



Planning your care

It's hard to imagine being too unwell to make your own decisions about how you will be cared for. But, by making a plan you can make sure your wishes are known if that happens.

We understand that most people want a say in how they're cared for, and by creating an advance care plan now, you can make sure your wishes, preferences and priorities are all in one place, in case you can't communicate them later. Your plan will cover medical, social and care issues. Many people also like to get their affairs in order by discussing their funeral arrangements and reviewing and updating their will to make sure it reflects their current wishes.

If this is something you are considering, you can get help by speaking to a St Catherine's nurse or by contacting the hospice on 01293 447333.

We'd recommend filling in your advance care plan with someone involved in your care, like a St Catherine's nurse, or your GP. It is also helpful to involve a family member or friend. You then keep it, so you can share it with healthcare professionals who are looking after you. A copy will also go into your records at St Catherine's.

You don't have to make or write down a plan if you don't want to. You might prefer to talk through your wishes with your GP or another healthcare professional instead. You can find out more about advance care planning by visiting www.nhs.uk/Planners/end-of-life-care/Pages/planning-ahead.aspx

Looking after your plan

Once you've created your plan, please keep it in a prominent place in your home and let those close to you know where it is. If you use the Message in a Bottle system to alert potential emergency carers to your healthcare needs, please place the form in the special bottle.

This isn't a legally binding document, but a guide for those caring for you to use if you can't share your wishes yourself. If you decide to change anything on this record, please sign and date the alterations and let your healthcare professionals know – and if you can, fill out a new form.

Your care plan

Your name: Date of birth

1. I'd like the following people to be consulted about my care if I can't make decisions:

Name:..... Contact details:.....

..... Relationship to you:.....

Name:..... Contact details:.....

..... Relationship to you:.....

2. These things are important to me: e.g. reading, or people reading to you, listening to music, sitting in the garden, ensuring your family or pets are looked after.

Hospital

Details:.....

A care home (address)

.....

No preference as long as being well cared for/ family well supported

Somewhere else (please specify)

.....

3. When caring for me, it's important that the following things are considered: e.g. who should provide personal care like washing you and how they should do it, special requirements for food and drink, how many people you'd like visiting at one time etc.

7. I have made formal decisions about: (please tick all that apply)

My lasting power of attorney for health and welfare

Name and contact details:.....

.....

My lasting power of attorney for property and financial affairs

Name and contact details:.....

.....

4. Here are some things I would like to avoid, or don't want to happen: e.g. being alone, restrictions on who visits you, treatments you don't want e.g. antibiotics, a feeding tube.

An Advance Decision to Refuse Treatment

Details:.....

Cardiopulmonary resuscitation (CPR)

Details:.....

My will. You can find my will at

.....

Corneal or other donation

5. I'd like these religious or spiritual beliefs to be considered in my care:

8. Do you have any other comments or wishes about your care that you would like to share?

6. I'd prefer to be cared for in:

My home

Details:.....

St Catherine's Hospice

Details:.....

Signature

Date