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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** |  |