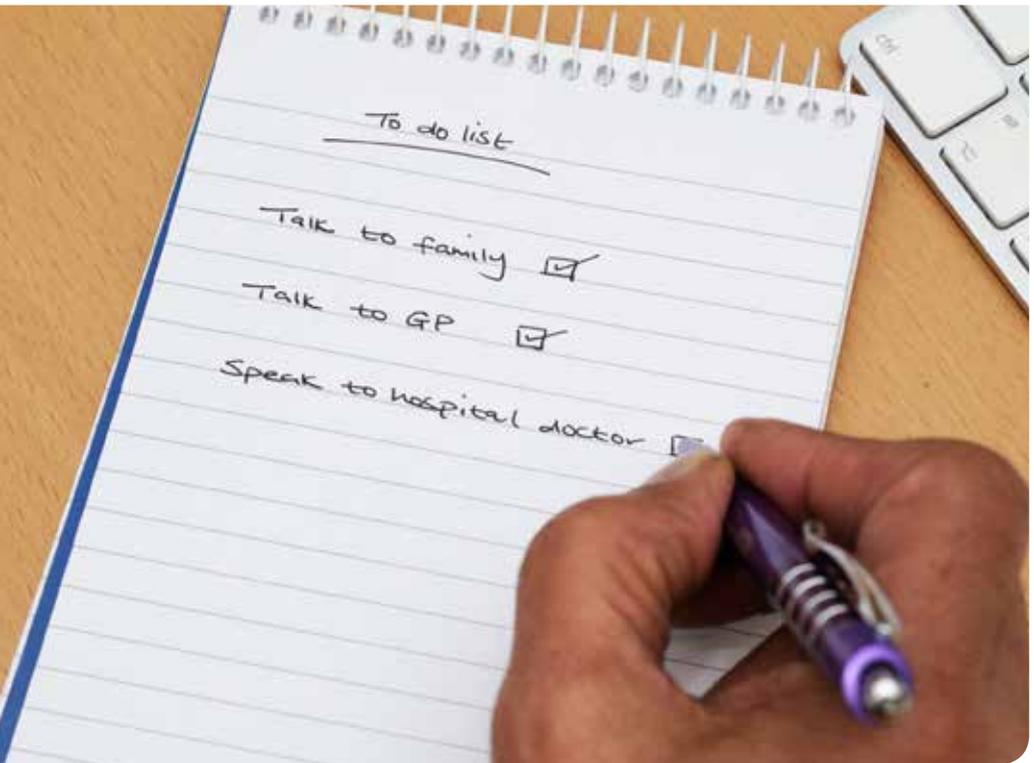


# Advance Care Plan



**Supportive & Palliative Care Team**

## Advance Care Plan

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### **A non-legally binding document to record your preferences and wishes for the future.**

Advance Care Planning is a way to record your preferences and priorities for your care in the future. This booklet is to be held by you and is to be given to health care professionals who you meet when you become ill and have need of care and treatment. A copy of this booklet should also be kept in your health care records.

### **Looking after this record**

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This booklet should be kept in a prominent place in your home.

### **Completing this document**

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If there is not enough space please use an additional sheet of paper to record extra information.

### **Making changes**

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If you decide to change anything on this record you should sign and date the alterations and inform the health care professionals you see about the changes.

Please take this booklet with you to all your health care appointments. Please inform them if you have made any changes to the plan.

#### **Your details**

Name
Address
Contact telephone number

## Advance Care Plan

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Question	Please give details below
1. Do you have any special requests or preferences regarding your future care?	
2. If your condition changes and you become unwell, where would you most like to be cared for?	

