

Emergency Care Plans for Long Term Conditions

Patient Details

Name:
(forename/surname)

NHS no:

DOB:

GP:
(registered GP address)

Hospital no:

Next of Kin:

Next of Kin tel no:

Name of Community Practitioner

Tel:

Mobile:

Action Plan (self management) signs of deterioration

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Indications for urgent medical attention

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Information for emergency services

Allergies

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Medications

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Past Medical History

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Normal Baseline Observations

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|---------------------|-----------------------|-------------------|
| Blood pressure: | Heart Rate: | Respiratory Rate: |
| Oxygen saturations: | MRC (dyspnoea scale): | Temperature: |

Professional Network

| Name | Address | Phone no | Relationship to patient |
|------|---------|----------|-------------------------|
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| | | | |

Name:

Signature:

Designation:

Date: