### **ADVANCE CARE PLAN**

**Support Services** 



## Thinking and planning ahead

If you had an illness or accident and were unable to communicate, would you want those looking after you to know your wishes for your future care?

Sharing these decisions can bring you closer to the people you love and give your healthcare team important information about your wishes in order to help shape your care in the future.

This booklet belongs to you - it is about you and for you.

You can show it to anyone, such as family and those involved in your care.

It is important to remember that you can add to this booklet as often as you like and change your decisions at any time in light of altered circumstances. Writing in this booklet does not make it a legal document but it will tell people what your wishes are.



### **Your Details**

Name	
Address	
Date of Birth	
NHS No.	
GP	
	sion for information from this document to be involved in your care?
Your person Who is your emerg	al preferences and choices gency contact?
Name	
Address	
Tel No.	
Who do you wish t	to be contacted in the event you are unable to make decisions?
Name	
Address	
Tel No.	

If you require care in the future, what would your preferences be?	

home, care home, hospital or hospice.	
First preference	
Second preference	
The second secon	rcumstances may change, where would you prefer to be g? e.g. home, care home, hospital or hospice.
First preference	
Second preference	
Spiritual Care, who	th or belief system that is important to you?
If yes, please add specific re	quirements, or is there anyone you would like to speak to?

Where would you like to be cared for if you are no longer able to care for yourself? e.g.

Have you m	ade a Will
Have you made a W	/ill? Yes No
If yes, where is it he	ıld?
My executer is	
My digital executer	is
It is importa	int to make a will, please ask if you are unsure how to make one.
Does anyone have E	Enduring Power of Attorney for you?  Yes  No
Who do you wish	to be contacted in the event you are unable to make decisions?
Name	
Address	
Tel No.	
If you would like to	discuss this matter further please ask a member of your Health Care Team
that you might r	ecision like to discuss and record any 'advance decisions' about treatment efuse (e.g. blood transfusions, surgery, particular medications or y Resuscitation)then please speak to a member of your health care
team.	y nesastration/then please speak to a member of your nearth care
If you already hav	e an advance decision, who has a copy?
Name	
Address	
Tel No.	

### Cardio Pulmonary Resuscitation (CPR)

CPR is an emergency treatment which tries to restart a person's heart or breathing when these have stopped suddenly. Sometimes the media present CPR as being very successful. In fact when people have very serious illness only 1 in 100 who receive CPR will recover enough to leave hospital.

The ultimate responsibility for making decisions about CPR rests with the consultant (in hospital) or your GP (at home or care home). Sometimes a senior or specialist nurse can also make the decisions. If CPR is not appropriate this will not prevent you from receiving other treatments for your comfort and dignity. These would still be offered to you as appropriate.

Talking about resuscitation can be very stressful and upsetting. You do not have to discuss it if you do not wish to but your views can be helpful in planning future care and treatment.

information about CPR?	Yes No	
If Yes, who? GP A senior or specialist nurse	Another professional	
Please ensure that you have a copy of your DNACPR of the home in a lions tub. The tub is generally kept in the sticker that's included in your tub to be placed on the hot have a lions tub please ask a member of the house of the sticker of the sti	the fridge with a green e front door. If you do	n o
looking after you.  DNACPR Lions Tub		

### **Organ Donation**

Organ/tissue transplantation on the Isle of Man differs to that in the UK.

After someone dies, a health professional carefully considers the persons' medical history. They then make a decision about whether or not some or all of the person's organs or tissue are suitable for transplant. Because the decision is made after a person has died, unfortunately this means that you won't know whether you can be a donor or not.

#### Some important facts to consider:

- Organ donors need to have intubation and ventilation as part of their treatment to qualify.
- Anyone with a malignancy (cancer) is excluded from organ donation except primary brain tumours.
- All blood borne tumours are excluded from tissue donation.
- Anyone who has received chemotherapy in the last six months is excluded from tissue donation.

Talking about this can be very stressful and upsetting. You do not have to discuss it if you do not wish.

If it were possible, would you consider organ donation?	Yes	No
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If you would like to discuss this matter further please ask a member of your Health Care Team.

If you would like to donate your brain and/or organs for medical science, please contact your chosen medical school for further advice and consent form. The medical school will then liaise with all parties concerned.

If you would like to register for organ donation for transplant you can register anytime via www.organsonations.nhs.uk or via the NHS app. Futrther phone support can be found by calling the NHS organ helpline on 03001232323.

# Have you made a Will Do you wish to be buried or cremated? Buried Cremated Do you have any arrangements in place? Yes No If yes, please provide details

### Any other information

If there is anything that has not previously mentioned and you would like to make known please provide details?

It is important to consider speaking to family/ friends about wishes or make them aware about certain matters e.g. protected passwords etc.

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### Thinking and planning ahead

You can review your preferences and change your mind at any time. Please update and record and date it below.

Review from page(s):	Date:
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Review from page(s):	Date:

### Some terms explained

#### Advance statement

This is a statement of wishes, preferences, values and beliefs. It is useful when taking into account 'best interest' decisions on behalf of someone who lacks capacity, but is not legally binding.

#### Advance decision

This is a decision to refuse treatment. If it relates to life sustaining treatment, it must be put in writing, signed and witnessed. It should clearly acknowledge that the result of the treatment refusal may be to shorten the person's life. In the Isle of Man the advance decision is not legally binding. As such a decision would be legally binding in the UK and other European countries, it should be considered to have a significant importance. This is previously known as a living will.

#### **Best Interest**

This is when a decision needs to be made for a person who has been assessed to lack capacity. It takes into account as many factors as are known about an individual and their preferences and wishes. It can include advance statements, opinions and views of family, friends, carers and other professionals who know the person, all of which are considered in the light of the current circumstances when planning a person's care.

### **Enduring Power of Attorney (EPA) Property and Affairs**

This allows you (if you are over 18) to choose someone to make decisions about how to spend your money and manage your property and affairs and medical care as of 2013.

Please keep this plan with you, and ensure it is accessible to those who need to refer to it.

Please also inform your G.P. and/or other professional involved in your care that you have an advance care plan.

Alternatively it can be downloaded from the Hospice Isle of Man website.

### **Advance Care Plan**

I have an Advance Care Plan that states my end of life care wishes.





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#### Find us on









### **SCAN TO DONATE**

