

My Advance Care Plan

**Complete with support from your health or
social care professional.**

**This booklet is a patient held record,
and should be used in conjunction with:**

PLANNING FOR YOUR FUTURE CARE

A Guide

Following discussion with your doctor, nurse or other health or social care professional, you have decided that you would like to complete an Advance Care Plan. You do not have to complete this plan if you do not want to.

The advantages of having an Advance Care Plan

- You can prepare for the future in a positive way.
- 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 on page 13*).
- Anyone who has to make decisions on your behalf in the future will take into account anything you have written in your Advance Care Plan.
- Allows you time to discuss treatments that might or might not be appropriate for you and those treatments you might wish to avoid.
- May help you to consider appointing a 'Lasting Power of Attorney' (*see glossary of terms on page 13*) which can cover property and finances but also health and welfare.

Over time, you may wish to change what is written in your Advance Care Plan. It is advisable that you review your plan at least every six months and share with your family, friends and professionals any changes you have made.

This document is not meant for the purpose of refusing treatments. Advance Decisions to Refuse Treatment (*see glossary of terms on page 13*) are legally binding providing 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.

Name:

Address:

..... Postcode:.....

GP Name and Address:

..... Postcode:.....

NHS Number: Date of birth:.....

You may have formally appointed someone to make decisions on your behalf using a Lasting Power of Attorney (see glossary of terms on page 13). If so, please provide their contact details below.

Name:

Address:

..... Postcode:.....

Telephone Number:

Relationship to you:

Is this Lasting Power of Attorney for: Property and Affairs
Personal Welfare
Or both

If you have not 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:

This page has some questions as a guide for you to complete your Advance Care Plan. On the next page there is space for you to write about things that are more personal to you and how you would like to be cared for in the future.

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

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Would you like someone to help you discuss your future with your family and friends? Yes / No (*please circle*)

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Who or what supports you when things get difficult?

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Do you have a particular faith or belief system that is important to you? Yes / No (*please circle*). Please give details.

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Would you like to talk to anyone about your faith or beliefs? Yes / No (*please circle*).

Where would you like to be cared for if you were no longer able to care for yourself?

1st preference

2nd preference

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

1st preference

2nd preference

Have you made a Will? Yes / No (please circle). If yes, where is the Will held?

.....
Have you made funeral arrangements? Yes / No (please circle).

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

You may wish to have a further discussion with your healthcare professional about issues such as:

- Emergency admission to hospital.
- Use of life sustaining treatments e.g. artificial feeding, hydration, antibiotics 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 of terms on page 13). If the healthcare 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:

Healthcare Professional Name:.....

Their Signature:

Date:

Suggested review date:

(no longer than 6 monthly)

Has a Do Not Attempt Resuscitation form been completed?

Yes / No *(please circle)*

Has an Out of Hours Handover form been completed?

Yes / No *(please circle)*

Update / Review date

Your preferences and priorities

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The above discussion has taken place between

Your Name:

Your Signature:

Healthcare Professional Name:.....

Their Signature:

Date:

Suggested review date:

(no longer than 6 monthly)

Update / Review date

Your preferences and priorities

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The above discussion has taken place between

Your Name:

Your Signature:

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Their Signature:

Date:

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Update / Review date

Your preferences and priorities

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The above discussion has taken place between

Your Name:

Your Signature:

Healthcare Professional Name:.....

Their Signature:

Date:

Suggested review date:

(no longer than 6 monthly)

CONTACT INFORMATION

NEXT of KIN / PERSON WHO KNOWS ME WELL

Name:

Address:

..... Postcode:.....

Telephone Number:

Mobile Telephone Number:

Relationship to you:

DISTRICT NURSE:

Name:

Address:

..... Postcode:.....

Telephone Number:

Out of Hours Telephone Number:

Mobile Telephone Number:

CARE MANAGER / AGENCY NAME:

Name:

Address:

..... Postcode:.....

Telephone Number:

Out of Hours Telephone Number:

Mobile Telephone Number:

OTHERS e.g. SPECIALIST NURSE, COMMUNITY MATRON

Name:

Address:

.....Postcode:.....

Telephone Number:

Out of Hours Telephone Number:

Mobile Telephone Number:

HOSPITAL:

Name:

Address:

.....Postcode:.....

Telephone Number:

OTHER:

Name:

Telephone Number:

OTHER:

Name:

Telephone Number:

GLOSSARY OF TERMS:

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 or hospice. How you like to do things such as taking a bath or shower, sleep with the 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 when you are unable to.

Advance Decisions to Refuse Treatment

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.

An Advance Decision is legally binding and will only be used if you lose the ability to make your own decisions in the future. An Advance Decision 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.

Lasting Power of Attorney

This 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 anytime 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 Public Guardian otherwise it cannot be used.

Only adults over 18 years can make a Lasting Power of Attorney.

**This booklet has been developed as a joint initiative between
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development of this booklet*

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**This is a patient held record and should be
returned to the person named on page 2**