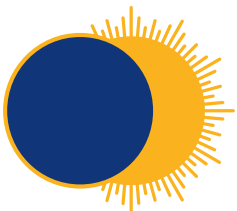




My advance care plan



Royal Hospital for
Neuro-disability

Introduction

Advance care planning describes the conversation between you, your family, friends, and carers about your future wishes and priorities for care. This includes what you think about all future treatments in consultation with your involved healthcare professionals (doctor, nurse, therapist, etc). It also includes where you would like to be treated in particular situations for example, at the end of life – in a hospice, long term care facility or at home.

This booklet is provided for you, to help you think ahead and tell others what is important to you. It can be completed by family, friends, loved ones or carers if you can not do so and can be completed over a period of time.

At the RHN, some individuals can make decisions about every aspect of their care. Others can contribute only in some ways, or not at all.

This advance care plan booklet is for you to:

- plan your future care
- have a chance to think about the care you want towards the end of your life
- write down what you want healthcare professionals, family and friends to know if you are no longer able to tell them yourself
- write down your thoughts and preferences regarding your care at the end of your life
- make any changes to the content of the booklet if your wishes change

It is advised that you discuss the medical treatment sections with your doctors before you complete it. You can complete as much or as little of the booklet as you can and want. You can change your decisions at any time and add to it as often as you like. It is recommended that you let others know if you change things, for example, your family, carers or your doctor.

This advance care plan should reflect your preferences and wishes, and we will respect these and take them into consideration when deciding your future medical treatment. This is not a legal document but this information will be useful in personalising your care.

If you are completing this booklet on someone's behalf, it is important to share what you think they would want known as their wishes and preferences to the best of your knowledge.

Person completing form:

Relationship:

My details

Name Date of birth / /

NHS number

Have you completed an advanced care plan in the past? Yes No Unknown

If yes, please provide details:

I have an Advanced Decision to Refuse Treatment Yes No
(if yes, a copy is to be placed on RHN Electronic Mental Capacity System)

I have a Lasting Power of Attorney (LPA) for health and welfare Yes (please provide details below) No
Name
Relationship No, but I would like one
Phone number
Address

I have a LPA for property and financial affairs Yes (please provide details below) No
Name
Relationship No, but I would like one
Phone number
Address

I have a Court Appointed Deputy for personal welfare Yes (please provide details below) No
Name
Relationship No, but I would like one
Phone number
Address

I have an Independent Mental Capacity Advocate (IMCA) Yes (please provide details below) No
Name
Relationship No, but I would like one
Phone number
Address

Relationships

My preferred first point of contact:

Name

Relationship

Phone number

Address

I understand that my preferred contact person has no legal status in clinical decision-making, but they will be consulted and informed.

The important people in my life include:

Full name

Relationship

Family members involved in Advance Care Planning discussions:

Full name

Relationship

Healthcare professionals involved in Advance Care Planning discussions:

Full name

Role

My care should **not** be discussed with the following people:

Full name

Relationship

About Me

Key information about me

Please let us know about yourself and the things that are important to you:

My health

When people ask me about my condition, this is what I tell them:

My religion

My faith or belief is:

No religion Christianity Islam Judaism Hinduism Sikhism Buddhism
Other (please specify):

I would like to talk to someone about my faith or beliefs Yes No

If yes, who might that be?

My spiritual and cultural values

If nearing death, I would like the following religious or spiritual rituals, or the following customs and practices:
(eg do you have any practices or traditions that are important to you?)

My future lifestyle choices

How I would like to spend my spare time here:

(eg music you listen to, the sorts of books you like to read, any social activities you'd like to try)

The things I'd most like to do in the future:

If there was one thing I'd like to do before I die, it would be:

Statements of wishes and care preferences

My future clinical care will be reflected in a Treatment Escalation Plan decided with my doctors, in consultation with statements that I have expressed in this Advance Care Plan.

I would like someone to help me discuss my future with my family and friends Yes No
If yes, who might that be?

