'Getting it right for me' Patient held record

Name:
NHS/Hospital No:
Address:

Date of birth:

If the patient can't talk ask the family/significant others. Some attempt must be made to get information unless patient or family declines.

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 th[illegible] care plan overleaf to confirm your ownership of plan

The Chief Nurse

The text on the front of the care plan is addressed to the patient. **Please take time to read it through with the patient** or at least check that they have understood this document

Name of Clinician responsible for your care:

Date

This is for patients who have a prognosis of a few weeks, days or hours.

Some patients are very open about death and may wish to talk about this earlier in their prognosis but the document would need reviewing regularly to ensure wishes remain the same.

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

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

Primary diagnosis:

Secondary diagnosis:

Initiation discussion with patient/carer/family held on (date/time):

Name:
NHS/Hospital No
Address:

What is important to me

Please remember that this is not a checklist of questions to ask. Rather it is a prompt of the kinds of questions that patients have told us matter to them. Some patients will not want to talk about all of these issues but you should try to talk about these issues with the patient whilst they are in your care. Remember to document briefly what the patient says in response to each

To the clinician: Wherever possible, the patient should be invited t
of the care plan. This is not a script - rather these questions are des
people talk about their needs. If they are not able to or do not hav
must be completed by the assessing clinician with input from those

To the patient: If you are able, it would help us greatly if you would
the questions below. If you would like to, you can sign the bottom o
you have been involved in this care plan. If you need help or if you l
please ask

What is your understanding of your medical condition?

For some patients a good time to ask these questions is when the prognosis is uncertain.

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?

If patients or family have unrealistic expectations please explore this sensitively. You may need to explain why some things may not be possible e.g. access to some resources are limited

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

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

Name:
NHS/Hospital No:
Address:

Date of birth:

Brief Medical History and Diagnosis

Primary diagnosis:

This section should be ideally be completed by the Doctor in discussion with the patient. In some settings, such as the community, it may be more appropriate for a community nurse to complete.

Co-morbidities:

Chronological history of illness:

Previous relevant medical history:

If there is no DNACPR in place please contact the Dr and ask to consider in discussion with the patient.
If the patient chooses to complete this section of the care plan earlier in their disease process a DNACPR decision may not be appropriate.

Any Allergies:

Initial action plan:

The patient has consented to have their needs and preference ... e 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**

If these are not already in place already please prompt the Dr to complete and do anticipatory medicines as the earliest review.
The patient Care plan can be started without this section being completed but you must ensure this section is completed by the Dr at the earliest opportunity

Signature:
Date/time:

Contact telephone No:

Communication with family and others

Name:
NHS/Hospital No:
Address:

Date of birth:

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

At the time of assessment the patient **does / does not** have capacity to engage in discussion about this care plan [*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*]:

Remember that some patients choose not to tell their family all about their illness. This section aims to understand exactly who BHT staff should engage with

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:

The default position is that carers and/or family should be involved in the completion of this document unless the patient asks them not to be involved, or the family decline.

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

If 'YES' please record here:

Please use the space below to summarise any k[illegible]ation that has been discussed about the patient's care and plans for the future.

It is vital that you check if the patient has stated where they would prefer to spend the last days/weeks of their life. Whilst their preferences might change as their health deteriorates, it helps us plan what sort of care the patient will need as they approach the end of their life

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: --

Please encourage the patient to write down important contact details for them if they are being discharged home. You may wish to have a list of all the contact numbers and services that we provide to support people at the end of life

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

Palliative Care team
Hospital palliative care team 9am – 5pm everyday via switchboard on 01296 315000

Your Community Palliative Care contact is --

If not relevant, please ensure that they have the appropriate local team contact details

Chaplaincy Services
The Chaplaincy provides spiritual and pastoral 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 hospitals
01494 425072

Stoke Mandeville and all community 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 (01296 315000)

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