

Patient information factsheet

Your advance care plan

1. Your details					
Name:					
Date of birth:					
Hospital number:					
2. Meeting details					
	Virtual		Telephone		In person
					Other
People present:					
Completed with:					
Signature:					
Job title:					
3. Important people					
3.1. Who is your next-of-kin?					
Name:					
Contact details:					
3.2. If you were unable to communicate your wishes, who would you like your care and treatment to be discussed with first?					
Name:					
Contact details:					
3.3. Is there anyone with whom your care or treatment should not be discussed?					
Name:					

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3.4 Do you have any specific wishes or plans regarding loved ones, including children, partners, family members or friends (for example, preparing memory boxes, writing letters)?

3.5. Would you like any support with this?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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3.6. Do you have any specific wishes relating to children (visiting, communication, caring for them in the future)?

3.7. Would you like any support in talking to and preparing your children?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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4. Concerns

4.1. What concerns you most about your health now and in the future?

Date:

<input type="checkbox"/>	
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Date:

<input type="checkbox"/>	
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Date:

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Date:

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5. Your care

5.1. Have you had a discussion about treatment escalation plans with a member of your healthcare team?

	Yes		No	
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Treatment options include:

- full treatment, which may include moving to the intensive care unit (ITU) and/or having CPR (being resuscitated)
- full, active treatment on the ward, but not moving to the ITU or having CPR
- treatment for reversible conditions but not having ventilation or moving to the ITU
- treatment for reversible conditions but only at home or in the hospice
- treatment for symptoms only

5.2. Do you want to record any advanced decisions about treatment?

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5.3. Have you completed a 'do not attempt cardio-pulmonary resuscitation' (DNACPR) form?

	Yes		No		Not applicable
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If yes, please record the date that the DNACPR was signed:

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5.4 Have you completed a community DNACPR form?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable
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If yes, please record the date that the DNACPR was signed:

5.5 If circumstances change, where would you prefer to be cared for?

Are you known to a local hospice or community palliative care team?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable
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Details:

5.6. Do you have any religious or spiritual beliefs?

Faith:

Name of religious leader:

Contact details:

5.7. Is there anything you would like us to know in relation to your faith?

(For example, would you like us to contact a religious leader if you are in hospital or nearing the end of life?)

5.8. What are your thoughts about the end of life? Do you have any concerns about symptoms?

6. Funeral arrangements

6.1. What should happen to you after your death?

6.2. Are funeral arrangements in place?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not applicable
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Details:

6.3. Have you thought about what you would like at your funeral?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Specific wishes (such as music, readings, donations, flowers):

6.4. Have you written these plans down?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please give details of where these plans are kept:

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6.5. Do you wish to be buried or cremated?

<input type="checkbox"/>	Buried	<input type="checkbox"/>	Cremated	<input type="checkbox"/>	Other
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7. Financial and legal matters

Appointing a lasting power of attorney is a legal process for choosing someone to make decisions if you are not able to do so yourself. To do this, fill in the forms at www.gov.uk/power-of-attorney and then register with the Office of Public Guardian. This can take 10 weeks. This is optional - you do not have to appoint an attorney.

7.1. Do you have a lasting power of attorney?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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7.2. Who is your lasting or enduring power of attorney for property and affairs?

Name:	
Contact details:	

7.3. Who is your lasting power of attorney for health and personal welfare?

Name:	
Contact details:	

7.4. Do you have a will?

(For advice about wills, please visit: www.gov.uk/make-will/overview)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, where is it held?

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7.5. Have you kept a record of passwords/codes to your devices (computer, tablet, phone) and social media accounts (Facebook, Instagram, Twitter)?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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7.6. Does your next of kin know how to access your devices?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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8. Other

8.1. Is there anything else you would like to add to this plan?

8.2. Do you need any further support or information in relation to any issues covered in this document?

8.3. Do you give permission for this form to be uploaded to our electronic records?

	Yes		No	
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9. Review date

Suggested review date: 6 months

Review date 1:	
Suggested date for review 2:	
Review date 2:	
Suggested date for review 3:	
Review date 3:	
Suggested date for review 4:	

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