

**Do not use in an emergency. In an emergency, call 999.**

**Communications tool for care homes**

Please call from next to the person you are supporting and have their care plan and medication sheet to hand

<b>Situation</b>	<p><b>S</b> Date ___/___/___ Time ___:___ I am (your name) _____</p> <p>I am a nurse/senior carer/carers from (name of care home) _____</p> <p>I am concerned about (full name of the person you are supporting) _____</p> <p>I am concerned because (state what your observations are or what the person has told you for example, fallen/very distressed/breathing not right/catheter has come out)</p> <p>_____</p> <p>Address _____</p> <p>Postcode _____ Phone Number _____</p> <p>Date of birth (of the person you are supporting) ___/___/___</p>
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**What are the current circumstances?**

<b>Background</b>	<p><b>B</b> Does this person have a Key Information Summary (KIS)? Yes/No (Does it state anything relevant to this situation in the special notes?) _____</p> <p>This person was last reviewed by medical practitioner on ___/___/___</p> <p>who stated _____</p> <p>Relevant medical history of this person (including, for example: the person has dementia/sight problems/can get upset with strangers/communication needs/is diabetic/known allergies - have medication sheet to hand)</p> <p>_____</p> <p>Current medication of this person (have medication sheet to hand)</p> <p>_____</p> <p>This person has:</p> <ul style="list-style-type: none"> <li>• an Anticipatory Care Plan Yes /No (What does it state that is relevant to this situation?) _____</li> <li>• a D.N.A.C.P.R. in place Yes/No</li> <li>• an AWI or Section 47 treatment plan Yes/No</li> <li>• a Power of Attorney/Welfare Guardian Yes/No (What does it state that is relevant to this situation?) _____</li> </ul> <p>This person's preferred place of care is _____</p> <p>and has lived here since _____. I have known (The name of the person you are supporting) _____ for _____ years/months.</p>
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**What is your assessment of the person?**

**Assessment**

**A** What are the symptoms and changes you see in front of you? Has the person's behaviour changed? What has the person told you? Write down everything that you see or the person tells you. (Record what has changed in the last 24 hours. Have they eaten or drunk as normal? Do they have a temperature? Are they pale/in pain/struggling to walk/not as responsive as normal?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If appropriate and competent to do so – what are the vital signs?

BP \_\_\_\_\_ time taken \_\_:\_\_ Pulse \_\_\_\_\_ time taken \_\_:\_\_

Resps \_\_\_\_\_ time taken \_\_:\_\_ Temp \_\_\_\_\_ time taken \_\_:\_\_

Other (for example, blood sugar) \_\_\_\_\_

**Guidance – who might provide support to the current situation?**

- Speak to manager or colleague.
- Contact district nurse/pharmacy or other medical professional.
- Contact GP surgery to request visit/call back/appointment.
- If during out of hours – can it wait until surgery is open?
- Out of hours - call 111 advisor/local responder if immediate support or advice is needed.
- 999 this a life threatening situation.

**Do you need advice or support?**

**Recommendation**

**R** What do you, or the person needing support, think is needed? (Is advice needed now/call GP tomorrow/nurse needed today/monitor the situation?)

\_\_\_\_\_

Date of phone call \_\_\_/\_\_\_/\_\_\_ and time \_\_:\_\_

To (state service) \_\_\_\_\_

\*If you speak to a call handler pass on as much information about the person as you can\*

Action suggested (ask the call handler to repeat to ensure your understanding) \_\_\_\_\_

\_\_\_\_\_

If a practitioner visit is recommended: Time the person arrived \_\_:\_\_

Outcome of the visit? \_\_\_\_\_

Nurse/carer name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Time \_\_:\_\_

Additional notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_