

Thinking Ahead - Planning for Your Future Liver Care

Advance Care Planning Discussion

The Derriford Liver Team prides itself on providing the best possible care for all our patients and families. We recognize that living with advanced liver disease can present its challenges for you as a patient and your family. We also recognize as your liver disease advances it's important for you to be involved in and direct your future care needs / preferences.

This document is called a care plan and gives you the opportunity to be involved in the decision making process around your future care needs. This will involve having a conversation with your doctor or nurse to help you express how your future care is directed.

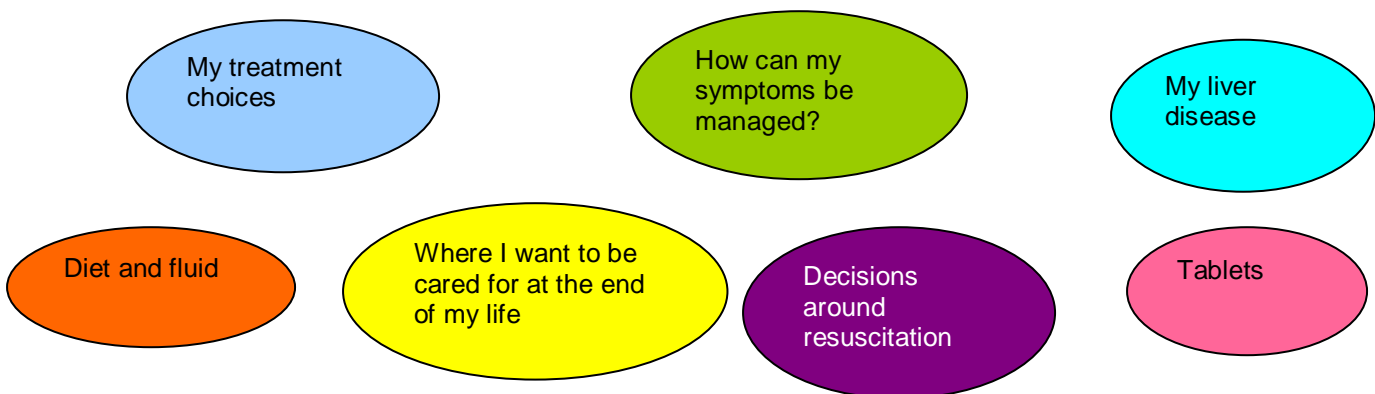
The care plan is flexible to your changing needs and reviewed periodically to ensure it contains your current wishes. The document gives you the opportunity to think ahead and document what your future wishes for your care are, it also enables your liver team to answer your questions and allay any fears.

If your liver team are aware of your thoughts and preferences, we can be pro-active in providing the care you want in the place you want to be. For some patients this may involve planning for end of their life. This may be difficult to discuss and is often an emotional time for patients and their carers, however, we can support you and your family with this discussion.

This care plan is not a "legally binding" document however once your wishes are documented these can be taken into account by the doctors and nurses looking after you. This care plan is your document and can remain with you at all times. The liver team will, with your permission, keep a copy of the document in your medical notes so we can ensure all members of the team can take your preferences into account when planning your care.

You can take this document home before discussing it further with a member of the liver team. This means you can have some time to think about your preferences and discuss these if you wish with your family and friends. You may wish to not fill in this care plan at this current time and this is perfectly acceptable and will not affect your care in any way.

Below are some examples of things you may wish to discuss with the Liver team. Please feel free to write down other issues important to you that we have not included.



Surname:
First Name:
Hospital Number:
NHS Number:
DOB:
Affix patient label here

Date completed:.....

GP Details:

Hospital contact:

Family members involved in Advanced Care Planning discussions:

Name:

Contact tel:

Name of healthcare professional involved in Advanced Care Planning discussions:
.....

Role: Contact tel:

Patient signature..... **Date**

Next of kin/carer signature (if present) **Date**

Healthcare professional signature **Date**

Patient Signature..... **Date**.....

Next of Kin/Carer (if present)..... **Date**.....

Health care Professional..... **Date**.....

Review date:.....

What makes you happy at this time in your life?

In relation to your health what has been happening to you recently?

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

What would you NOT want to happen in the future? Is there anything that you worry about or fear happening?

What Family support do you have?

Are your family aware of your wishes regarding your treatment?

Preferred place of care

If your condition deteriorates where would you most like to be cared for?

1.

2.

Do you have any special requests, preferences, or other comments?

Are there any comments or additions from other people you are close to? (Please name)

Do you have a Living Will or Legal Advanced Decision document? (This is in keeping with the new Mental Capacity Act and enables people to make decisions that will be useful if at some future stage they can no longer express their views themselves)

No / Yes If yes please give details (eg who has a copy?)

5. Proxy / next of kin

Who else would you like to be involved if it ever becomes difficult for you to make decisions or if there was an emergency? Do they have official Lasting Power of Attorney (LPoA)

Contact 1 Tel..... LPoA Y / N

Contact 2 Tel..... LPoA Y / N