

# Caring for me

## Advanced Care Plan

**Supporting information for patients and their  
families/carers**

<b>Patient's Name:</b>
<b>NHS Number:</b>

## **The staff supporting you throughout your care will ensure that:**

- You are cared for with the highest standards of professionalism including respect, kindness and compassion.
- They have the skills and expertise needed to assess and address your needs and know when to seek specialist advice and help.
- You have the opportunity to discuss your wishes and preferences about your treatment and care if you wish to and will help to put this into writing as a personal plan if appropriate.
- Unless you have said you do not want your family/carers to be involved in decisions about your care they are given the opportunity to participate in discussions about your care and treatment however, they cannot give legal consent on your behalf.
- With your permission, there will be sharing of key information about your care, treatment and preferences with other people who are involved in your care.
- You have a clearly designated “senior responsible clinician” (Doctor) and registered nurse/key worker responsible for your care.
- If you are concerned that the decision being made is not right for you then you can request a second opinion from another or more specialised doctor.
- The staff caring for you will promptly assess any changes in your condition.
- Your family and carers will have the opportunity to discuss their concerns/needs and the professionals looking after you will support and will signpost them to agencies as appropriate.
- You will receive regular checks on your comfort level so action can be taken where necessary.
- You will be encouraged and helped to eat or drink if you wish to do so. If you are unable to or do not have the desire to drink good mouth care will be offered to you.
- If you are unable to eat or drink a decision regarding the possibility of giving fluid by a drip or syringe pump will be considered by nurses and doctors looking after you; they will consider your preferences when making these decisions and consult with you and your family and carers if appropriate.
- If you need medicines to help manage your symptoms (such as pain or sickness) you will receive these promptly.
- You and your family and carers know how to seek urgent help if you need it.
- You and your family and carers are able to spend as much time together as you both wish.
- When you die your body is treated with respect and in accordance with wishes you may have expressed previously, and any cultural or faith requirements you may have.

## Who is involved in my care?

Name \_\_\_\_\_ NHS No \_\_\_\_\_

<b>My community / care home team</b>		
GP	Name	Contact no
District nurse	Name	Contact no
Nurse	Name	Contact no
Specialist nurse	Name	Contact no
Specialist nurse	Name	Contact no
Out of hours nurse	Name	Contact no
Care manager	Name	Contact no
Carer agency	Name	Contact no
Other	Name	Contact no
Other	Name	Contact no
Other	Name	Contact no

<b>My hospital team</b>		
Consultant	Name	Contact no
Key nurse	Name	Contact no
Specialist nurse	Name	Contact no
Specialist nurse	Name	Contact no
Other	Name	Contact no

<b>Hospice team</b>		
Consultant	Name	Contact no
Key nurse	Name	Contact no
Other	Name	Contact no

<b>Other people involved in my care</b>		
Name	Title	Contact no
Name	Title	Contact no

## Planned visits

Name \_\_\_\_\_ NHS No \_\_\_\_\_

The following services have been put in place to provide support and care for you and your family.

Time/day	7.00am – 10.00am	10.00am – 2.00pm	2.00pm – 6.00pm	6.00pm – 10.00pm	10.00pm – 7.00am
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

## Planned visits

Name \_\_\_\_\_ NHS No \_\_\_\_\_

The following services have been put in place to provide support and care for you and your family.

Time/day	7.00am – 10.00am	10.00am – 2.00pm	2.00pm – 6.00pm	6.00pm – 10.00pm	10.00pm – 7.00am
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

## How will my care be planned?

### How will I be involved in planning my care?

You will be offered the opportunity to discuss your wishes and preferences about your care and treatment, and to put this in writing as a personalised plan. It is entirely up to you whether or not you wish to do this – you should not feel pressured or forced to do so. A plan can be shared amongst those caring for you, saving the need to explain your wishes over and over again. If you feel too unwell to actively participate in discussions about your care in the future, this plan would make it easier for those caring for you to take your views into account when decisions are being made. Ideally you should review the plan from time to time, so that it remains in line with your views if these change.

You can name individuals whom you would like your doctors and nurses and other professionals to consult if you are unable to make your own decision. Unless you have appointed somebody to be your Lasting Power of Attorney for health and welfare they cannot legally make decisions on your behalf but they should, receive explanations and be involved in the discussions (unless you had previously stated otherwise). A specific treatment can be legally refused (at the time, or in advance by you) but specific treatments cannot be demanded.

If you want to discuss this further please talk to your key worker or Doctor.

