



My Advance Care Plan

My Wishes and Preferences



My Advance Care Plan

What is this Plan for?

The Plan can help you prepare for the future. It gives you an opportunity to think about, talk about and write down your wishes and preferences for care in the future and at the end of your life.

The Plan can help you and your carers (your family, friends and professionals) to understand what is important to you when planning your care. If a time comes when, for whatever reason, you are unable to make a decision for yourself, anyone who has to make decisions about your care on your behalf will have to take into account anything you have written in your Plan.

Sometimes people wish to refuse specific medical treatments in advance. This Plan is not meant to be used for such legally binding refusals. If you decide that you want to refuse any medical treatments, you may do so using a document called an 'Advance Decision to Refuse Treatment' which you will need to discuss with your doctors.

Remember that your views may change over time. You can change what you have written whenever you wish to, and it would be advisable to review your Plan regularly to make sure that it still reflects what you want.

What should I include in my Plan?

You should include anything that is important to you or that you are worried about. It is a good idea to think about your beliefs and values, what you would and would not like, and where you would like to be cared for at the end of your life.

Will my wishes and preferences be met?

What you have written in your Plan will always be taken into account when planning your care. However, sometimes things can change unexpectedly (like carers becoming over-tired or ill), or resources may not be available to meet a particular need or the health condition that you may develop and could make it hard to follow your wishes entirely.

Should I talk to other people about my Plan?

You may find it helpful to talk about your future care with your family and friends, although sometimes this can be difficult because it might be emotional or people might not agree. It can also be useful to talk about any needs your family or friends may have if they are going to be involved in caring for you. Your professional carers (like your doctor, nurse or social worker) can help and support you and your family with this.

When you have completed your Plan, you are encouraged to keep it with you and share it with anyone involved in your care e.g. your GP and other health and social care staff as well as your family and/or those close to you. Unless people know what is important to you, they will not be able to take your wishes into account.

Personal information

Name	
Address	
DOB	
GP Details	

Next of kin/Lasting power of attorney

Who would you like to be consulted if it ever becomes difficult for you to make decisions or in the case of an emergency?

If you have officially appointed someone to make decisions on your behalf, using a Lasting Power of Attorney (LPA) for health and welfare, please indicate this below. This is different to a LPA for financial affairs.

Name	
Address	
Tel. No	
Relationship	
Do they have LPA for Property & Finance and Health & Welfare? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name	
Address	
Tel. No	
Relationship	
Do they have LPA for Health & Welfare and Property & Finance? Yes <input type="checkbox"/> No <input type="checkbox"/>	

My life story

A summary of important things you would like people to know about you – family, home, places where you have lived, working life, retirement, current and past interests. You may also wish to attach a couple photos of yourself, as you look now and one from your past.

The present

A brief description of your current situation, problems, difficulties or concerns (including general levels of health and ability).

My future care

Where would you like to be cared for if you become unwell and unable to look after yourself e.g. stay at home, move into sheltered or other supported accommodation (private flat with shared facilities and a warden), residential care (home for long-term care) or nursing home (care home with nursing care)?

My first choice:	Comments:
My second choice:	

What are your wishes and preferences for your future care?

What would give you a good quality of life? What do you like? What are your hobbies and interests? What's important to you?

What are your food/drink preferences, hygiene (bath/shower/shave/hair/make-up), sleep (preferred times for getting up/going to bed, light on/off, window open/closed)?

Is there anything you worry about or fear happening? Do you have concerns about practical issues (who will look after your child, pet etc)?

Do you have any thoughts about how much active treatment you would want to receive at this stage?

My end of life care

When you reach the end of your life where would you like to be cared for e.g. at home, care home, hospital or hospice?

My first choice:	Comments:
My second choice:	

What would be important to you as you approach the end of your life and do you have any specific wishes for this time?

Who would you like to be with you? How would you like things to be?

Is there anything you worry about or fear happening?

Is there anything that may comfort you e.g. music, smells, photos?

What are your thoughts about pain control?

Do you have any thoughts about active treatment at this stage?

My spiritual Care

Do you have a particular faith or belief system that is important to you?

How would you like this to be taken into account at the end of your life?

Please give details below of any people you would like to be contacted at the end of your life, who could inform others of your death and possibly your funeral if you are having one.

Name:	Address:
Relationship:	
Telephone:	

Name:	Address:
Relationship:	
Telephone:	

Name:	Address:
Relationship:	
Telephone:	

Advance decisions to refuse treatment

Have you made an Advance Decision to Refuse Treatment with your GP (previously known as a Living Will or Advance Directive)?

Yes No

If yes, please give details of where this is kept below and give a copy to your healthcare professionals.

Funeral wishes

I wish to be: Buried Cremated

Have you a pre-paid funeral plan (to cover the cost of your funeral)? Yes No

If yes, please give details including provider and policy number and where these are kept:

Have you recorded your funeral wishes? Yes No

Wishes you may have for your funeral:

Will

Have you made a Yes No

If yes, where is the Will held?

Organ donation

Are you on the NHS Organ donor register? Yes No

If yes, please add your NHS Organ donor number: _____

Comments:

For more information about organ donation ring 0300 123 23 23 or

www.organdonation.nhs.uk

For more information about donating your body to London medical and dental schools see

www.kcl.ac.uk/biohealth/study/departments/anatomy/lao/index.aspx

Further information

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

Completion

Details of the person completing this

Name:	
Signature:	
Date:	

Reviews

It is advised that you review your plan regularly and document any changes to your wishes. You can record any changes in the Addendum section below.

Please ensure this document is easily accessible to those who need to refer to it and you have shared your wishes, preferences and plans with those important to you.

Please also share a copy with your GP and any other health or social care professional involved in your care, and your family and/or those close to you.

Addendum

Please use this space to record any changes to your Plan. Remember to sign and date these changes and to share them with those who already hold a copy of your Plan as well as your GP and anyone else involved in your health and social care.