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| **Care and Support Plan - Request for essential bloods to be taken from patients who lack capacity to consent** | | | |
| **Name of Patient: NHS Number:** | | | |
| **Address:** | | | |
| **Contact telephone number:** | | | |
|  | | | |
| **Request from** |  | | |
| **Purpose** |  | | |
| **Date of MCA 1** |  | | |
| **Date of MCA 2** |  | | |
| **Fasting / Fluid’s requirements** |  | | |
| **Medication** |  | | |
| **Background information** |  | | |
| **Details of previous techniques/procedures used** |  | | |
| **Staff involved in procedure** |  | | |
| **Date and time for procedure to be carried out** |  | | |
| **Venue / environment for procedure to be carried out** |  | | |
| **Equipment Required** |  | | |
| **Other considerations such as use of Music etc.** |  | | |
| **Environmental risk assessment** |  | | |
| **Involvement of Carers/Family** |  | | |
| **Medication/Sedation required before procedure including administration** |  | | |
| **Advice sort from Resuscitation team (as required)** |  | | |
| **Advice sort from PMVA team (as required)** |  | | |
| **Aftercare** |  | | |
| **Further Actions** |  | | |
| **Communication of Care and Support Plan** |  | | |
| **Signature** |  | **Date** |  |