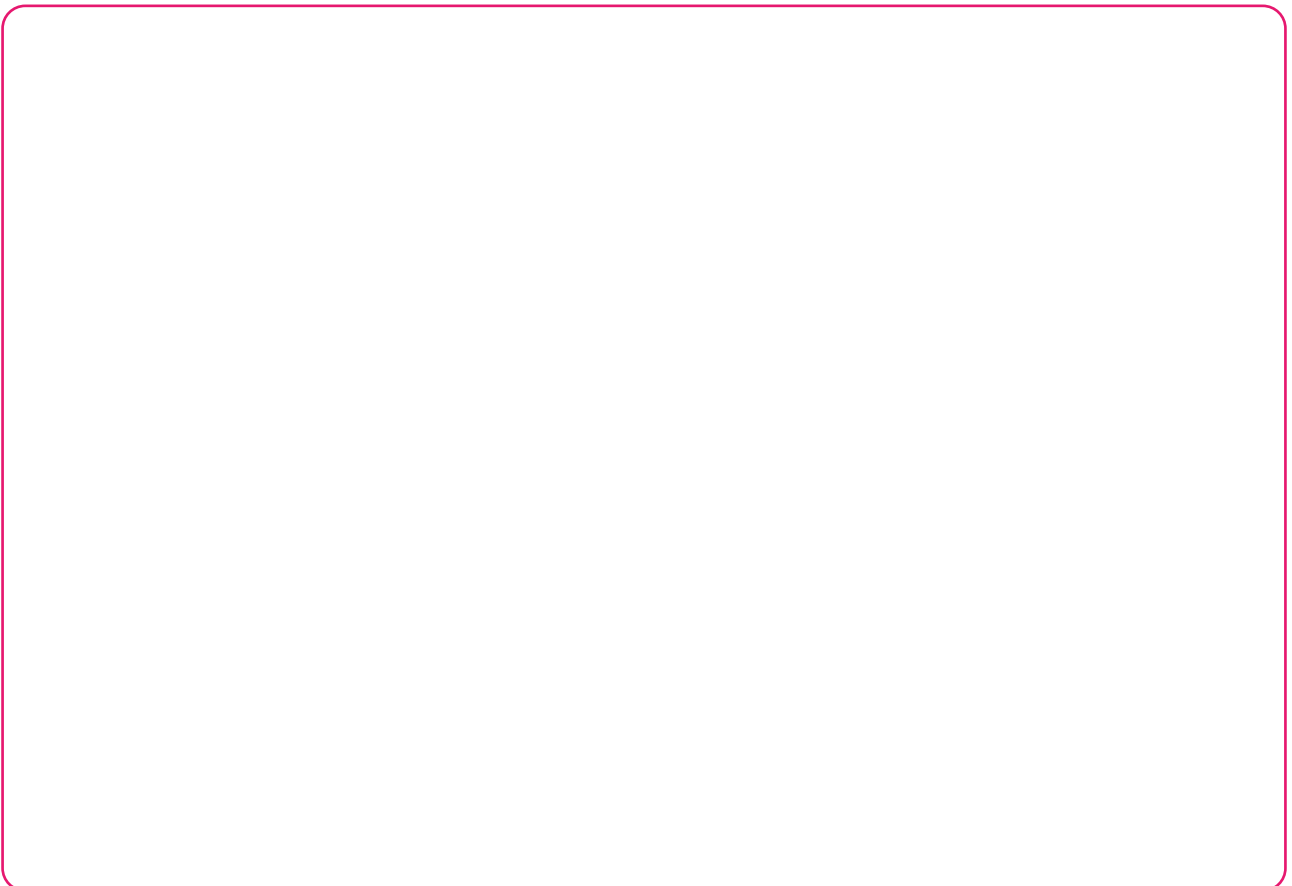


**Support needed at mealtimes**



# Communication

**Alternative communication methods**  
e.g. Makaton, British Sign Language, behaviour cues





# Useful Contacts

## Care Agency

|                                     |  |
|-------------------------------------|--|
| Name                                |  |
| Address                             |  |
| Contact Number                      |  |
| Care Provided<br>(days, hours etc.) |  |

## MND Clinical Nurse Specialist

|                |  |
|----------------|--|
| Name           |  |
| Address        |  |
| Contact Number |  |

## Dietician

|                |  |
|----------------|--|
| Name           |  |
| Address        |  |
| Responsibility |  |
| Contact Number |  |

## Rehabilitation Team

|                |  |
|----------------|--|
| Name           |  |
| Address        |  |
| Responsibility |  |
| Contact Number |  |

# Useful Contacts

## Speech and Language Therapist

|                |  |
|----------------|--|
| Name           |  |
| Address        |  |
| Contact Number |  |

## Social Worker / Care Manager

|                |  |
|----------------|--|
| Name           |  |
| Address        |  |
| Contact Number |  |

## Other

|                |  |
|----------------|--|
| Name           |  |
| Address        |  |
| Responsibility |  |
| Contact Number |  |

This plan has been shared with the following agencies:

|  |
|--|
|  |
|--|

## Other relevant information

## Pets in household (if applicable)

| Name | Species | What are the emergency care arrangements? |
|------|---------|---|
|      |         |   |
|      |         |   |
|      |         |   |



Making time count for people  
with motor neuron disease (MND)  
[mndscotland.org.uk](http://mndscotland.org.uk)



@MNDScotland



mndscotland

**Founders:** John and Peigi Macleod

**Royal Patron:** HRH Princess Royal