

Date initiated: Date for review:

Allergies:

NAME: Known as:

DOB: NHS number:

Address:

Tel:

First Language/Interpreter required:

Emergency contact (and address if different from above):

Advance Care Plan including ReSPECT

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| --- | --- | --- | --- | --- |
| Review Date | Clinician Name | Designation(Grade/specialty) | Professional Body Number | Signature |
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**Your Advance Care Plan**

This document is a tool for discussing and communicating your wishes around your health and well-being. It is a document for joint decision-making between you, your relatives and/or carers and the health professionals who are involved in your care.

In addition to recording a short record or your advance plans, this document is also designed to provide an overview for those looking after you should an emergency situation arise where your health deteriorates and you cannot provide informed consent yourself. This is particularly helpful if your next of kin are not present immediately. It now includes ReSPECT (Recommended Summary Plan of Emergency Care and Treatment) at the front of this document including decisions regarding resuscitation.

Please see the ReSPECT website for further resources: <https://www.respectprocess.org.uk/>

This document has been adapted from the CYPACP endorsed by NICE: www.cypacp.uk

**Health professionals involved in your care and their contact details:**

(With your permission these people will hold a copy of this document)

|  |  |
| --- | --- |
| GP |  |
| Hospital or Hospice Consultant |  |
| Clinical Nurse Specialist |  |
| Community Services |  |

**This plan includes a ReSPECT form for the management of sudden deterioration and has 3 further sections:**

**Section 1: Demographics, Contacts, Diagnosis and Decision-Making**

**Section 2: Priorities for Living Well, Wishes around End of Life**

**Section 3: Clinical Management of Anticipated Problems/Symptoms (Anticipatory Care Plan)**

**SECTION 1: Demographics, Contacts, Diagnosis and Decision-making**

Other Key Family Members and Carers (optional):

Ethnicity:

Religion:

Occupation:

|  |
| --- |
| **Diagnoses** |
| **Main problems and background information**  |
| **Home Circumstances/Social environment** |

**Basis of Discussion/Decision-making**

**Clinician completing this form**

Name: Address: ACP in Care Home Team, Shropshire

Role: Community Health, Halesfield 6, Telford,

Professional Registration No: Shropshire, TF7 4BF

 Tel: 01952 580428

 Email: Shropcom.carehomemdt@nhs.net

Signature:

Date:

*Clinicians have a duty to act in the patient’s best interests at all times*

**Do you have an Advance Decision to Refuse Treatment?** *If so please give details and signpost where your ADRT is kept*

*Please select at least one of the options below and please ensure it is consistent with Sections 5 & 6 of ReSPECT*

[ ]  Wishes of person with capacity

Signature (Optional):

[ ]  Wishes of Legal Proxy e.g LPA for Health and Welfare

Signature (Optional):

[ ]  Best Interests Decision e.g Next of Kin and Clinicians

Signatures and roles (Optional):

*NB If Best Interests Decision then please complete Mental Capacity Assessment and Best Interests Paperwork in relation to this ACP*

**Section 2: Priorities for living well now and wishes around end of life.**

**Priorities for Living Well**

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| **Things that are important to your life now e.g place of care, activities, goals you would like to achieve** |
| **What do you wish for your family and those important to you?** |
| **Is there anything you worry about or something that you fear happening to you?** **Is there anything you would NOT want to happen?** |

**Wishes around End of Life**

|  |
| --- |
| **Wishes for end of life care including preferred place of death** |
| **Do you have any particular spiritual and cultural wishes?** |
| **Wishes around organ donation** (see separate guidance at <http://www.organdonation.nhs.uk>) |
| **Do you have any funeral preferences or choices you wish to record?** |

**Section 3: Clinical management of anticipated problems.**

**NB Please see the ReSPECT form at the front of this care plan for guidance on the management of sudden deterioration.**

**Management of anticipated problems.** This section should be used to record the management of specific circumstances that might be encountered. Where a management plan already exists please signpost it here.

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| **Instructions for specific circumstances** *e.g breathlessness, pain, recurrent infection/sepsis, falls, haemorrhage, seizures or altered consciousness, elimination issues. Include below if or when to call 999 and/or transfer to hospital* |
| Additional Notes |