The elements of care important to me now, and which I believe still will be in the future, include:
(eg good communication, dignity, comfort, pain relief, presence of loved ones)

Where I would like to receive care, if possible:
(eg the RHN, your own home, hospital, a nursing home)

Where I would like to receive care, if possible, if my condition deteriorates:
(eg the RHN, your own home, hospital, a nursing home)

I would like the following people to visit me if I am nearing death:
(You could also mention people you wouldn't like to see)

If I am nearing death, I would like my family and friends to know and remember the following:

If I am close to death, these things are important to me:
(eg, loved ones present, religious or cultural practices, music, to be comfortable and pain free)

If my health deteriorates, I might worry about:

If my health deteriorates, I **wouldn't** want:

If given a choice, I would prefer:

medications that allow me to stay alert but might not completely relieve my pain
medications that relieve my pain but might make me drowsy

If given a choice, I would prefer:

surgical procedures that may extend my life but leave me with impaired mobility and discomfort
no surgical procedures, whereby I live for a shorter period with an improved quality of life

What I'd like to happen when I die

Organ donation is now automatic in the UK , would you like more information on how to opt out?

Yes No

I have made a will Yes No

If **yes**, answer: my will is held by

If **no**, answer: I'd like to speak to someone about making a will Yes No

I have made funeral arrangements Yes No

I have a pre-paid funeral plan Yes No

If **yes**, answer: my pre-paid funeral plan is held by:

The type of service I would like to have – including funeral director, the type of service, where it would be held, music, flowers, and donations – would be:

When I die, I would like to be:

Buried Cremated Other (please specify):

Other details I would like, such as where to be buried, for my ashes to be inured or scattered:

Signature of the person completing the Advance Care Plan (ACP)

Depending on your condition and capacity to make decisions, please fill out whichever of these sections is most relevant to you.

A

I confirm that this is an accurate record of my healthcare preferences and will only be used when I am unable to express my preferences.

Print name

Date / / Signature

Witness name

Date / / Signature

B

If you are unable to physically sign this form, but have indicated agreement with this information verbally or by some other means, please can this box be ticked instead:

Witness name

Date / / Signature

C

When this care plan has been completed in 'best interests', the signature of the person completing this booklet is required:

Witness name

Role

Date / / Signature

Glossary of terms

Advance Statement

An advance statement is a written statement that sets down your preferences, wishes, beliefs and values regarding your future care. The aim is to provide a guide to others who may have to make decisions in your best interest if you have lost the capacity to make decisions or to communicate them.

Advanced Decision to Refuse Treatment

This is a legally binding document. An advance decision (sometimes known as an advance decision to refuse treatment, an ADRT, or a living will) is a decision you can make now to refuse a specific type of treatment at some time in the future. For more information, a leaflet is available upon request.

It lets your family, carers and health professionals know your wishes about refusing treatment if you're unable to make or communicate those decisions yourself. You essentially make a decision for yourself, in the future, when you may no longer be able to make one at the time. The treatments you're deciding to refuse must all be named in the advance decision.

CPR

CPR stands for cardio-pulmonary resuscitation. It's a lifesaving medical procedure which is prescribed for someone whose breathing and/or heart suddenly stops. It helps to mechanically pump blood from the heart by external compressions or electric shocks around the person's body when their heart can't.

DNACPR

DNACPR stands for Do Not Attempt Cardio-Pulmonary Resuscitation. The DNACPR form is also called a DNACPR order. A DNACPR form is a document issued and signed by a doctor, which tells your medical team not to attempt cardiopulmonary resuscitation (CPR). For more information, a leaflet is available upon request.

Lasting Power of Attorney

A Lasting Power of Attorney (LPA) is a legal document that lets you (the 'donor') appoint one or more people (known as 'attorneys') to help you make decisions or to make decisions on your behalf. This gives you more control over what happens to you if you have an accident or an illness and can't make your own decisions (when you 'lack mental capacity'). For more information, a leaflet is available upon request.

You must be 18 or over and have mental capacity (the ability to make your own decisions) when you make your LPA.

There are two types of LPA:

- health and welfare
- property and financial affairs

You can choose to make one type or both.

Mental Capacity Act 2005

The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.

It covers decisions about day-to-day things like what to wear or what to buy for the weekly shop, or serious life-changing decisions.

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- www.nhs.co.uk
- organdonation.nhs.uk (for more information and to opt out)





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