



Oxford Health
NHS Foundation Trust

Patient guidance: last days of life care plan

Please use this guide to complete your care plan



Community services

Last days of life care plan

It may be helpful if you take your care plan with you, for example, if you go to hospital. You can share it with your doctors and nurses if you wish, so that they are aware of your preferences and needs.

Page one: what do you understand about your condition?

You may have discussed the progression of your illness following recent conversations with your GP or medical team. You may not have taken all this information in and may like to discuss this further with the healthcare professional involved with your care.

Page one: if you are unable to communicate your wishes regarding your treatment and care

You may not always be able to make decisions due to loss of mental capacity. You may become muddled or confused if you have an infection or it may be because of the progression of your illness. You may wish to choose someone you trust to speak for you at this time.

If you have nominated an attorney for health and welfare (LPA) then you need to write their name on page one in the 'people important to you' section of your care plan.

Page one: do you have any of the following documents?

Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR)

This only relates to resuscitation should your heart stop/you stop breathing, not to any other treatment. Your doctor or specialist nurse will discuss this in more depth and there is also written information available.

This document will be completed by your doctor or advanced nurse practitioner. The DNA CPR form should be kept with you. The Lions 'message in a bottle' is used in Oxfordshire. The bottle contains stickers for the front and fridge door to alert services that you have a form in place. It is for guidance only and is not legally binding.

Advance Decision to Refuse Treatment (ADRT)

This is a legally binding document and refers to the refusal of medical treatment, for example if you do not wish to have antibiotic therapy or cardiopulmonary resuscitation (CPR). You can complete this document yourself. It must be signed, dated and witnessed . If it includes the refusal of CPR, words such as 'even if at risk to my life' must be included.

Advance statement

This is a statement that expresses your wishes. It is not legally binding but health professionals should follow it (if practical to do so). If you have already written one then a copy of it can be put in your care plan.

Electronic Proactive Care Plan (ePCP)

Your GP will agree the care plan with you and complete this electronically, a copy is usually printed out and given to you to be kept with your medical notes at home. The plan will discuss treatment options and may include your preferred place of care.

Your GP will share the information with Out of Hours GPs (111 service) and the ambulance service.

Lasting Power of Attorney (LPA)

This can only be made when you have the capacity to make decisions and relates to financial affairs and/or your health and welfare. Your nominated attorney can then make decisions in your best interests (as long as these are practical and achievable). The health care professional and GP may ask to see this document.

Please ask a healthcare professional for help to complete any of the above documents.

Page two: do you have any issues or priorities regarding your end of life care that you would like to discuss?

You may have symptoms that are difficult to manage, such as pain, nausea or vomiting. Specialist palliative care teams will be able to help with these, either by visiting you at home or giving advice over the telephone.

You might want to have someone sitting with you, listen to music or have your bed in a certain position, for example where you can view the garden.

Page two: what matters most to you? Is there anything that worries or scares you that you would like to talk about?

You may want to talk through with a healthcare professional what you and your family can expect to happen when you are approaching death, for example physical changes and the likely sequence of events. You may wish to discuss ongoing support for a spouse, partner or pet.

Page two: are there any spiritual or religious preferences you would like to discuss?

You may have rituals or cultural practices that will help you at the end of life. There may be a specific person known to you that you would like to see. If you would like to talk to a chaplain your health care professional can arrange this.

You may want to discuss your situation with someone to help you work through feelings of distress, anxiety or regret. You can choose anyone to talk to who you feel comfortable with, such as a healthcare professional or carer.

Page two: do you have any thoughts regarding your preferred place of care? Are there things that may influence your decision? For example, management of your symptoms or concerns about those close to you?

Due to the progression of your illness you may wish to be cared for at home rather than in a hospice or you may no longer feel you can be cared for at home. You may have concerns about having care at home, such as the impact on your loved ones.

We may be able to help you to stay at home by providing extra help from the district nursing service and planning night care. You may be eligible for NHS funding to provide formal care. Alternatively you may prefer to go into a hospice or local community hospital for your last days; please note a bed may not always be available.

Page three: it may be helpful to record anything else you would like to happen.

