

## Advance care planning – Staff/Patient information

### For the care staff:

Advance care planning should be done as soon as possible for new residents.

It is important that we know a resident's wishes with regards to future treatment and emergency care, so we know how best to care for our patients.

You can help us to complete this care plan, by starting the conversation with the resident/NOK/LPA.

The resident should be involved in care planning, but if this is not possible, e.g due to advanced dementia, then the principles enshrined in the Mental Capacity Act (2005) should be used to guide a "Best Interest Decision". It should be noted that the final decisions regarding clinical care and direction of anticipatory care planning rest with the GP and medical staff, based on medical assessment as well as all available evidence from next of kin or friends who can comment of the patient's likely wishes in a given situation.

Information to assist a Best Interest Decision should be completed by (in order of preference):-

1. Person holding Lasting Power of Attorney (LPA) for Health
2. Next of kin
3. Close friend of other representative with best knowledge of resident
4. If the resident has no-one to support them, an Independent Mental Capacity Advocate (IMCA) is required by the Mental Capacity Act

As you are aware, the national roll out of the ReSPECT form has helped guide advanced care planning for emergency situations. This will be the main care plan we use going forward. It allows the patient to prioritise future care on a scale, at one end wanting all life sustaining treatment, focusing on all interventions, investigations and treatments, to the other end, focusing on symptom control and comfort.

When receiving care in a care home, the aim is often to prevent problems, ensuring symptoms are controlled and the resident is as comfortable as possible. It is when a resident's condition deteriorates despite all usual medical care that we would like to know their wishes in advance.

### For the resident/NOK/LPA:

When moving to a care home, it is important to develop an advanced care plan, so we know what matters to you and what your wishes and preferences are for the future, so we can provide the best care possible. We now use the ReSPECT form, a care plan being rolled out nationally, to guide and document your preferences and priorities for future care. (ReSPECT: Recommended Summary Plan for Emergency Care & Treatment).

We have asked the care home to open up conversations around this subject, so that when you discuss this with your GP/nurse, you have had time to think through these important decisions.

If you are making these decisions on behalf of the resident, please detail your relationship, for example next of kin, lasting power of attorney for health or friend.

The medical and nursing care you receive in a care home is often aimed at trying to prevent problems, ensuring symptoms are controlled, and keeping you as comfortable as possible. However, should your condition deteriorate, despite all the usual medical care, hospitalisation may be considered if more active/life prolonging treatment is needed. This is not always in a patient's best interest if it prolongs suffering or if the experience is likely to cause distress due to unfamiliar surroundings, busy wards with constant noise and medical interventions, without the benefit of improved quality of life following treatment.

If death is expected, most residents can receive excellent palliative care while staying in the care home, with the benefit of familiar surroundings, friendly faces, and the peace and comfort of one's own room.

While any decision regarding hospitalisation is primarily the responsibility of the doctor in attendance, we would like to be able to take account of your views. It is sometimes difficult to make these decisions. As a guide, here are some questions to think about:

- What are your wishes for the future with regards to your health?
- What is important to you? What would you want to happen, or not happen, if you became unwell?
- Would you prefer to be cared for in the care home, by the GP/nurse/care home staff? If you continued to deteriorate, would you want to go to hospital?
- If your heart stops beating, would you want to be resuscitated?
- Some people like to specify certain conditions, for example:-
  - o "I would be happy to attend A&E/as a day case, for fixable problems such as a fracture, or if I need stitches, however I would not want to be admitted to hospital, even for life threatening conditions such as heart attack or stroke. I would like to remain at the home for end of life care."
  - o "I would like to receive oral antibiotics for simple infections, however if I continue to deteriorate, I would not want to be admitted to hospital for IV antibiotics"
  - o "I do not want any invasive investigations, but I am happy to have an annual blood test to monitor my health condition"
  - o "If I gradually stop eating and drinking, and lose weight, I do not want any invasive investigations or to receive artificial feeding. I would be happy to trial fortified drinks for a month."
  - o "I have been assessed by the speech and language team, they have told me I have an unsafe swallow and have advised that there are certain foods/textures I should not eat. I am aware that I am at risk of choking/aspiration, but I would like to eat what I want, without restriction, in the knowledge that there is a risk."
  - o "If I am acutely ill, and it is reasonably certain that I will not recover, I want to be allowed to die naturally in my familiar surroundings. I do not want my life prolonged by extraordinary or overly burdensome treatments. I wish to receive palliative care that includes treatments to keep me comfortable, pain relief, and be offered food and drink of my choice. I would only like to go to hospital if my comfort needs cannot be met in my current surroundings."

- “In the event of sudden or significant deterioration in my health, I request to be transferred to hospital for assessment and possible treatment, for example stroke, heart attack”
- “If I have suspected coronavirus/viral pneumonia, I wish to remain at the care home. If I do not respond to conservative measures, I do not wish to be conveyed to hospital, I wish to remain comfortable in familiar surroundings and receive palliative care at the home.”

Some people prefer to be specific about what treatment, grading on a scale the care they wish to receive. Here is a table of treatments to consider, with examples:

### EXAMPLE

Treatment	Full active Treatment	Limited additional intervention	Comfort only
Cardiopulmonary resuscitation (CPR )			✓ I have a DNAR already
Artificial feeding			✓ No artificial feeding
Antibiotics for non painful infections		✓ Situational, discuss with GP/patient	
Antibiotics for painful infections (ear, urinary, eye, prostate)	✓ But oral antibiotics only, no IV		
Hospitalisation		✓ Only if fixable problem and I am likely to return to baseline on discharge	
A&E visits	✓ For fracture/sutures		
Dialysis (for failing kidneys)			✓ I do not want to have to attend hospital 3 x a week, 4 hours each time.
Mechanical respiratory ventilation, intubation			✓ I do not want to go to ITU, ward based care only

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Blood transfusion		✓ Situational, only if I am symptomatic, to discuss with GP/patient	
Invasive diagnostic tests eg colonoscopy		✓ No endoscopies (cameras), I would have a CT scan (donut scanner) if needed, but no MRI (tunnel scanner), as I am claustrophobic	
Surgery		✓ Situational, only if I do not have to be put to sleep	
Diagnostic tests eg urine, blood		✓ For my annual diabetes check or to check if I have a urine infection	
Bladder Catheter	✓		
Oxygen via mask/nasal cannula			✓ Situational, only if will likely to improve comfort

After seeing, the example above please now use this Chart to let us know what your wishes.

Treatment	Full active Treatment	Limited additional intervention	Comfort only
Cardiopulmonary resuscitation (CPR )			
Artificial feeding			
Antibiotics for non painful infections			
Antibiotics for painful infections (ear, urinary, eye, prostate)			
Hospitalisation			
A&E visits			
Dialysis (for failing kidneys)			
Mechanical respiratory ventilation, intubation			
Blood transfusion			
Invasive diagnostic tests eg colonoscopy			
Surgery			
Diagnostic tests eg urine, blood			
Bladder Catheter			
Oxygen via mask/nasal cannula			

We would like to arrange a time to discuss your wishes further and create a care plan. When you are ready, please ask the home staff to arrange this with the practice and ask to discuss with either a GP or a Care Co-Ordinator.