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| **Supplement/ B 2**  (to the caregiving contract)  Need for medical orders | | | | | |
| 1. **Personal data of the person requiring care** | | | | | |
| Name: | | | | | Address: |
| Date of birth: | | | | | Email: |
| Telephone number: | | | | | Fax: |
| 1. **Contractual partners' personal data** | | | | | |
| * 1. **Client** | | | | | |
| * **Person requiring care** * **Representative on behalf of the person requiring care** (e.g. legal guardian, legal representative, etc.) * **Another person in support of the person requiring care** (e.g. relative, representative) | | | | | |
| Name: | | | | | Date of birth: |
| Address: | | | | | Proof of the power of representation / health care proxy, power of attorney / ruling by the guardianship court (e.g., appointment of a legal guardian):  (the proof must be enclosed as a copy) |
| Telephone number: | | | | | Email: |
| Fax: | | | | |
| * 1. **Contractor (caregiver)** | | | | | |
| Name/company: | | | | | Date of birth |
| Address of main office: | | | | | Email: |
| Fax: | | | | | Telephone number: |
| 1. **The following activities are to be agreed upon:**    1. o Help with oral intake of food and liquids, and taking medication    2. o Help with personal hygiene    3. o Help with dressing and undressing    4. o Help with using the toilet or commode including assistance with changing incontinence products;    5. o Help with getting up, lying down, sitting down, and walking    6. o Administering medicines    7. o Applying bandages and dressings    8. o Administering subcutaneous insulin injections and subcutaneous injections of anticoagulant drugs    9. o Taking blood samples from the capillary to determine blood glucose levels using test strips    10. o Simple provision of heat and light    11. o Other individual nursing or medical activity, if it has a comparable level of difficulty, as well as comparable requirements of the required due diligence to the aforementioned activities. This other medical or nursing activity is:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In total (under point 3.) \_\_\_\_\_\_\_\_\_\_\_\_\_ activities were ticked. | | | | | |
| 1. **The following questions must be answered and filled in in the presence of the parties by a healthcare**   **professional (doctor or a member of the higher-level service for health nursing,** e.g.,graduate nurse): | | | | | |
| * 1. **Personal data of the medical professional** | | | | | |
| Name of medical professional: | | | | Address / place of work: | |
| Date of birth: | | | | Telephone number: | |
| 1. **Transfer of simple nursing activities (within the meaning of § 3b section 2 GuKG - Federal Act on Healthcare Professions) to the caregiver:**   In the case **of the following activities, there are certain medical conditions which necessitate** the giving of instructions by a **medical professional to be implemented** by the caregiver: | | | | | |
| Re: 3.1 Help with oral intake of food and liquids as well as taking medication | | | | | |
| * Yes | * No | | | | |
| Re: 3.2. Help with personal hygiene | | | | | |
| * Yes | * No | | | | |
| Re: 3.3. Help with dressing and undressing | | | | | |
| * Yes | * No | | | | |
| Re: 3.4 Help with using the toilet or commode including assistance with changing incontinence products | | | | | |
| * Yes | * No | | | | |
| Re: Help with getting up, lying down, sitting down, and walking | | | | | |
| * Yes | * No | | | | |
| In total,\_\_\_\_\_\_\_\_\_\_\_\_\_ activities (under point 4.2.) were ticked with **"Yes”.** | | | | | |
| * 1. **From point 4.2. the following necessary arrangements have arisen after sufficient discussion:** | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * 1. **Implementing the following additional care measures (§ 14 section 2 line 4 GuKG) is arranged:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| * 1. **Duration of the arrangement(s) from point 4.2. to 4.4.:** * temporary, until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * unlimited   **NOTE:** The arrangement ends at the latest upon termination of the caregiving relationship!The arrangement may be **revoked at any time in writing** if this is necessary for reasons of quality assurance or due to a change in the state of the person requiring care. In justified cases and, insofar as the unambiguity and freedom of doubt are ensured, the withdrawal may also be made verbally. In these cases, withdrawal must be documented in writing without delay, and at the latest within 24 hours. | | | | | |
| 4.6 **Transfer of activities according to doctor's instructions to the caregiver (§ 15 section 6 GuKG, § 50b ÄrzteG):** | | | | | |
| Re 3.6. o Administering medicines    Re 3.7 o Applying bandages and dressings  Re 3.8 o Administering subcutaneous insulin injections and subcutaneous injections of anticoagulant drugs  Re 3.9 o Taking blood samples from the capillary to determine blood glucose levels using test strips  Re 3.10 o Simple provision of heat and light  Re 3.11 o Other individual nursing or medical activity, if it has a comparable level of difficulty, as well as comparable requirements of the required due diligence to the aforementioned activities. This other medical activity is:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In total, \_\_\_\_\_\_\_\_\_\_\_\_\_ activities (under point 4.6) were ticked.  **Note**: Within the framework of the jointly responsible area of activity, members of the quality service for health and medical care are entitled, in accordance with medical regulations, according to the regulations on the jointly responsible area of activity pursuant to § 15 para. (1) to (4) of the Federal Act on Healthcare Professions (GuKG), to transfer the following activities in an individual case to a caregiver (as defined by § 3b GuKG). | | | | | |
| * 1. **From point 4.6, the following necessary arrangements have arisen after sufficient discussion:** | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| * 1. **Duration of the arrangement according to pt. 4.6 and 4.7.**: * temporary, until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * unlimited   **NOTE:** The arrangement ends at the latest upon termination of the caregiving relationship! The arrangement may be **revoked at any time in writing** if this is necessary for reasons of quality assurance or due to a change in the state of the person requiring care. In justified cases and, insofar as the unambiguity and freedom of doubt are ensured, the withdrawal may also be made verbally. In these cases, withdrawal must be documented in writing without delay, and at the latest within 24 hours. | | | | | |
| **5. Proof of the ability and instruction of the caregiver**  It is confirmed that the caregiver   * **has the necessary ability** to carry out simple nursing activities or those which are **carried out according to a medical order** and * was instructed and guided **by medical staff to the** extent necessary **on the concrete implementation of the nursing activities which are carried out simply or according to a medical order**. | | | | | |
| **6. Agreement of activities and confirmation of arrangement(s)** | | | | | |
| **The medical professional** states that he/she will communicate the above clarification regarding the careful, conscientious and complete issuing of orders and instructions and all changes not arising from a medical instruction to the caregiver immediately in writing or verbally (the latter with written evidence within 24 hours).  It is noted that according to § 3b (6) GuKG, the caregiver is obliged  o to adequately and regularly document the performance of the ordered activities and make the documentation available to the medical staff caring for and treating the person requiring care, and  o to immediately provide the ordering medical staff here with all information that could be relevant for giving instructions, in particular change in the state of the person requiring care or interruption of the care provided. | | | | | |
| **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (medical professional) | | | **Place, date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **NOTE:** The caregiver has the option to refuse the transfer or agreement of nursing or medical activities / services (even if they are necessary!). | | | | | |
| **Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Caregiver) | | **Place, date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | | | |
| **Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Client) | | | **Place, date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |