Thinking Ahead – Advanced Care Planning Discussion

This is not a legal document, but a guide to care and can alter at any time following discussion of any changes.
The aim of any discussion about thinking ahead (sometimes called advanced care planning) is to develop a better understanding and recording of individual priorities, needs and preferences and those of their families/carers. This should support planning and provision of care, and enable better planning ahead to best meet these needs. This philosophy of 'hoping for the best, but preparing for the worst' enables a more proactive approach, and ensure that it is more likely that the right thing happens at the right time. It also reduces the need for difficult and emotive decisions to be made at a time of crisis. At any time this plan can change, this is a dynamic planning document to be adapted and reviewed as needed.

PATIENT NAME: ########	**DATE COMPLETED:** 12/05/09
ADDRESS: ######## Unit, The #### Care Home	**GP:** Dr ####, ######## M/C
DOB: 26/06/31	**HOSPITAL CONTACT:**
NHS NO:	
Family members involved in Advanced Planning Discussions: **Name:** ########## **Contact No:**	
Name of healthcare professional involved in Advanced Planning Discussions: **Role/ name:** ##########, Unit Manager. **Contact No:** #######	
Name of healthcare professional involved in Advanced Planning Discussions: **Role/ name:** ####### , CM/ ANP **Contact No:** 0##########	
Name of healthcare professional involved in Advanced Planning Discussions: **Role/ name:** ######## , SALT **Contact No:** #######	

Background Information

has had a diagnosis of Huntington's Chorea for over a decade, and a dual diagnosis of dementia. There has been a gradual decline in mobility and limb movement control over several years. ### lives permanently in a nursing home and requires 24 hour nursing care. Recently there has been a significant decline in ### swallowing ability, with frequent aspirations. There has been involvement from speech and language therapists, dietician, GP and community matron and this has led to discussions around artificial nutrition and hydration. The decision has been reached that a PEG feed would not be appropriate for ### and therefore anticipatory planning is required to ensure appropriate, timely and effective management of any further deterioration.

Thinking ahead, planning for anticipated problems

1. Hospitalisation.

Not for hospitalisation for issues relating to Huntington's re. chest infections/ pneumonia, dehydration. But for appropriate treatments to be given in the home environment, oral antibiotics where indicated or maintaining comfort.

In the event of acute injury re. fracture, haemorrhage. For hospitalisation to stabilise then return home.

2. Subcutaneous fluids.

In the event of swallow reflex deteriorating to the point of being unable to take anything orally, it has been decided that subcutaneous fluids would not be appropriate for ###.

The rationale for this is:

Involuntary movements would make positioning of the needle difficult and changes of site frequent.

The goal of care is supportive not curative and therefore invasive procedures are minimised.

Studies have shown subcutaneous fluids do not alleviate thirst in end stages of life.

Associated risk of infection and ascites.

3. Diet and Fluids.

It is agreed that there is a real risk of aspiration for ### with both diet and fluids. However this is an accepted risk and ### will be offered diet and fluids for as long as he desires and is able. It is agreed that ### can have as many forticreme supplements as he wishes. Care staff are aware of the signs of aspiration/choking and have the skills and equipment to suction when this choking becomes severe.

There is a nominal risk that an event could be fatal.

These continuous small aspirations will lead to associated chest infections, which may develop into pneumonia.

4. Alternatives to oral medication.

In the event of ### being unable to take any oral medications, it is agreed that transdermal patches will be used first line for symptom management. If required intramuscular injections will be used to manage symptoms and ensure comfort. It is agreed that a syringe driver would not be appropriate for ### due to involuntary movements.

Any treatment changes will be discussed in full with ### family and decisions will be made in ### best interests.

PREFERRED PLACE OF CARE: ###### Unit, ######### Care Home.

Advanced care planning handover form completed? YES / NO

Signatures of those present:

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COPIES TO ALL PRESENT AND GP, ONE COPY TO BE HELD IN PATIENTS RECORDS.

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Thinking ahead, planning for anticipated problems
1. Hospitalisation. 2. Subcutaneous fluids.

3. Diet and Fluids.

4. Alternatives to oral medication.

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