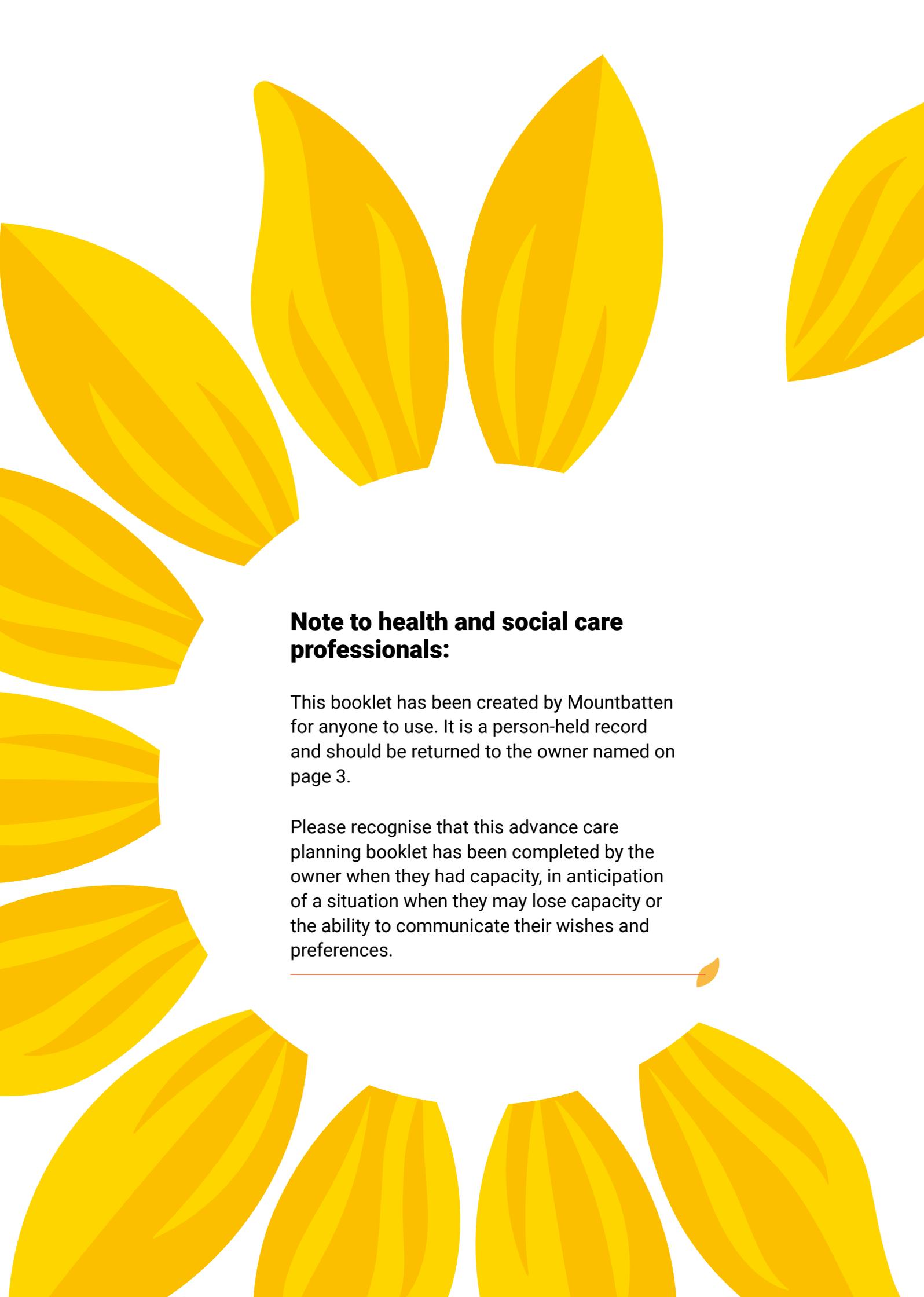




**Mountbatten**

# Advance Care Plan

The page is decorated with several large, stylized yellow leaves with darker yellow veins, arranged in a circular pattern around the central text. The leaves are positioned at the top, left, and bottom edges of the page.

## **Note to health and social care professionals:**

This booklet has been created by Mountbatten for anyone to use. It is a person-held record and should be returned to the owner named on page 3.

Please recognise that this advance care planning booklet has been completed by the owner when they had capacity, in anticipation of a situation when they may lose capacity or the ability to communicate their wishes and preferences.

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**Mountbatten**

# ADVANCE CARE PLAN

## **Record of your Advance Statement of Wishes and Preferences**

Planning ahead to ensure you continue to influence the care you receive if you become very ill and to spare those close to you from having to guess what you would want.

