

## Emergency Healthcare Plan

Does not replace a DNACPR or ADRT

Name:	Next of Kin 1:
NHS No:	Phone no:
Address:	Relationship:
DoB:	Next of Kin 2:
	Phone no:
	Relationship:

**GP and Practice:**

Lead nurse:	Based at:	Tel:
Consultant:	Based at:	Tel:
Emergency OOH contact:	Based at:	Tel:

**Diagnosis(es):**

**Key emergency concerns (medications, ventilation):**

**Other important information:**

Anticipated emergency(ies)	What to do

**YES NO** Does this person have capacity to make these decisions?

**YES NO n/a** Has this person been informed of the decision?

**YES NO** Has this person's health and welfare LPA, IMCA or court appointed deputy been involved in discussions?

**YES NO** Has this individual consented for relatives to be part of discussions?

**YES NO** Does this person have an ADRT?

<b>Doctor/nurse:</b>	<b>Status:</b>
<b>Signed:</b>	<b>Date:</b>

<b>Patient name:</b>	<b>NHS no:</b>
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TEACHING RESOURCE ONLY