

## 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.

### 1 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. Name:	Relationship:	Phone:
2. Name:	Relationship:	Phone:
3. Name:	Relationship:	Phone:
4. Name:	Relationship:	Phone:
5. Name:	Relationship:	Phone:

## 2

## 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:

Language(s) spoken by person living with dementia:

Cultural background:

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      If yes:

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).

### 3 ADVANCED CARE INFORMATION

It is important to also note any medical decisions that the Person Living with Dementia would like made about their future medical care based on their values and beliefs. Developing a clear plan in advance can reduce family distress and help make sure that they receive the end-of-life care that they want.

**Tip:** You can get help with understanding advanced care planning and advanced health directives from your local Alzheimer Society.

Wishes:

### 4 MEDICATION INFORMATION

This medication is current as of (date):

Usual Pharmacy Name:

Phone Number:

Location:

**Medication Name**

**Dose/Frequency**

**Any Special Instructions?**

## 5 ASSISTIVE DEVICES

Device Name	Yes or No		Description of use
Glasses	Yes	No	
Hearing Aids	Yes	No	
Dentures	Yes	No	
Communications Board	Yes	No	
Cane	Yes	No	
Walker	Yes	No	
Wheelchair	Yes	No	
Personal Location Device (e.g. GPS)	Yes	No	
Shower Bench	Yes	No	
Raised Toilet Seat	Yes	No	
Portable Oxygen	Yes	No	
Other:			

## 6 CARE RECEIVED IN THE HOME OR PROGRAMS ATTENDED IN THE COMMUNITY

Organization	Service	Contact Name & Phone Number

## 7 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:

## 8 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.	Yes	No	
Difficulty planning or problem solving.	Yes	No	
Slowed thinking or difficulty concentrating.	Yes	No	
Changes in mood or personality.	Yes	No	

Symptom	Yes or No		When does this happen? What helps to make it better?
Irritability or angry outbursts.	Yes	No	
Confusion with time or place.	Yes	No	
Indifference to important events or people.	Yes	No	
Impulsive behavior.	Yes	No	
Signs of unsafe driving (i.e., failing to observe traffic signs, making slow or poor decisions in traffic).	Yes	No	
Leaves the home and gets lost or confused about where home is.	Yes	No	
Believing something that is not true or falsely accusing others.	Yes	No	
Seeing things or people that aren't there.	Yes	No	
Sleep problems (i.e., problems with sleep/wake cycle, vivid nightmares, or physically moving around during sleep).	Yes	No	
Changes in eating habits or diet such as binge eating or eating inedible objects.	Yes	No	

## 9 EVERYDAY ACTIVITIES

Does the person living with dementia need any help with the following everyday activities?  
If yes, what tips are helpful to know?

Activity	Yes or No		Tips
Bathing	Yes	No	
Eating (include favourite foods, special dietary needs)	Yes	No	
Dressing	Yes	No	
Grooming	Yes	No	
Medication	Yes	No	
Toileting (include incontinence products that are used)	Yes	No	
Walking/Mobility	Yes	No	

## 10 DAILY ROUTINE

Routine is important for all of us, but it is especially helpful for a person living with dementia. Please describe what an average daily routine looks like to help others understand how the person with living dementia spends their time. Please include timeframes, including the time they normally wake up and go to sleep.

**Details:**

## 11 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:**

## 12 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](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:

### **Contact Name & Information:**

### **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](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).