It might be helpful if you tell those important to you whether you would like to be buried or cremated and if you have a preference regarding any music that you would like played at your funeral.

Page three: are any of the following in place?

You may need help at night or require medication to help manage your symptoms. You may like some support for your family. If you would like help at night your district nurse or healthcare professional involved can refer you to the Marie Curie night sitting service:

Marie Curie night care

Marie Curie is a free service and coordinated locally by Oxford Health. The service is run on a priority basis and can provide registered nurses and senior healthcare professionals to sit from 10pm until 6.30am.

Social or NHS funding for your care

You may be eligible for NHS funding for your care in your last days. Agency or in-house carers trained in end of life care may be able to visit to assist with your care. This service is paid for by the NHS. Your district nurse, community matron or specialist nurse involved in your care will be able to refer you for this NHS 'Fast Track' funding if appropriate.

Page three: do you have a implantable cardiac defibrillator?

Attempts to prolong your device may no longer be appropriate or a priority for you. Your device is programmed to treat any life-threatening arrhythmias as they arise.

When you are close to death your heart rhythm may become unstable and trigger automatic shocks which might become distressing for you and your family. Deactivation of your device won't hasten death but will mean you should be more comfortable. Any pacemaker function will not be affected.

Page three: do you have anticipatory medications?

Your doctor may prescribe medication that is given by injection; this is called *anticipatory medication* and may come in a jiffy bag. This can be kept somewhere safe until it is required. Teams such as the Hospital at Home team can visit overnight if necessary, if you require pain relief or other symptom control and administer the medication.

Page three: are you on the NHS organ donor register?

If you want to donate your tissue after your death you will need to be on the NHS Organ donation register.

It is very important that your family/close friends understand and support your decision because their support is needed for donation to go ahead.

Further advice and support details

Community nurse team

A community (district) nurse will visit you at home to give you and your family support and carry out any nursing tasks such as pressure area care.

Clinical nurse specialist

The hospital may refer you to the community specialist palliative care team, based at your local hospice. A nurse will arrange to visit you at home and help you with any symptoms such as pain or breathlessness and psychological care.

Community matron

If you need help with coordinating your care, your GP or other clinicians involved may ask if you would like to be referred to a community matron; the community matron works alongside other community teams such as community nurses and therapists' and can also help with symptom management.

Out of Hours

The Out of Hours service provides medical support when your GP surgery is closed. A paramedic or doctor will come out to visit you during the evening or overnight if necessary.

Hospital at Home

The Hospital at Home team consist of nurses and paramedics who work alongside the GP Out of Hours and Urgent Care services. With your consent you will be added to their palliative care list by your key worker. The team will have details of your condition and any anticipatory medication available at your house.

Other

You may have someone else involved in your care such as a charity or care provider. You may want to put their details on your care plan.

Multi-professional assessment

Your nurse will assess and plan your care with you and write individual care plans for each of your care needs/symptoms, such as eating and drinking and problems you may be having with pain or other symptoms.

Concerns and complaints

We aim to provide you with a high quality service at all times. However, if you have any concerns, complaints or comments about your experience of our service then please tell a member of the team or contact the Patient Advice and Liaison Service on freephone 0800 328 7971.

If you would like to have information translated into a different language, please contact the Equality and Diversity Team at: EqualityandInclusion@oxfordhealth.nhs.uk

Arabic يُرجى الاتصال بنا إذا كنتم ترغبون في الحصول على المعلومات بلغة أخرى أو بتسويق مختلف.

Bengali আপনি এই তথ্য অন্য ভাষায় বা আলাদা আকারে পেতে চাইলে অনুগ্রহ করে আমাদের সাথে যোগাযোগ করুন।
Urdu اگر آپ یہ معلومات دیگر زبان یا مختلف فارمیٹ میں چاہتے ہیں تو برائے مہربانی ہم سے رابطہ کریں۔

Chinese 若要以其他語言或格式提供這些資訊，請與我們聯繫

Polish Aby uzyskać informacje w innym języku lub w innej formie, skontaktuj się z nami.

Portuguese Queira contactar-nos se pretender as informações noutra língua ou num formato diferente.

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