



Advance Care Planning Summary

This Advance Care Planning summary is a record of the discussions that have taken place with the patient, family members and Healthcare Professionals regarding the patient's wishes and preferences for their care at the end of life. It is not a legal document and is in addition to Advance Decisions to Refuse Treatment, Do Not Resuscitate decision or other legal documents. However it will be very helpful for health and social care professionals when they make decisions about the patient's care. Advance Care Planning must be reviewed regularly and especially whenever changes occur in the patient's condition or their expressed wishes.

Section 1

'Record of my Wishes' completed and held in patient held notes?		(tick if yes) <input type="checkbox"/>
Patient Name:		Date completed:
Address:		GP Details:
DOB:	Health & Care no:	Hospital contact:

Section 2

Family member/s or carer/s involved in Advance Care Planning discussions:				
Name:	Relationship:	Date:	Contact Tel:	Signature:
Name/s of Healthcare Professionals involved in Advance Care Planning discussions:				
Name:	Role:	Date:	Contact Tel:	Signature:
It is important that Advance Care Planning is discussed with your GP:				
GP Signature:				
Proposed date of review:				

Section 3

Thinking ahead.....

1. What elements of care are important to you and what would you like to happen in the future?

2. What would you NOT want to happen? Is there anything that you are concerned about happening?

Please understand that should an acute or unexpected medical problem arise, which could not have been reasonably predicted and if you are unable to communicate your wishes, the medical staff will act in your best interests

Do you have an Advance Decision to Refuse Treatment?	Yes/ No	If yes, give details of who has a copy
Do you have a Do Not Resuscitate decision document?	Yes/ No	

(These are legal documents which enable people to make decisions that will be useful if at some future stage they can no longer express their views)

Section 4

Proxy / next of kin

Who else would you like to be involved if it becomes difficult for you to make decisions or if an emergency arises?

Contact 1: Name: Address: Tel.....

Contact 2: Name:..... Address: Tel.....

Section 5

Preferred place of care

Although it may not always be possible to guarantee that your wish will be fulfilled, if your condition deteriorates where would you most like to be cared for?

1st choice

2nd choice

Comments

Section 6

1. Do you have any special requests, preferences, or other comments?

For example: religious / spiritual / cultural wishes:

2. Are there any comments or additions from other people you are close to? (please name)

This Advance Care Planning summary is a true reflection of my wishes and I agree for it to be share with the relevant health professionals:

Patient Signature:

Copy to patient held notes

Copy to Trust Key worker/DN

Copy to GP

Notify Out of Hours Nursing and GP systems of existence of ACP

Any other relevant Healthcare Professional eg. Hospice Nurse, Hospital contact etc.

