

Looking Ahead

This document has been produced to inform future best interest decisions around end of life care for people with dementia in care homes.

It is important to involve the resident in these discussions wherever possible and to remember that people do not always lose the ability to communicate despite cognitive impairment.

This is not a legal document but if a decision regarding future care needs to be made, the information in this document should be made available to decision makers.

Name of resident	Date of birth
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Resident's GP	GP'S telephone number
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Does anyone have Lasting Power of Attorney for Personal Welfare? YES / NO *(if yes please record their name , address and telephone number here)*

Does anyone have Lasting Power of Attorney for Property and Affairs? YES / NO *(if yes please record their name , address and telephone number here)*

Details of those present at the discussion

Name	Relationship	telephone
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Name	Relationship	telephone
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Details of care professional leading discussion

Name	Signature	Date
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Role	Telephone
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Has your relative / friend ever shared any particular worries that they have in the event of a gradual decline in their health?

Do you have any specific thoughts about any wishes or preferences that your relative / friend might have that would help us to provide care in a way that is individualised? *(eg, type of music being played in the room / flowers / window open / being read to?)*

Does your relative / friend have a particular faith that is important to them?

Would they like a minister to come and visit them?

Do you have any specific thoughts about where your relative / friend might want to be cared for at the very end of life?

Is there any other information that you feel is important for us to know about your relative / friend that will help us to care for them in the best possible way?

There may be circumstances where a decision to transfer your relative / friend to hospital at the very end of life is important (such as breaking a leg following a fall). However, most of the time it is possible for the care team to manage comfort measures at the end of life in the care home. All decisions will be made in the best interest of your friend / relative and you will be kept informed and your views and opinions will contribute to any decisions made.

REVIEWS

First Review

Summary of review

Names of those present at the review

Date of review

Second Review

Summary of review

Names of those present at the review

Date of review

Third Review

Summary of review

Names of those present at the review

Date of review

ADVANCE CARE PLAN SUMMARY

Resident's Name	Date of Birth
Preferred Place of Care	1st Review
	Date Signature
	2nd Review
Date Signature	Date Signature
	3rd Review
	Date Signature
DNACPR Completed? YES / NO	Details
Preferences regarding admission to hospital.	1ST Review
	Date Signature
	2ND Review
	Date Signature
	3RD Review
	Date Signature
<i>Adapted from 'Looking Ahead' , a document designed by St Christopher's Hospice, London. Used with permission.</i>	