## Thinking Ahead - Advance Care Planning



## **Gold Standards Framework Advance Statement of Wishes**

The aim of Advance Care Planning is to develop better communication and recording of patient wishes. This should support planning and provision of care based on the needs and preferences of patients and their carers. This Advance Statement of wishes should be used as a guide, to record what the patient DOES WISH to happen, to inform planning of care.

This is different to a legally binding refusal of specific treatments, or what a patient DOES NOT wish to happen, as in an Advanced Decision or Living Will.

Ideally the process of Advance Care Planning should inform future care from an early stage. Due to the sensitivity of some of the questions, some patients may not wish to answer them all, or to review and reconsider their decisions later. This is a 'dynamic' planning document to be reviewed as needed and can be in addition to an Advanced Decision document that a patient may have agreed.

Patient Name:		Trust Details:		
Address:				
DOB:	Hosp / NHS no:		Date completed:	
Name of family members involved in Advanced Care Planning discussions:				
Contact tel:				
Name of healthcare professional involved in Advanced Care Planning discussions:				
Role:				
Contact tel:				

## Thinking ahead....

What elements of care are important to you and what would you like to happen?

What would you NOT want to happen?

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Do you have a Living Will or Legal Advanced Decision document? No / Yes					
If yes please give details (who has a copy?)					
Proxy / next of kin					
Who else would you like to be involved if it ever becomes difficult to make decisions?	Do they				
•	Dottiey				
have Lasting Power of Attorney (LPA)?					
Contact 1 Tel LPA Y	′ / N				
Contact 2 Tel Tel.	/ / NI				
Contact 2 Tel	/ 11				
Preferred place of care					
If your condition deteriorates where would you most like to be cared for?					
1 <sup>st</sup> choice					
2 <sup>nd</sup> choice					
Comments					
Do you have any special requests or preferences?					
Do you have any comments or wishes that you would like to share with others?					
· · ·					
Patient signature Date					

Patient signature	Date
Next of kin / carer signature (if present)	Date
Healthcare professional signature	Date
Review date:	