3. Is there anything you would ideally like to avoid happening to you?

4. Do you have any comments or wishes that you would like to share with others?

<p>5. Who else would you like to be involved if it ever becomes difficult to make decisions?</p>	<p>Proxy / Next of Kin Name</p> <p>Relationship to you</p> <p>Tel No</p> <p>Address</p>
<p>6. Do they have Lasting Power of Attorney?</p> <p>This only applies if you lose the ability to make these decisions for yourself and is only valid once it is registered with the Office of the Public Guardian.</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>If yes</b> Is this a Personal Welfare Lasting Power of Attorney who can make decisions regarding your health and personal welfare?</p>
<p>7. Have you made an Advance Decision to Refuse Treatment?</p> <p>This is a formal legally binding document which allows a person to refuse certain treatments. To be valid an Advance Decision must be made before you lose the ability to make such decisions.</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><b>If yes</b> Please give a copy to your Doctor / health care professionals</p>

<p>8. Have you made a will so that your preferences and wishes are known?</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p>9. What are your wishes and choices regarding possible organ or tissue donation?</p> <p>If you wish to be a donor you will need to discuss with your health care team, register to become an NHS Organ Donor and inform your family of your wishes.</p> <p>Do you carry a Donor card?</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p>10. Have you thought about what would happen if your heart and breathing stops?</p> <p>It is normal for patients and health care professionals to plan in case of a cardiopulmonary arrest and for your wishes to be known.</p>	

## Statement of your Wishes and Care Preferences

**Please confirm this is a true record of your wishes at this time:**

Your Name .....

Signature..... Date: .....

### **Details of any family members or carers involved in Advance Care Planning discussions:**

Name ..... Relationship.....

Name ..... Relationship.....

### **Details of health care professionals involved in Advance Care Planning discussions:**

Name ..... Role.....

Name ..... Role.....

**Are you happy for the information in this document to be shared with relevant health care professionals involved in your care?**

Yes

No

## Advance Care Plan Review

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It will be important to regularly review this document to ensure it still represents your wishes.

<b>Date</b>	<b>Changes or additions</b>	<b>Signature</b>
<b>Date</b>		
<b>Date</b>		

## Some terms explained

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### **Lasting Power of Attorney (LPA) Personal Welfare**

This allows you (if you are over 18) to choose someone to make decisions about your health care and welfare. This includes decisions to refuse or consent to treatment on your behalf. These decisions can only be taken on your behalf when you lack capacity to make the decisions yourself.

All LPAs must be registered with the Office of Public Guardian to be valid.

### **Advance Decision to Refuse Treatment**

An Advance Decision to Refuse Treatment (previously known as a living will or advance directive) is a decision you can make to refuse a specific type of treatment at some time in the future.

Sometimes you may want to refuse a treatment in some circumstances but not others. If so, you must specify all the circumstances in which you want to refuse this particular treatment.

There are rules if you wish to refuse treatment that is potentially life sustaining, for example, ventilation. An advance decision to refuse this type of treatment must be put in writing, signed and witnessed.

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

### **Cardiopulmonary Resuscitation (CPR)**

CPR is an emergency treatment which tries to restart a person's heart or breathing when these have stopped suddenly.

CPR only works in certain situations. People who were previously well and who have specific types of cardiac arrest are much more likely to respond. In people with very serious, advanced illnesses only about one person in a hundred who receives CPR will recover enough to leave hospital.

The ultimate responsibility for the decision usually rests with the consultant (in hospital) or your GP (at home or care home) although you, your family and/or healthcare proxy may be consulted as appropriate.

If CPR is not appropriate this will not prevent you from receiving other treatments for your comfort and dignity. These will still be offered to you as appropriate.

## **Who can I talk to if I want further help with anything in this booklet?**

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If you wish to discuss any of the above please talk to your Key Worker or Clinical Nurse Specialist (CNS). You may prefer to talk to your GP. Alternatively you can contact the Supportive & Palliative Care Team on

**01483 571122 ext 4188**

The team members are available 7 days a week between the hours of 9.00am–5.00pm.



## Contact details

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Supportive & Palliative Care Team

**Telephone:** 01483 571122 ext 4188

The team members are available 7 days a week between the hours of 9.00am–5.00pm.

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Royal Surrey County Hospital (RSCH) NHS Foundation Trust fully subscribes to the National Patient Safety Agency (NPSA) *Being Open* best practice framework, November 2010.

### **PALS and Advocacy contact details**

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Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located in far left corner as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** [rsc-tr.pals@nhs.net](mailto:rsc-tr.pals@nhs.net)

**Opening hours:** 9.00am–4.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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Author: Sally Hall

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