

DATE: _____ **CENTRE:** _____

| | | | | | |
|-----|-----|-----|-----|-----|-----|
| Jan | Feb | Mar | Apr | May | Jun |
| Jul | Aug | Sep | Oct | Nov | Dec |

CHECKED MONTHLY (Initial in box)

PEEP ASSESSMENT
PERSONAL EMERGENCY EGRESS PLAN

| | | | |
|-----------------------------------|---------------------|---------|----------------------|
| NAME: | | WEIGHT: | |
| LOCATION: | | | |
| PEOPLE REQUIRED: | | | |
| LEVEL OF COMPREHENSION: | | | |
| EQUIPMENT CONSIDERATIONS: | Air mattress | | Morphine pump |
| | Catheter | | Infusion |
| | Peg Feed | | Wound Vacuum |
| | Oxygen | | Other |
| REQUIREMENT FOLLOWING EVACUATION: | | | |
| OTHER CONSIDERATIONS: | | | |
| MEANS OF EVACUATION: | | | |
| EVACUATION ROUTE: | | | |

Assessment carried out by: _____ Date: _____

I agree with the details set out in the assessment, signed: _____

*'COMPREHENSION' The level indicated here relates to an emergency situation and may not be indicative of an individuals comprehension in normal day to day situations.