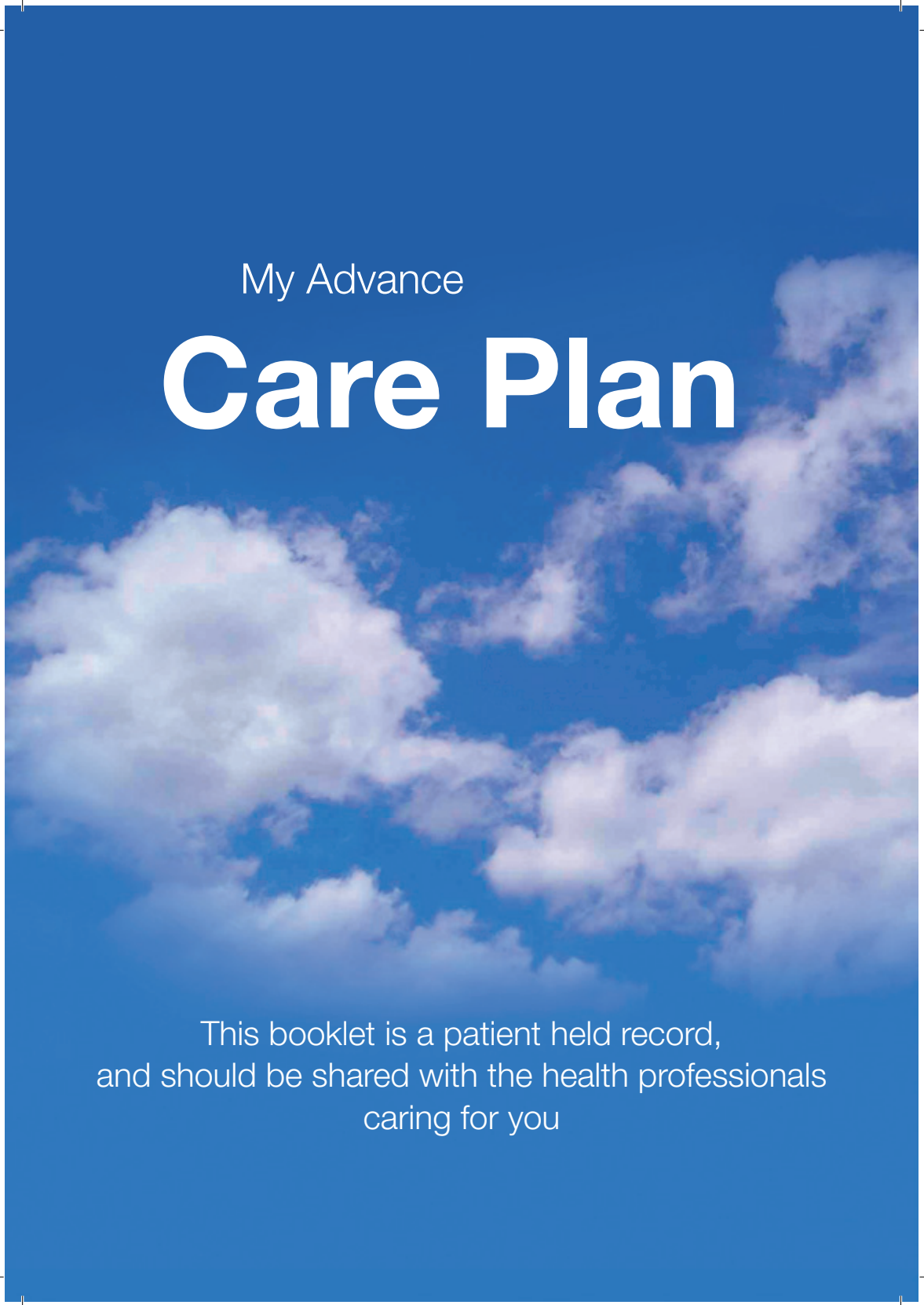

My Advance

Care Plan

This booklet is a patient held record,
and should be shared with the health professionals
caring for you

Planning for your future care

There may be times in your life when you think about the consequences of becoming seriously ill or disabled. This may be at a time of ill health or as a result of a life changing event. It may simply be because you are the sort of person who likes to plan ahead.

