

Ready, Set, Plan – for Care Partner Absence

We all need to plan ahead. There may be a time that someone else may suddenly need to help care for the person living with dementia, such as if we become sick.

If and when this happens, filling out the information below and keeping it updated with any changes will help. You are encouraged to share this plan with a family member, friend or neighbour you trust or at least to let them know of the existence of this plan and where it can be found. It is also a good idea to store this plan in a place where it can be found easily by you or the person who will be helping to provide care while you are unable to.

Date Completed:

CARE PARTNER INFORMATION

HEALTH & PERSONAL CARE DECISIONS, PROPERTY & FINANCIAL DECISIONS

Primary Care Partner Name:

Relationship to Person Living with Dementia:

Power of Attorney for Personal Care:

- Legally Appointed Substitute Decision Maker:
- Substitute Decision Maker in Order (spouse, parent, children, siblings, other relative):

- Power of Attorney for Personal Care:
- No Automatic SDM or POA for Personal Care:
- No POA for Personal Care

Power of Attorney for Property:

- Legally Appointed Power of Attorney for Property:
- Power of Attorney for Property & Finances:
- No POA for Property
- Public Guardian & Trustee:

Please indicate where the POA paperwork can be found:

Other People Information Can Be Shared With:

(please list name, relationship and phone number)

- 1.
- 2.
- 3.
- 4.
- 5.

CARE RECIPIENT (PERSON LIVING WITH DEMENTIA) INFORMATION

Tip: It is helpful to attach a picture of the person living with dementia to this care plan to help during search and rescue if they were to go missing.

Name:

Preferred Name (Nickname):

Date of Birth:

Health Card Number:

Allergies:

Have a Do Not Resuscitate Certificate (DNR)? Yes No

If yes, DNRC# **Location of DNRC:**

Have a Medical Alert Bracelet? Yes No

If the person were to go missing, what are some of their favourite places they may travel to?

Have a pacemaker? Yes No

Other implanted device? Yes No

Registered with the Police/Finding Your Way? Yes No

Doctor/Specialist Name & Phone Number:

Dentist Name & Phone Number:

Eye Doctor Name & Phone Number:

Medical Conditions:

Please include recent hospital visits and/or surgeries.

ASSISTIVE DEVICES		
Device Name	Yes or No	Device Name
Glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hearing Aids	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dentures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Communication Board	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cane	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Walker	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wheelchair	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal Location Device (e.g., GPS)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shower Bench	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Raised Toilet Seat	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Portable Oxygen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CARE RECEIVED IN THE HOME OR PROGRAMS ATTENDED IN THE COMMUNITY		
Organization	Service	Contact Name & Phone Number

GETTING TO KNOW THE PERSON LIVING WITH DEMENTIA

It is important for anyone helping to care for the person living with dementia to know who they are as a person, including what they like and do not like. What would be helpful to know, such as their hobbies, cultural background, spiritual and religious beliefs and activities, favourite television shows or music, or anything else you feel is important to know.

Details:

DEMENTIA INFORMATION		
Does the person living with dementia have these symptoms? If yes, what is helpful to know to help keep them safe and well-cared for?		
Symptom	Yes or No	When does this happen? What helps to make it better?
Difficulty finding the right words or understanding others.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Difficulty planning or problem solving.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Slowed thinking or difficulty concentrating.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Changes in mood or personality.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Irritability or angry outbursts.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Confusion with time or place.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Indifference to important events or people.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Difficulty recognizing familiar people or objects.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Impulsive behavior.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signs of unsafe driving (i.e., failing to observe traffic signs, making slow or poor decisions in traffic).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Leaves the home and gets lost or confused about where home is.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Believing something that is not true or falsely accusing others.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Seeing things or people that aren't there.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sleep problems (i.e., problems with sleep/wake cycle, vivid nightmares, or physically moving around during sleep).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Changes in eating habits or diet such as binge eating or eating inedible objects.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

IMPORTANT FINANCIAL INFORMATION

While you are away, bill payments or purchases may also need to be made (such as groceries). Please provide any information, including account information, that will be needed for this purpose.

Details:

OTHER HELPFUL INFORMATION

Where possible, it may be helpful to also complete the *All About Me* booklet. By answering the questions in the booklet, there will be a record of what helps to make the person living with dementia content and at ease when the caregiver is not available to provide care. This booklet helps you to provide even more helpful information than what is asked for in this planning document.

The booklet can be found online at:

https://alzheimer.ca/sites/default/files/files/national/core-lit-brochures/all-about-me_booklet.pdf

For more information and support please contact your local Alzheimer Society:

Alzheimer Society London and Middlesex info@alzheimersociety.ca 519-680-2404

References:

Administration for Community Living/U.S. Department of Health and Human Services. Disaster planning toolkit for people living with dementia. Retrieved from: <https://nadrc.acl.gov/node/151>

Alzheimer Society of Canada Disaster (2015). Be ready for an emergency department visit. Retrieved from: https://alzheimer.ca/sites/default/files/files/national/hospital/be_ready_for_an_emergency_department_visit_checklist_e.pdf

The Ontario Caregiver Organization (2020). COVID-19 Education and resources: Do you have a plan? Retrieved from: <https://ontariocaregiver.ca/wp-content/uploads/2020/03/Ontario-Caregiver-Organization-Caregiver-Contingency-Plan.pdf>

Also adapted and used with permission, Alzheimer Society of Niagara and The Alzheimer Society of British Columbia (2005).