Safe & compassionate care, every time

Buckinghamshire Healthcare NHS
NHS Trust

‘Getting it right for me’ Patient held record

Name:
NHS/Hospital No:
Address:

Date of birth:

To the patient / carer,

This is part of your patient record for you to hold and take with you if you go home or move to another place of care. In addition to this document, we will also carry out a complete assessment of your care needs and plan the care with you and, if you wish, involve those closest to you.

We hope that you will feel part of the process of planning and delivering your care but if your circumstances change or if you have any questions, please ask to speak with the Doctor or Nurse named on the front of this document. If you want to feedback about any element of your care, please contact us or ask to speak to the PALs team on 01296 316042

If you would like to, you can, as the patient, sign the care plan overleaf to confirm your ownership of plan

The Chief Nurse

Responsible Clinician for your care:

Signature: Date:

Designation:

To the clinician: This is a person centered assessment record that accompanies the clinical assessment and progress notes. Please use this document to record a brief medical history and details of any communication with the patient and those closest to them

Please do not make duplicate entries in the patient’s clinical notes.

If the patient is discharged from hospital, this document should go home with the patient and a copy of must be placed in the patient’s clinical notes

Primary diagnosis:

Secondary diagnosis:

Initiation discussion with patient/carer/family held on:

What is important to me

To the clinician: Wherever possible, the patient should be invited to complete this section of the care plan. This is not a script. Rather these questions are designed as prompts to help people talk about their needs. If they are not able to or do not have capacity, it must be completed by the assessing clinician with input from those closest to the patient.

To the patient: If you are able, it would help us greatly if you would answer some or all of the questions below. If you would like to, you can sign the bottom of this page to show that you have been involved in this care plan.

If you need help or if you have any questions, please ask

What is your understanding of your medical condition?

How do you want to be informed / make decisions about your care?

What are the most important things to you right now?

What sort of things would you ideally want to avoid happening to you?

When the time comes where would you prefer to be when you die?

Who do you want to know/ be present with you if possible?

Do you have any particular spiritual / faith needs?

Do you have any wishes about how you would like to be cared for after death?

Is there anything else you are concerned about at this time?

Patient: **Signature:** **Date:**

Brief Medical History and Diagnosis

Primary diagnosis:

Co-morbidities:

Chronological history of illness:

Previous relevant medical history:

Any Allergies:

Initial action plan:

The patient has consented to have their needs and preferences stored on the Bucks Coordinated Care Record **YES / NO**

I have commenced a Treatment Escalation Plan **YES / NO**

I have commenced a DNACPR form in discussion with the patient **YES / NO**

I have considered all the relevant anticipatory medicines as outlined in the BHT Palliative Care Guidelines and have discussed the rationale for my prescription to the patient and/or their family/carers **YES / NO**

Signature: **Print Name:** **Date:**

Contact telephone No:

Communication with family and others

The patient **is / is not** able to communicate their own needs and wishes [*delete as appropriate and explain below if required*]

The patient **does / does not** have capacity [*delete as appropriate*]

If the patient does not have capacity you must include a completed copy of the MCA assessment in the patient notes.

Next of kin / significant people

Please enter details of the people closest to the patient and how they prefer to be contacted [*please include day/night time contact details*]:

1st contact name:
Relationship:
Contact number and times:

2nd contact:
Relationship:
Contact number and times:

Has the patient given consent to share information with the people listed above? **Yes / No**

The patient's carers / family **have / have not** been involved in the completion of this document. If not, please briefly explain why:

Has the patient stated a preferred place of care? **Yes / No**

If 'YES' please record below:

Please use the space below to summarise any key information that has been discussed about the patient's care and plans for the future.

Useful information

This section provides a range of resources for you and your healthcare workers to help us understand more about your care and how to deliver it in accordance with best practice.
Please use the space below to write your own contacts if you wish. Some useful contact numbers are also listed below should you need them

Useful telephone numbers for you

Your local Doctor: _____
Name of Practice: _____

Telephone (Week days 9-5): _____
Telephone overnight/wkends: _____

Adult Community Healthcare: _____
Base address/location: _____

Telephone (Week days 9-5): _____
Telephone overnight/wkends: _____

Your Specialist Nurse(s): _____
Telephone: _____
_____

Palliative Care team

Your Palliative Care contact is _____
_____

Chaplaincy Services
The Chaplaincy provides spiritual and religious care to patients, their relatives and members of staff. They are a multi-denominational team and visit most wards on a weekly basis.

What about other faiths or atheists?
The team are there for people of all faiths, religions or philosophies of life. If you prefer, they can contact another faith leader on your behalf.

How can I contact them?
Amersham and Wycombe and Marlow hospitals
01494 425072

Stoke Mandeville, Buckingham and Thame Hospitals
01296 316675

Community and Florence Nightingale Hospice
01296 332600

There is always a chaplain on call in case of emergency 24 hours a day. Please contact the hospital telephone operator and ask for the duty chaplain.

Questions and notes

You may wish to use this space below to write notes from any conversations you have with health care staff caring for you.
You may also find it useful to write out any questions or thoughts that you have about your care to help you in your discussions about the plan for you care