You may want to take the opportunity to think about what living with a serious illness might mean to you, your partner, or relatives, particularly if you become unable to make decisions yourself. You may wish to record what your preferences and wishes for future care and treatment might be or you may simply choose to do nothing at all.

One way of making people aware of your wishes is by a process of Advance Care Planning. This booklet provides a simple explanation about advance care planning and the different options open to you.

What is Advance Care Planning?

It is a process of discussion between you and those who provide care for you, for example your nurses, doctors, care home manager, or family members. During this discussion you may wish to express some views, preferences and wishes about your future care.

Aspects of Advance Care Planning

- Opening the conversation
- Explore your options
- Identify your wishes and preferences
- Refusing specific treatment, if you wish to
- Ask someone to speak for you
- Appoint someone to make decisions for you using a Lastin Power of Attorney

Let people know your wishes

Advance Care Planning in an entirely ***voluntary*** process and no one is under any pressure to take any of the steps.

Identify your wishes and preferences

The wishes you express during advance care planning are personal to you and can be about anything to do with your future care. You may want to include your priorities and preferences for the future, for example:

- How you might want any religious or spiritual beliefs you hold to be reflected in your care
- The name of a person/people you wish to act on your behalf at a later time
- Your choice about where you would like to be cared for, for example at home, in a hospital, nursing home, or a hospice
- Your thoughts on different treatment and types of care that you might be offered
- How you like to do things, for example preferring a shower instead of a bath, or sleeping with the light on
- Concerns or solutions about practical issues, for example who will look after your dog should you become ill

An Advance Care Plan:

- Is your plan to keep and share with those who are involved with your care.
- Gives you the opportunity to think about, talk about, and write down your concerns.
- Gives you the opportunity to let your family, friends and professionals know what is important to you for a time in the future when you may be unable to do so, in the form of ***an advance statement*** (see glossary of terms).
- Enables anyone who has to make decisions on your behalf in the future to take into account your wishes and preferences as written in your Advance Care Plan.
- Allows you to discuss treatments that might or might not be appropriate for you and those treatments you might wish to avoid and may lead to you considering completing an Advance Decision to Refuse Treatment (ADRT see below).
- May help you if you decide to appoint a ***Lasting Power of Attorney*** which can cover property and money but can also be for health and welfare (see glossary).

Over time you may wish to change what is written in your Advance Care Plan. It is advisable to review your plan at least every six months and share with your family and friends and professionals any changes you have made. It may be more appropriate for your care to move to a community setting, orchestrated by your primary care health team. Hospital visits may not improve your care and can be tiring.

This document is not meant for the purpose of refusing treatments. An ***Advance Decision to Refuse Treatment*** (see glossary) is legally binding provided it follows the strict guidance and criteria set down. To find out more, please speak to a healthcare professional who is aware of your situation and can guide you in your decision making.

Your Details

Your Name:	
Your Address:	
Your Telephone number:	
Your NHS No:	

This page contains some questions as a guide for you to help complete your advance care plan. The next page allows you space to write about things that are more personal to you and how you would like to be cared for in the future.

If you would like someone to help you discuss the future with your family/ friends please speak to you GP, nurse or care manager.

What concerns do you have about your health, now and for the future?

Who or what supports you when things are difficult?

Do you have any concerns about your carers' well being? Yes ☐ No ☐ (Please tick)

Do you have a particular religious faith or belief system that is important to you? Yes ☐ No ☐ (Please tick)

Please give details.

Would you like to talk to anyone about your faith/beliefs? Yes ☐ No ☐ (Please tick)

There may be a time in the future when you are unable to tell people what you want; please use this space to record the things that are important to you.

Your carer may like the opportunity to express their thoughts and concerns. The area below is for them to complete.

Name:	
Role:	
Contact number:	

Where would you like to be cared for if you were no longer able to care for yourself independently? eg. home, care home

1st preference:	
2nd preference:	

If your circumstances change, where would you prefer to be cared for when you are dying? eg. home, care home, hospital, or hospice

1st preference:	
2nd preference:	

Have you made a will? Yes ☐ No ☐ (Please tick)

If yes, where is it held?

