



Risk Assessment for Inclusion of Patient and lay carer(s)

This document aims to:

- support healthcare professional decision making on whether a patient and their lay carer(s) is suitable to be approached with the CARIAD intervention.
- monitor for risk occurrences in patients and their lay carers who are already using the intervention.

For completion by:

- the healthcare professional responsible for approaching the patient and their lay carer(s)
- healthcare professionals involved in ongoing care

Answer **Yes (Y)** or **No (N)** to each question. If the answer to any of the statements is **NO**, the patient and their lay carer(s) should not be approached and have the intervention offered, or should be advised not to use the intervention anymore.

The initial risk assessment should be completed on the patient and available carers. Following confirmation from the patient of who they would like to act as a carer(s) for the purposes of the intervention, the risk assessment should be confirmed using the box provided.

If the patient and/or lay carer(s) do not fulfil the initial risk assessment, the risk assessment should be filed at the local coordinator's office.

If the patient and lay carer(s) fulfil the initial risk assessment, a copy of this form should be filed at the local coordinator's office and the original added to the handheld patient notes. Risk should be reassessed at regular intervals and if the circumstances change.

After the patient has died, completed risk assessments should be returned to the local coordinator's offices.

The local SPCT will act in a coordinating capacity for the CARIAD intervention. The named lead in your locality area can be contacted if there are any concerns.

SPCT name and base:

Tel:

Email:

Named lead:

Tel:

Email:



Risk Assessment for Inclusion of Patient and lay carer(s)

<u>Patient</u>				
Name.....	Address.....			
NHS number	Date of Birth			
	Yes/No	Follow-up Checks (please date)		
No known history of substance misuse in family and/or friends				
Patient agrees (if have capacity) to carers undertaking this procedure				
If patient has any allergies to the usually prescribed anticipatory medication, there is a suitable alternative medication in place				
Patient is engaged with healthcare team and is willing to access available healthcare support systems e.g. out of hours service				
There is a suitable place for medication to be stored in the patient's home				

<u>Carer 1</u>				
Name.....	Relationship to patient.....			
Address.....	Tel no.....			
Email.....				
	Yes/No	Follow-up Checks (please date)		
Carer is willing to undertake task				
No known relationship issues or concerns between patient and carer which may contraindicate carer-administration of subcutaneous medicine				
Carer is engaged with healthcare team and is willing to access available healthcare support systems e.g. out of hours service				
Carer is over the age of 18				
Carer has mental capacity (not confused, disorientated or forgetful)				
Carer is deemed physically capable of task				
Carer has sufficient literacy skills to understand and complete necessary documentation, understands the importance of medications and is able to understand information relating to themselves and the patient.				
Initial risk assessment confirmed on identification of carer				
Date of initial risk assessment:	HCP name (please print):	Signed:		



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Carer 2				
Name.....		Relationship to patient.....		
Address.....		Tel no.....		
Email.....				
		Yes/No	Follow-up checks	
Carer is willing to undertake task				
No known relationship issues or concerns between patient and carer which may contraindicate carer-administration of subcutaneous medicine				
Carer is engaged with healthcare team and is willing to access available healthcare support systems e.g. out of hours service				
Carer is over the age of 18				
Carer has mental capacity (not confused, disorientated or forgetful)				
Carer is deemed physically capable of task				
Carer has sufficient literacy skills to understand and complete necessary documentation, understands the importance of medications and is able to understand information relating to themselves and the patient.				
Initial risk assessment confirmed on identification of carer				
Date of initial risk assessment:	HCP name (please print):	Signed:		