**Name** .....

**Date of Birth** .....

**Date of Completion** .....

**Proposed Review Date** .....

**At Mountbatten, our aim is to generate openness around discussing death and dying and promote an island wide culture of planning ahead.**

**For help to complete this form or for general advance care planning advice, please contact:**

**Mountbatten: 01983 529511**

**Visit our website: [www.mountbatten.org.uk](http://www.mountbatten.org.uk)**



## Why plan ahead?

**None of us are immune from illness, an unpredictable medical incident or an unexpected accident, which in some cases could mean we are no longer able to speak up for ourselves.**

**Advance care planning** for the future is for anyone who is able to make their own decisions. The advance care planning process consists of discussing, sharing your thoughts, wishes and preferences about future care and treatment, and writing them down to create an Advance Care Plan. This can be done whether you are in good health or not, in anticipation of a time in the future when you may not be able to communicate. There is no set format for advance care planning; a good starting point is to use this booklet to record your Advance Statement of Wishes and Preferences. Although this part of the advance care planning process is not legally enforceable, if you became very ill it could be used to guide health and social care professionals and the people close to you, to make decisions in your best interest.

**If you have long term health conditions** that could deteriorate and you wish to progress and make decisions that are legally enforceable, please see page 15 for further advance care planning information; including creating an Advance Decision to Refuse Treatment, Lasting Power of Attorney and Ceiling of Treatment/Resuscitation Decision Form.

**Planning is a normal part of life;** but planning ahead for illness, dying and death might seem a very difficult topic to think about. You may find other people are resistant to the idea of you completing this booklet, feeling it is not the right time, too upsetting or 'morbid'. However, planning ahead in this way can be very positive and empowering; if you were to become very ill, you would continue to influence the care you receive and maybe spare the people closest to you from having to guess what you would have wanted, at a time that is likely to be difficult and worrying for them.

People often do not realise that their loved ones have no legal rights to request or refuse treatment or care on your behalf; only a legally appointed Lasting Power of Attorney for health and wellbeing (see page 15) has that right. However, this booklet does provide the opportunity to nominate someone, who you would like to be included in discussions if 'best interests decisions' about your treatment and care are required.

If you are under the care of Mountbatten, you can speak to the person leading your care about advance care planning and complete a document with their support.



**Completing this booklet is a voluntary process.**

**For further information about advance care planning, please visit [www.mountbatten.org.uk](http://www.mountbatten.org.uk) or call (01983) 529511**

## **Advance Statement of Wishes and Preferences**

### **Personal Information**

Name: .....

Address: .....

Post Code: ..... Telephone: .....

Date of Birth: ..... NHS Number .....

My emergency contact is: .....

Relationship to me: ..... Telephone: .....

My GP is: ..... Telephone: .....

I have the following allergies: .....

I regard (full name) ..... as my next of kin \*  
(see page 16 for an explanation of the term next of kin).

Their relationship to me is: .....

Next of Kin contact number: .....

**Communication difficulties:  
(e.g. hearing aids worn).....**

Although not legally binding, you may nominate someone who you would like to be consulted in any 'best interest decisions' about your treatment and care. If this is different to your next of kin, write their details below.

"In the event of best interest decisions being made, I nominate the following person to be involved"

Name: ..... Relationship to me: .....

Address:.....

Telephone: .....

**I have the following conditions, diseases or problems with my health:**

Condition/disease/problem	How is this managed? e.g. medications



**My wishes and preferences/key messages about me:** Write here anything that is important to you at this time, regarding your life, health and wellbeing. For example, your daily routine, food preferences, personal care preferences, as well as goals and aspirations, or your thoughts about what you would, or would not want if you became ill.

**Write here if you have worries or concerns about the future:** it is recommended you also share your concerns with the people who are closest to you and your doctor/nurse who may be able to respond to your concerns.

**If I became unable to care for myself, in my own home, if possible, the following alternatives would be acceptable to me** (e.g: remain in my own home with visiting carers, move into a care home, move into the home of a relative or friend).

1st Preference: .....

2nd Preference: .....

**If I needed assistance with personal care and hygiene**, female carers would be acceptable to me: Yes / No (circle correct statement)

**If I needed assistance with personal care and hygiene**, male carers would be acceptable to me: Yes / No (circle correct statement)

**When I come to the end of my life, I would prefer to be** (e.g: in my own home with visiting carers if needed, a care home, a nursing home, the home of a relative or friend, hospice or hospital?)

1st Preference: .....

2nd Preference: .....

**Describe here any particular faith, religion or belief system you have, that you would like to share with people who may become involved in your care:**



## Record of other advance care planning documents:

**1** Do you have an **Advance Decision to Refuse Treatment** (see page 15)

Yes / No (circle correct statement) Where is it kept?