Have you made funeral arrangements? Yes ☐ No ☐ (Please tick)

Where have you left the details?

Do you want to be buried/cremated? (circle as appropriate)

Do you have any special requirements e.g. funeral must take place within 24 hours of death

Refusing specific treatment

During an advance care planning discussion you may decide to express a very specific view about a particular medical treatment which you do not want to have. This can be done by making an advance decision to refuse treatment (previously called a Living Will).

An advance decision will only be used if at sometime in the future you lose the ability to make your own decision about your treatment.

You may wish to have further discussions with a health professional known to you about issues such as:

- Emergency admissions to hospital
- Use of life sustaining treatments e.g. artificial feeding, hydration, antibiotics, ventiliation and blood transfusions
- Attempts at cardio-pulmonary resuscitation (CPR)
- Organ donation

If there are any treatments you wish to refuse these can be documented in an ***Advance Decision to Refuse Treatment*** (see glossary) - if the health professional is unable to answer your questions he/she will refer you on to a colleague who can.

This document has been completed by:

Your name:			
Your signature:		Date:	

Suggested review date:	

(No longer than 6 monthly)

Who else has been made aware of the contents of this document: please record, e.g. GP, carers, friends and relatives.

Name	Role

Please give the Advance Care Plan Summary to your health care professional.

- Ask them to flag your clinical record and upload your details on to the electronic shared records
- If you have a message in a bottle, put a copy of your summary sheet in this
- If appropriate, discuss with your doctor about completing a Do Not Attempt a Cardio Pulmonary Resusciation form (Allow a Natural Death). The red copy should be retained by you and you must make all carers (professional and informal) aware of it. The front of the community nurse record can be a good place to keep it. It should travel with you to hospital or the hospice.

Do you give permission to share electronically useful clinical information about your care with the Out Of Hours doctor and nurse service, and other professionals who may benefit e.g. ambulance service?

Yes ☐ No ☐ (Please tick)

Your name:			
Your signature:		Date:	

Advance Care Plan Summary

Name:

NHS/Hospital number: DOB:

Address:

Postcode

Preferred place of care:

1st preference:

2nd preference:

Preferred place of care when dying:

1st preference:

2nd preference:

DNACPR form completed: Yes No

Details:

Have you written an Advanced Decision to Refuse Treatment (ADRT)? Yes ☐ No ☐

Details:

Does anyone have a Lasting Power of Attorney (LPA) for you?

No ☐ Property & Affairs ☐ Personal welfare ☐

Details:

If it were possible would you wish to donate any of your organs? Yes ☐ No ☐

Details of professional assisting you complete this form:

Name:

Designation:

Signature:

Contact number:

Patient signature: Date:

I agree to this information being shared with other Healthcare Professionals**:** Yes ☐ No ☐

Please send or give a copy of this document to your GP, District Nurse, Hospice, Ambulance Service or Hospital keyworker as appropriate.

Planned Review Date as agreed with the patient:

ASK SOMEONE TO SPEAK FOR YOU

You may wish to name someone, or even more than one person, who should be asked about your care if you are not able to make decisions for yourself. This person may be a close family member, a friend or any other person you choose.

If in the future you are unable to make a decision for yourself, a health or social care professional would, if possible, consult the person you named. Although this person cannot make decisions for you they can provide information about your wishes, feelings, and values. This will help the healthcare professionals act in your best interests.

This is not the same as legally appointing somebody to make decisions for you under a Lasting Power of Attorney (see glossary for further information about sorting out legal power of attorney).

You may have formally appointed someone to make decisions on your behalf using a Lasting Power of Attorney (LPA se glossary). If so, please provide their details below.

