

Young Carer Emergency Care Guide

Name: _____

Instructions: This is a plan to help you and the person you care for know what to do during difficult times and feel less worried. Fill in as much as you can and keep it somewhere you will remember. If you want, take a photo and share it with other people that help you as well, such as other family, someone at school, a chaplain, nurse or doctor.

Important: This document contains private information so don't forget to keep it in a safe place.

My details

My name is _____ and I care for _____ ,
who is my _____ (sibling, parent, friend).

Address: _____

Phone: _____

Details of the person I care for

Name: _____ Phone: _____

Address: _____

Language spoken: _____ Age: _____

Person's condition, illness or disability:

Family, friends and emergency contacts

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

If I am not around or able to help, I would like my emergency contacts to:

Care routine

The person I care for needs:

- ☐ Full Time Care
- ☐ Regular visits
- ☐ Meals only

When do they need help (what is their usual routine): _____

The person I care for needs help with:

- ☐ Getting meals
- ☐ Going to the toilet
- ☐ Showering/bathing
- ☐ Taking medicine
- ☐ Getting out of bed
- ☐ Moving around
- ☐ Mental health/
- ☐ emotional issues

Food and diet, likes and dislikes, food allergies:

Behaviours, calming strategies:

Home and community care services

You can include support workers, medical staff or your GP.

Organisation/service provided: _____

_____ **Phone:** _____

Organisation/service provided: _____

_____ **Phone:** _____

Organisation/service provided: _____

_____ **Phone:** _____

Organisation/service provided: _____

_____ **Phone:** _____

Organisation/service provided: _____

_____ **Phone:** _____

Other information

Medicines

Medicine allergies:

Health information

Medicare number: _____

Ambulance fund/Registration number: _____

Health insurance fund/Registration number: _____

Medic-Alert number: _____

Safety Net number: _____

Concession card type: _____

Doctor

Name: _____ Phone: _____

Address: _____

Pharmacist

Name: _____ Phone: _____

Address: _____

Health professional/hospital

Name: _____ Phone: _____

Address: _____

Medicines

Name: _____ Dosage/timing: _____

Other important information:

Name: _____ Dosage/timing: _____

Other important information:

Name: _____ Dosage/timing: _____

Other important information:

Name: _____ Dosage/timing: _____

Other important information:

Name: _____ Dosage/timing: _____

Other important information:

Name: _____ Dosage/timing: _____

Other important information:

Name: _____ Dosage/timing: _____

Other important information:

Medication interaction information:

Emergencies

When I am caring for _____, these are some of the things that may happen:

These are the things I can do to help:

If someone is unconscious or not responding, bleeding a lot and it is not stopping or might hurt themselves or someone else I need to call 000.

Things I do to look after myself!

☐ Play a game

☐ Do some artwork or doodling

☐ Listen to music

☐ Practice breathing slowly

☐ Go outside and put my feet on the grass

☐ Talk to someone I trust

☐ Write in a journal

Carer emergency card



A carer emergency card is a card you can carry in your wallet to let people know that you care for someone.

It's a good idea to carry an emergency card to make sure the person you care for will be looked after if something happens to you.

The person you care for should also carry a card in their wallet to let people know they are being cared for by you.

Instructions:

1. Print out and fill in the cards
2. Cut the cards out along the dotted lines
3. Fold the cards in half along the solid line
4. Put the carer card in your wallet
5. Give the other card to the person you care for, to put in their wallet or carry with them

I am a carer	In an emergency
<p>Name: _____</p> <p>I care for: _____</p> <p>Relationship to me: _____</p> <p> Remember to keep this card up to date. Visit www.carerswa.asn.au for more information.</p>	<p>Please contact the person below to make sure that the person I care for is looked after.</p> <p>Name: _____</p> <p>Relationship to me: _____</p> <p>Phone number: _____</p>
I have a carer	In an emergency
<p>Name: _____</p> <p>My carer: _____</p> <p>Relationship to me: _____</p> <p> Remember to keep this card up to date. Visit www.carerswa.asn.au for more information.</p>	<p>My condition/s: _____</p> <p>Care I require: _____</p> <p>Other information:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>