.....

**2** Do you have a **Ceiling of Treatment & Resuscitation Decision form** (see page 16)

Yes / No (circle correct statement)

If yes, what is your cardio-pulmonary resuscitation (CPR) decision:

I do want resuscitation / I do not want resuscitation (circle correct statement)

**3** Do you have a **Lasting Power of Attorney for Health and Welfare?** (see page 15)

Name: ..... Telephone:.....

Address: .....

Post code: ..... Relationship: .....

**4** Do you have a **Lasting Power of Attorney for Property and Finance?** (see page 15)

Name: ..... Telephone: .....

Address: .....

Post code: ..... Relationship: .....

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## **Personal Information about death and dying**

**I have a will:**        Yes / No (circle correct statement)

This is kept: .....

Making a will ensures that when you die your estate is shared according to your wishes. Information about wills is available from your solicitor, the Citizens Advice Bureau or from the Government's 'Making a Will' website: <https://www.gov.uk/make-will>.

I am on the organ donor register:    Yes / No (circle correct statement)

**For information, visit the NHS Organ Donation website [www.organdonation.nhs.uk](http://www.organdonation.nhs.uk) or phone 0300 123 2323**

## **My personal preference when I die is for:**

Burial ..... Cremation .....

Other..... (please specify)

I have written down my wishes regarding my funeral:    Yes / No

This is kept .....

My preferred choice of funeral director is.....



**You may like to use this space to record your funeral ceremony wishes and preferences so the people close to you will know what you want, when the time comes:**

---

**Optional information that may be useful to the people closest to you if you die**

Funeral payment plan details .....

Life Insurance details .....

Property I own .....

Mortgage details .....

Vehicles I own .....

Bank account details .....

Credit card .....

Other financial business .....

Documents and where to find them, e.g. birth certificates/passport:.....

.....

.....

Utility suppliers .....

My computer passwords .....

My social media accounts .....

My clubs and memberships .....



How I wish to be remembered (for example an event to celebrate your life / charitable donations in your memory).

.....

.....

.....

.....

.....

Additional information.....

.....

.....

**You have come to the end of this Advance Statement of Wishes and Preferences booklet; I confirm that I have completed this booklet myself:**

My name: .....

Signature: ..... Date: .....

NOTE: There is no requirement for you to sign this Advance Statement of Wishes and Preferences, but it is a good idea as it demonstrates that this is a true reflection of your wishes and preferences. If you wish to change anything in the future, see page 19.

## COMMONLY USED TERMS

**Advance care planning is a voluntary process that may lead to the completion of:**

- Advance Statement of Wishes and Preferences (using this booklet if you wish).
- Advance Decision to Refuse Treatment 'ADRT' document (see below).
- Lasting Power of Attorney (see below).
- Ceiling of Treatment and Resuscitation Decision Form (see page 16).

It is not necessary to create all of these documents in one go; rather, it is intended that advance care planning evolves over time and you may add to it or make amendments to reflect your individual circumstances and changing health care needs as required.

### **Advance Statement of Wishes and Preferences**

A general statement about anything that is important to you in relation to your future care, treatment and wellbeing. Wishes and preferences cannot be guaranteed, but the more information you can give, the more likely you are to receive care in line with your wishes.

### **Advance Decision to Refuse Treatment**

(ADRT) Previously known as a 'Living Will' or an 'Advanced Directive'. If completed correctly, an ADRT is a legally enforceable document used by an individual to record specific

decisions about specific medical treatments, in pre-defined future situations that may occur. This may include your refusal of life sustaining treatment "even if life is at risk as a result". To create an ADRT, it is advisable (but not a requirement) that you speak to your doctor or consultant as these decisions should be based on your own individual circumstances. It is not a requirement to obtain a solicitor's input.

**For advice and to download an ADRT form, go to: <https://www.compassionindying.org.uk> or call the Compassion in Dying free information line 0800 999 2434**

### **Lasting Power of Attorney (LPA) for Health and Welfare/Property and Finance**

Created by an individual whilst they have capacity, in anticipation they may lose capacity in the future. A lasting power of attorney for health and welfare gives a legally nominated attorney (e.g. a family member or trusted friend) the legal power to make decisions on their behalf about medical treatment and care. A separate LPA document is required for Finance and Property matters. LPA forms must be registered with the Office of the Public Guardian, part of the Ministry of Justice Department, to become legally binding.