LPA Health (see glossary)

Name:			
Address:			
		Postcode:	
Telephone number:			
Relationship to you:			

LPA Property and Affairs (see glossary)

Name:			
Address:			
		Postcode:	
Telephone number:			
Relationship to you:			

If you have <u>not</u> registered a Lasting Power of Attorney, is there someone who knows you well and understands what is important to you? This person could be consulted about your care in the event that you are unable to make decisions for yourself. If so, please provide their contact details below:

Name:			
Address:			
		Postcode:	
Telephone number:			

Other Professionals Involved in Your Care:

General Practitioner

Name:			
Address:			
		Postcode:	
Telephone number:			

Community/District Nurse/Community Matron

Name:	
Telephone number:	

Palliative Care Specialist Nurse/Consultant

Name:	
Telephone number:	

Hospital Consultant

Name:	
Telephone number:	

Hospital Clinical Nurse Specialist

Name:	
Telephone number:	

Care Manager

Name:	
Telephone number:	

Glossary of Terms:

Advance Care Plan (of Advance Statement)

A statement of wishes and preferences that are personal to you and can be about anything to do with your future care. It might include the name of a person/people you want to act on your behalf at a later time; your thoughts on different treatments, choice about where you might like to be cared for such as home, care home, hospital, hospice; how you like to do things such as bath or shower, sleep with light on or off; music and television programmes you like.

An advance statement is not legally binding but needs to be taken into account when others are making decisions about your care at a time you are unable to. Take your Advance Care Plan to hospital, your GP and share it on admission to a care home. ***www.endoflifecareforadults.nhs.uk***

Advance Decisions to Refuse Treatment (ADRT)

Previously known as a living will or advance directive, this is a decision you can make to refuse a specific type of treatment at some time in the future. If you want to refuse life sustaining treatments such as artificial ventilation this needs to be in writing, signed and witnessed. It is advisable that you discuss this with a health professional who is fully aware of your medical history.

An advance decision to refuse treatment is legally binding and will only be used if you lose the ability to make your own decisions in the future. An advance decision to refuse treament can bring benefits but may also risk harm or unintended effects. It is advisable that you discuss the risks as well as the intended benefits with a healthcare professional who is fully aware of your medical history. A training website for professionals with a patient section and downloadable paperwork for completion is: ***www.adrtnhs.co.uk***

Lasting Power of Attorney (LPA)

Enables you to give another person (or several people) the right to make decisions relating to your property and affairs and/or your personal welfare should you lose the ability to do so for yourself at any time in the future.

Decisions about care and treatment can be covered by a Personal Welfare Lasting Power of Attorney.

All Lasting Power of Attorneys must be registered with the Office of the Public Guardian otherwise they cannot be used. It is only applicable to adults over 18 years. You can get a special form from the Office of the Public Guardian or stationery shops that provide legal packs. ***www.publicguardian.gov.uk 0845 330 2900***

Keyworker

The health or social care professional you consider to know you best and is youmain contact for advice/support

DNACPR - Do Not Attempt Cardio-Pulmonary Resuscitation

At the End of Life a natural part of the dying process is that the heart will stop beating. This is different from the sudden cardiac arrest where the heart stops due to problems with the electrical activity within the heart itself. While it may be possible to restart the heart due to a sudden cardiac arrest it is not possible to prevent the heart from stopping as part of the dying process where it would be inappropriate and often distressing to attempt cardio-pulmonary resuscitation (CPR). A complete DNACPR form therefore helps to allow a natural death and inappropriate attempts at CPR.

See Good Decision Making - the mental capacity act and end of life care: ***www.ncpc.org.uk***

I have an active Do Not Resuscitate Form	Yes ☐ No ☐

Keep this card in your purse:

UPDATE/REVIEW.

Your preferences and priorities

The above discussion has taken place between

Your name:			
Your signature:		Date:	

Healthcare Professional Name:			
Their signature:		Date:	

Suggested review date:	

(No longer than 6 monthly)

UPDATE/REVIEW.

Your preferences and priorities

The above discussion has taken place between

Your name:			
Your signature:		Date:	

Healthcare Professional Name:			
Their signature:		Date:	

Suggested review date:	

(No longer than 6 monthly)

Notes

This booklet has been developed as a joint initiative between NHS West Kent, Heart of Kent Hospice, Hospice in the Weald, and the Ellenor Lions Hospice.

Our thanks are extended to the following for their knowledge and support in the development of this booklet:

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Planning for your future care - a guide National End Of Life Care Programme, University of Nottingham
National Council for Palliative Care

This is a patient-held record and, if found, should be returned to the person named on page 4.