

**Note for use**

In hours call- complete all clear part of the form that are relevant

Out of hours call – complete all parts of the form that are relevant

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

Whenever possible, please call from next to the person you are supporting and have their care plan and medication sheet to hand

Situation

**For use for all calls**

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ I am (your name) \_\_\_\_\_

I am a nurse/senior carer/carer from (name of care home) \_\_\_\_\_

I am concerned about (full name of the person you are supporting) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Phone No: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

**For use for calls to the GP:** The reason I am calling is to request: (complete all information if more than one reason)

Home visit	<input type="checkbox"/>	Telephone call	<input type="checkbox"/>
Near Me video appointment	<input type="checkbox"/>	Prescription request	<input type="checkbox"/>
Medication review	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>

Only use for OOH calls:

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)

**What is your background knowledge of the person?**

**For use for all calls**

I have known (the name of the person you are supporting) \_\_\_\_\_: for \_\_\_\_\_ years/months  
 This person's preferred place of care is \_\_\_\_\_ and has lived here since \_\_\_/\_\_\_/\_\_\_

**What is your assessment of the person?**

Assessment

**For use for all calls:**

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 in pain/struggling to walk/not as responsive as normal?)

\_\_\_\_\_

\_\_\_\_\_

What are the observations / vital signs? (If appropriate and competent to do so) Please provide:

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

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

Urinalysis: \_\_\_\_\_ time taken: \_\_\_:\_\_\_ Oxygen Saturation: \_\_\_\_\_ time taken: \_\_\_:\_\_\_

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

Repeat observations: \_\_\_\_\_

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**What are the current circumstances?**

<b>Background</b>	<p><b>Only for use for OOH calls:</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 ___/___/___ Who stated: _____</p> <p>Relevant medical history of this person (including, for example, the person has dementia / sight limitations / can get upset with strangers / communication needs / is diabetic / known allergies – have medication sheet to hand) _____</p> <p>Current medication of this person (have medication sheet to hand) _____</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 is state that is relevant to this situation?) _____</li> </ul>
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**Guidance – who might provide support to the current situation?**

<b>Recommendation</b>	<p><b>For use for OOH calls: Do you need advice or support?</b></p> <p>What do you, or the person needing support, think is needed? (is advice needed now/call GP tomorrow/nurse needed today/monitor the situation?) _____</p> <p>Date of phone call: ___/___/___ time: ___:___ To (state service)_____</p> <p><b>*OOH call - If you speak to a call handler pass on as much information about the person as you can</b></p> <p>Action suggested (ask the call handler to repeat to ensure your understanding): _____</p>
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**For use for all calls**

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

Outcome of visit?: \_\_\_\_\_

Nurse/carer signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_

Additional notes:

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