**For information contact The Office of the Public Guardian, Tel: 0300 456 0300. Visit the Office of the Public Guardian website: [www.lastingpowerofattorney.service.gov.uk/home](http://www.lastingpowerofattorney.service.gov.uk/home).**



## COMMONLY USED TERMS continued

### **Ceiling of Treatment and Resuscitation**

**Decision Record** A form that records a person's wishes regarding cardio-pulmonary resuscitation (CPR), agreed ceiling of treatment, reasons for this decision and their preferred place of treatment/care. This is an advisory document that should be respected when decisions are being made; however, it only becomes legally binding if resuscitation wishes are specifically included in the ADRT. You should speak to your doctor for advice about obtaining this form.

**Cardiopulmonary Resuscitation (CPR)** An emergency attempt to restart a person's heart and breathing if they stop. The CPR process includes chest compressions, artificially inflating the lungs and defibrillation. For information visit:

[www.bhf.org.uk/heart-health/how-to-save-a-life/what-is-cpr](http://www.bhf.org.uk/heart-health/how-to-save-a-life/what-is-cpr)

**The Mental Capacity Act (2005)** Capacity is the ability to make a decision. The Mental Capacity Act (2005) provides a legal framework to empower and protect people who cannot make specific decisions for themselves. The Act informs how people who lack capacity should be cared for. A person must be assumed to have capacity unless it is proven otherwise. A person does not lack

capacity just because they make an unwise decision. A person lacks capacity to make a decision if they have an impairment of the mind or brain (for example, because they are unconscious or due to illness such as dementia, or an event such as a brain injury).

**For information visit:** [www.legislation.gov.uk](http://www.legislation.gov.uk)

### **Next of Kin – what does this phrase mean?**

A next of kin is the person you choose to be kept informed about your care or decisions. Your next of kin should be someone that you trust and feel close to. It does not need to be a blood relative and you can give the names of more than one person.

The phrase 'next of kin' it is not defined by law. A nominated next of kin cannot consent to or refuse consent for treatment on another person's behalf (unless they are the legally nominated Lasting Power of Attorney for Health and Welfare). A next of kin has no legal liabilities, rights to your medical notes, or personal possessions. Nominating a next of kin does not affect who will inherit your possessions when you die.

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## WHAT TO DO WITH THIS BOOKLET ONCE IT IS COMPLETE

**Share:** It is recommended that you share the contents of this booklet with those who are closest to you, eg family members or close friends and any other health or social care professionals who are involved in your care. You should show your doctor, or provide a copy, so that the relevant medical / care wishes and preferences (eg your preferred place of care) can be added to your electronic patient record and shared with the 111 out-of-hours service. **There is a suggested format for a letter to your GP on page 18 to assist with this.**

**Storage:** Keep this document somewhere easily accessible at home; tell others where it is in case it is ever needed in an emergency.

**Take it to appointments or if you are admitted:** It is advisable to take this booklet with you if you are admitted to hospital or another health care facility; let the staff know you have this document and have started your Advance Care Plan; you may find this is an appropriate opportunity to change or update the contents. Ask the staff to assist you if you wish.

**Plan a review date:** It is advisable to regularly review all of the documents that make up your Advance Care Plan (ACP) to ensure they continue to reflect your wishes. This may be done regularly, e.g. six-monthly or annually or following a new diagnosis, a phase of deterioration of an existing condition or a change in personal circumstances. Record your review date on page 3 of this document.

If your Advance Care Plan is updated by healthcare teams, it may be rewritten and given back to you in a computerised format; the document still remains yours and it is important to share and store any amended versions in the same way as before. Do remember to destroy any old versions, to avoid confusion.



**If you wish, use this draft letter to give to your GP to request that your wishes and preferences are added to your medical records. Alternatively, you could show your GP this booklet and discuss it with them the next time you have an appointment with them.**

Your address

Date

Name and  
Address of your GP

Dear Dr .....

Please accept this letter as my consent to the information contained in this Advance Statement of Wishes and Preferences document, which I have obtained from Mountbatten and have chosen to complete myself, being added to my NHS electronic patient record.

I understand that if I make any additions or amendments to this document I should inform you with immediate effect, to ensure my electronic record can be updated accordingly.

Please contact me on telephone number ..... if you have any queries.

Yours sincerely,

Your name

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# REVIEW

## ADVANCE STATEMENT OF WISHES AND PREFERENCES

**DATE:**.....

**IT IS MY INTENTION TO CHANGE MY ADVANCE STATEMENT OF WISHES AND PREFERENCES AS FOLLOWS, WITH IMMEDIATE EFFECT:**

**NAME:**.....

**SIGNATURE:**.....



# Mountbatten

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[www.mountbatten.org.uk](http://www.mountbatten.org.uk)

Earl Mountbatten Hospice is a registered charity 1039086

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