### How are decisions about my care and treatment made?

You should have a senior doctor and registered nurse who are responsible for your care. They are responsible for ensuring that you are involved in decisions about your care wherever possible and that decisions are made in a timely way.

If you are in a hospital or hospice, the senior responsible clinician will be a named consultant. When he/she is not available, this responsibility should be delegated to another suitably senior doctor so decisions are not delayed.

If you are at home or in a care home the senior clinician will be your GP, outside surgery hours this is delegated to the GP out of hour's service which can be accessed by contacting your usual GP number.

If your condition changes, you will be assessed by the health care professionals involved. Treatment decisions will need to consider how likely you are to benefit from treatment, what side effects the treatment might cause and how burdensome that treatment might be. You should be involved in making these decisions unless you do

not wish to be or are not able to be at the time. In this case the health care professionals will act in your best interests, taking into account the balance described as well as wishes you have previously expressed and what your family and carers would have known to be your wish.

Unless you have stated you do not want your family and carers to be consulted they will be given the opportunity to participate in the discussion about what should happen next, even though they cannot legally give consent on your behalf. If you have nominated one of them to be your Lasting Power of Attorney for Health and Welfare decisions that person will have a greater role in deciding your care.

Sometimes professionals and your family and carers may have a difference in opinion about what should be done (or not done). In this situation, it is helpful for both parties to remember that they all usually want what is best for you, they may simply disagree on how best to achieve this. They should discuss this openly and if they still can't agree sometimes a second opinion may be needed or in some cases an independent advocate to assist in decision making.

## **How are decisions about my care and treatment made?**

You will be assessed by the team looking after you. How often these assessments take place will depend on where you are at the time, for example hospital, hospice, care home or home. Assessment of the management of your symptoms and comfort levels including your medications will be undertaken as required.

The nurses will explain how and when and how to contact the professionals for help if needed.

## **How will my symptoms be managed?**

If you need medicines to help with your symptoms (such as pain or sickness) you should receive these promptly. If you are able and wish to, your medication will be discussed with you.. This should be taken as prescribed. You will be given the smallest dose that works for your symptoms. They will regularly review how the medicines work for you and make adjustments when needed. If you need a syringe pump (a small machine that gives medicines continuously under the skin rather than injections) your doctor or nurse will explain its purpose and check you are willing to have it. They should also explain your medication to your family and friends. However, it is important that your doctors and nurses act in your best interests and promote your comfort at all times, so if your family or carer cannot be contacted they will go ahead and give you the medication you need, unless you have previously said you don't want this.

Additional prescriptions for medicines for symptoms that commonly occur may be pre written to avoid delay (Just in Case Medications). If you are at home, these medicines may be ordered in advance and kept in your home so they are readily available if or when you need them. If you would like more information about this please ask your doctor or key worker.

## **Will I be able to eat and drink?**

If you are able to swallow safely and wish to eat or drink, you should be encouraged and helped to do so. In the last hours or days of life, dying people often do not have a desire or ability to eat or drink but just need to wet their mouths to prevent dryness. The nurses and carers will provide mouth care and show your family how to do this to help to keep your mouth comfortable. A decision about whether to give fluid by a drip or syringe pump may be considered at the time by the doctors and nurses who are looking after you. They will again consider what is best for your comfort. They will be informed by your own preferences in making decisions and will share this decision with you (if you are able) and/or consult with your family and carers and take into account views you may have previously held.

## **How will my care be coordinated?**

There should be regular communication between the professionals looking after you and your family and carers. When there is a change in your condition or there is progress to report on how you are responding to any treatment or care, professionals should proactively seek to discuss this with you and, with your permission, your family and carers. Normally professionals are bound by their code of confidentiality to discuss your health and care information only with you and anybody you wish to involve. When you are very ill particularly in the last days of life, you may not be able to express permission for this. Professionals recognise that your family and carers will want, and need, to know how you are and what is going on, so it is particularly helpful if you are able to indicate in advance which of your family and carers you would like to be involved in discussions.

There should be clear arrangements made with your permission, to share key information about your care, treatment and preferences with other professionals and others who might be involved in your care. If you are not sure whether you want your information to be shared your doctor or nurse should discuss this with you. You and your family and carers will be told how to seek help if you need it, including who to ring, what number to use anytime if day or night and what key information you should provide so you can receive the most suitable help.



## **How will my family and carers be supported?**

Your family and carers will have the opportunity to discuss any concerns/needs with the Health Care Professionals. They will support and advise them and will signpost them to the appropriate services/agencies. If the professionals looking after you cannot help your family and carers they will give them information about how to seek help for themselves.