

AMANI HEALTH CARE SERVICES LLC

PCA EMERGENCY BACKUP PLAN

Client Name:			
			e, the plan is to call 911 and admit to
		Hospital.	
PRIMARY CAREGIVER NO	OTIFICATION (OF EMERGENCY	
2. If the primary caregiver is i	not available and	I an emergency occurs	, the company will call:
Name	Relationship)	Telephone
a			
b			
C			
AND AT THE SAME TIME	CONTINUE TO	NOTIFY THE PRIM	IARY CAREGIVER.
3. If the above named client's	s condition requi	res that a physician be	contacted, the plan is to notify:
a Telephone			
b	Telephone		
4. In the situation where an ustaff, the plan will be that:	unforeseen even	t causes the company	to be unable to provide adequately traine
a. The company will attempt	in every way to s	secure immediate, traii	ned staff.
b. If the company is unable to the plan is to notify the follow			g and no other trained staff is available, de backup care.
Name	Relationship)	Telephone
1			
2			
3			
		-	backup care, and the company is unable ted client to:
	led Nursing Facil		equately trained staff is readily available
ALLERGIES:			
ADVANCED DIRECTIVE:	Yes No	If yes, type	
		Do Not Resuscitate	Full Resuscitate
COMMENTS:			
Client/Responsible Party Signature:			Date:
, , , , , , , , , , , , , , , , , , , ,			
Supervisor/Nurse Signature:			Date: