

# My Care Wishes – Personalised Shared Care Plan

Version 20 Feb 2020

This care plan is for you to record your preferences about how you would like to be cared for should you become less well. This form should always be available to you and your care team.

## Information About You

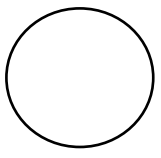
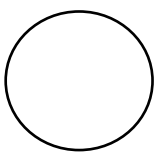
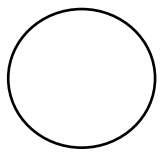
Name	GP Surgery	GP Name
Date of Birth	Diagnosis	
NHS Number	Other medical conditions (relevant to your current care)	
Address	Allergies	
Postcode		
Contact Tel. Home: Contact Tel. Mobile:	Frailty Score	
1. Next of Kin/Family Carer Name: Relationship: Telephone home: Telephone mobile:	2. Next of Kin/Family Carer Name: Relationship: Telephone home: Telephone mobile:	

## Care Plan Discussion - Who is Helping You With This Care Plan?

Family member or friend involved in this discussion	Name: Relationship: Telephone:
Do you have a Registered Lasting Power of Attorney for Health and Welfare?	Name: Telephone (if not already given):
Health or Social Care professional involved in this discussion eg. Nurse, Senior Carer, Carer, Physiotherapist	Name: Role: Telephone:

## Your General Care Needs

Who Supports you?	Name: Relationship: Telephone:
Care Agencies involved	Name(s) Telephone:
<b>What is important</b> for your care team to know how to care for you? e.g. Communication Eating and drinking Swallowing difficulties/Risk based Feeding Moving and Handling, include equipment Skin Care eg Contenance, pressure area care, pressure relieving equipment Equipment e.g. Oxygen	

Your Urgent Care Needs		
As you become less well and need further treatment, if possible <b>where would you most like to be cared for?</b>	<b>Circle your preference</b> Usual Place of Residence      Hospital      Other:	
Some situations may benefit from urgent active care (such as sudden bleeding/severe anaemia etc.) Do you have a preference to how your needs might be managed? If you do have a preference, please tick (✓) the circle below that applies to you, knowing that in all situations comfort and symptom control will always be a priority.		
<b>Maximum Active Care</b>  I would like to be actively treated in all situations.	<b>Treat potentially reversible life threatening conditions early</b>  I might like treatment in some circumstances such as sudden bleeding, severe anaemia, worsening kidney function, chest infection.	<b>No Further Active Treatment</b>  I am likely to decline further active treatment, including antibiotics for infection/hospitalisation for urgent care.
Emergency Plan Should Your Carer Become Unwell		
What action should be taken should your family carer become unwell?	Action:	
Your Final Days		
If you become less well and you are not expected to recover, what is the most important thing for you?		
Where would you most like to spend your final days?	<b>Circle your preference</b> Usual Place of Residence:      Other:	
Do you have a signed and dated DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) form?	<b>YES</b>	<b>NO</b>
Do you have 'Just in Case' medications? (To be used should you have new or worsening symptoms for which you require urgent medication)	<b>YES</b>	<b>NO</b>
Your Additional Comments		
Do you have any special requests, preferences, or other comments? e.g. faith, spiritual needs, music, pets, favourite possessions		
Are there any additional comments from other people you are close to? (please name)		
Consent to Share This Information With Your Care Team		Review Date
Your Signature/Registered Lasting Power of Attorney for Health and Welfare	Signature Date	Name
Health or Social Care professional eg. Nurse, Senior Carer, Carer, Physiotherapist	Signature Date	Role