

Advance Care Planning Patient Held Record

West Sussex Hospices



Advance Care Planning is a way to record your plans, wishes, preferences and priorities for your care in the future.

Information on Advance Care Planning is available in a booklet called *Planning For Your Future Care* produced by the Department of Health and the National Council for Palliative Care.

You should be given a copy of the booklet by one of your healthcare professionals and discuss it with them before completing this form.

This form is to be held by you, the patient, and is for you to record your thoughts in a way that can be shown to healthcare professionals who you meet.

A copy of this form will also be kept in your hospice medical record.

Further Information Sources

Advance Care Planning www.endoflifecareforadults.nhs.uk/eolc/acp.htm

Advance Decisions to Refuse Treatment www.adrtnhs.co.uk

Lasting Powers of Attorney www.publicguardian.gov.uk

Preferred Priorities for Care www.endoflifecareforadults.nhs.uk/eolc/ppc.htm

Looking after this record This form should be kept in a prominent place in your home. If you use the *Message In A Bottle* system to alert potential emergency carers to your particular healthcare needs the form should be placed in the special bottle.

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

Making changes If you decide to change anything on this record you should sign and date the alterations and inform your healthcare professionals – ideally a new form should be completed.

Advance Care Planning Patient Held Record

Your name: Date of birth

You may want to document some of your wishes and preferences below:

- 1) Do you have any **special wishes, preferences or concerns** regarding your future care?

- 2) If your condition deteriorates **where would be your preferred place of care?**

- 3) Is there anything you would ideally like to **avoid happening to you?**

- 4) Have you made a **Lasting Power of Attorney** for Health and Welfare? If so, is it registered with the Office of the Public Guardian and who is/are the attorneys? Please provide their contact details below:

- 5) Have you **made a will?** Who is/are your executors?

- 6) Is there **anybody you would like to 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:

- 7) Have you made an **Advance Decision to Refuse Treatment?** If so, have you given a copy to your healthcare professionals?

- 8) Has anyone discussed **cardiopulmonary resuscitation** with you? If so, were any records or decisions made?

- 9) Do you have **any other comments or wishes** about your care that you would like to share with others?

Signature **Date**