**BEST INTEREST DECISION RECORD AND CHECKLIST**

###### If an individual has been assessed as lacking capacity to make a specific decision then any act done, or decision made, for, or on behalf of them, must be done, or made, in their best interests.

|  |  |  |
| --- | --- | --- |
| **Patient Name:** | **Ward:** | **Completed by (Name & Designation):**  |
| **DoB:** | **MPI No:** | **NHS No:** | **Date:**  |
| **For what decision has the patient been assessed as lacking mental capacity?**  |
| Receiving the Covid-19 vaccination |
| **Is the patient likely to regain capacity? Can the decision wait until that time? If not, give reasons:** |
| No the decision cannot wait as the vaccine needs to be given imminently |
| **ADVANCED DECISIONS**  |
| **Does the patient have an advanced decision/statement relevant to this decision?** No |
| **Who was involved in making the best interest decision:** |
| **Individual consultations/ Attendees at Meeting** (*delete as appropriate*) | **Name** | **Role** | **Date met with** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Appointed Decision Maker |  |  |  |
| **Best Interest Checklist** |
| * *This decision is not biased by age, appearance, condition, gender, race or aspect of behaviour*
* *All issues and circumstances relating to the decision in question which are most relevant to the patient have been identified*
* *Where the decision concerns the provision or withdrawal of life-sustaining treatment, the decision is not motivated by a desire to bring about the patient’s death*
 |
| **Determination of best interest** |
| **What steps have been taken to help the individual communicate their wishes and feelings (e.g. family involvement, visual and communication aids)?** *Give details:***Has the individual themselves been able to express any preference even though they lack capacity to make an informed decision?** *Give details:***Is it known what the individual’s past wishes, feeling, values and beliefs on the matter were? Is it known what course of action the individual would have taken had they had capacity (e.g. is anything written down)?** *Give details:***Does the individual have any specific beliefs and values that need to be considered (e.g. religious, cultural, moral, political)?** *Give details:* |
| **What are the views of the relevant people in the individual’s life? What do they think should happen and why?****What do the relevant people in the individual’s life think the individual would say if they knew their current circumstances? What makes them think this?** |
| **Did you need to involve an IMCA?** Yes No*If yes, provide details of IMCA and their views on this decision:* |
| **POWER OF ATTORNEY/DEPUTYSHIP** *(if there is a relevant legal representative they would be the decision maker, however, they must still be acting in an individual’s best interests therefore it is important to continue with the steps below)* |
| **Does anyone hold Power of Attorney relevant to the decision? Or is there a relevant Court Appointed Deputy(s)?** Yes No**If yes provide details (e.g. type of role, what proof has been shown to demonstrate they hold this role etc.)****Document their views about the decision:** |
| **Considering the Options** *(Note, you must only consider the available options at the current time. You should not consider options that would not be available even if the individual had capacity and were demanding them)*This is not just a balancing process. You **must** consider the relative importance of the options to the individual. For example, one benefit might outweigh 10 risks.**List all the available options:** |
| **Option 1** | **Benefits (plus likelihood of benefits occurring and importance to patient)** | **Risks (plus likelihood of risks occurring and seriousness of risks) and downsides**  |
| **Have the vaccine** |  |  |
| **Option 2** | **Benefits (plus likelihood of benefits occurring and importance to patient)** | **Risks (plus likelihood of risks occurring and seriousness of risks) and downsides** |
| **Don’t have the vaccine** |  |  |
| **BEST INTERESTS ASSESSMENT SUMMARY** |
| **Considering all the factors, what final decision has been reached and why?****Is this considered to be the least restrictive option?** *Provide details:***Are there any disagreements about what is in the best interests of the patient?** *If yes provide details:* |
| **ACTIONS REQUIRED** *What needs to be done to reduce the risks of the chosen option?**What is Plan B (the backup option)? At which point would this be implemented?**Who is to carry out the different actions?* |
|  |
| **Decision-maker** | **Role** |
| **Signature** | **Date:** |