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**‘What IF’ Plan for Carers**

**Have you ever thought….What if I’m suddenly not able to care for a loved one?**

Creating a short ‘What IF’ plan could give you peace of mind and could be a life-saver for the person you care for! If you make a ‘What IF’ plan, share it with relevant family, friends, neighbours and professionals.

· What if, I am stuck at work, caught in traffic and I know I’m going to be home late?

· What if, I’m on holiday, ill or have another family emergency or some other unforeseen event?

· What if I’m in hospital and domiciliary care need to take over my caring role?

**Keep it simple and up-to-date. Here is our suggestion on the things you could include:**

|  |  |
| --- | --- |
| **Your details** | Name and contacts, your relationship with the person you support. |

|  |  |
| --- | --- |
| **Your emergency  contacts** | Names and numbers of key important people who can help the person you support at short notice if you are unable to be there. |

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| **Key professionals** | Name and contact for GP, pharmacy, social worker, carer agency, domiciliary carer, dentist, optician, chiropodist. |

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|  |  |
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| **Accessing the home** | Key holder details, alarm code, any pets to be aware of? |

**This is key information about the person you provide care and support to.**

|  |  |
| --- | --- |
| **Personal details** | Name and contact details, DOB, religion/faith. |

|  |  |
| --- | --- |
| **Health** | Details of their condition, illness, disability, mental health, wellbeing. |

|  |  |
| --- | --- |
| **Key persons** | Name and contact details, next of kin, power of attorney, guardians? |

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| **Health needs** | Include details of any medical treatment needs. |

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|  |  |
| --- | --- |
| **Medication** | Where is it kept, dose, time, repeat prescriptions, pharmacy used, any allergies? |

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| --- | --- |
| **Food & drink** | What are their dietary requirements, meal times, culture, likes and dislikes?  Are there any allergies? Is support with feeding required? |

|  |  |
| --- | --- |
| **Mobility** | What help, if any, do they need with getting around the house? |

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| **Independence** | What things can or can’t they do e.g. make themselves a cuppa? |

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|  |  |
| --- | --- |
| **Personal care** | Do they need help with washing, dressing, going to the toilet? |

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| --- | --- |
| **Interests** | What do they like to do - entertainment, hobbies, likes, dislikes? |

|  |  |
| --- | --- |
| **Exercise** | Is daily exercise taken, what is it? |

|  |  |
| --- | --- |
| **Conversation** | What do they like to talk about? |

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| **Communication** | Consider if sign language, hearing aids, glasses are used, the first language spoken, any behaviour to be aware of. |

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| **Daily routine** | Provide as much detail as possible about their daily routine - morning, noon, night, care during the night. Does an external carer visit the home, how often, what time etc. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Morning** | **Afternoon** | **Evening** | **During the night** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |
| **Saturday** |  |  |  |  |
| **Sunday** |  |  |  |  |

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