



AMR001004

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

SAH800045A 191016

This Advance Care Plan (ACP) is a document written for you or with you about your values and preferences for healthcare. It outlines the treatments that you would like to have, or any treatments that you would refuse in the event of a life-limiting illness or injury and will provide guidance for those caring for you.

- **This ACP should be written by someone you can rely on to make your healthcare decisions and you can contribute as much as you feel comfortable.** All decisions should be discussed with a healthcare professional. This ACP would only be referred to in circumstances where you are unable to make or communicate decisions about your healthcare. This document is not legally binding.
- **If you are writing this ACP on behalf of the person, this plan will provide guidance for their care and should be made with their expressed or implied values and preferences in mind.** This ACP would only be referred to in circumstances where the person is unable to make or communicate decisions about their healthcare and is not legally binding.

Illness, disease and other life events are unpredictable and it is best to provide general guidance about future medical treatment, rather than specific directives. Healthcare professionals may assist in guiding these decisions according to your medical situation at the time.

Support and care will be provided to control pain and other symptoms. Occasionally some treatments may help to manage uncomfortable symptoms but if burdensome, they can be stopped. If there is a chronic medical condition (eg chronic lung, heart or kidney disease, transplant or implanted medical device), further guidance is recommended in making decisions.

This Advance Care Plan can be altered at any time. Complete as much or as little as you feel comfortable with. We suggest it is updated annually or if there is a significant change to your circumstances. If you wish to change this Advance Care Plan, complete a new one and destroy this and any other copies. For information about adding this Advance Care Plan to your medical record see section 7.

DEFINITIONS

Cardio Pulmonary Resuscitation (CPR): CPR can be used if your heart stops beating. It could involve resuscitation breaths and heart massage. It could also involve drugs being injected into your veins, electric shocks to your heart and a breathing tube being put in your throat.

Capacity: means that you understand the facts and choices involved, weigh up the consequences and can determine your decision.

No Cardio Pulmonary Resuscitation (CPR): If your heart stops beating no attempt will be made to resuscitate you, allowing a natural death.

Enduring Guardian: This is the person you can appoint to make a range of lifestyle decisions in the event that you do not have capacity to do so. To make medical and dental decisions your Enduring Guardian will need to be given the specific role of Medical and/or Dental when you appoint them.

Person Responsible: This is the person who is legally able to make medical and dental decisions on your behalf if you do not have capacity. The person responsible is predetermined by a hierarchy (see SECTION 1) as stated in NSW legislation. Alternatively you can appoint the person of your choice as your Enduring Guardian.

Feeding (food and fluids):

- **Intravenous ('drip')** - If necessary and appropriate, you would be given fluids and/or nutritional supplements through a vein.
- **Tube** - If necessary and appropriate, you would be fed through a tube that goes through the nose into the stomach (nasogastric tube) or it could be a tube which goes through the skin into the stomach (a gastrostomy tube).

Level of functioning: refers to how your illness affects your physical and mental abilities. Decisions around your level of functioning need to be made carefully with regard to the quality of recovery and trials of suitable therapy.

Name _____

Date of Birth _____

Office use only:

Section 1: PERSON(S) RESPONSIBLE

This section is to help the treating clinicians identify the “Person(s) Responsible” for the care of the above named person. The Person Responsible is determined by a framework provided by law in the NSW Guardianship Act. This person is the legal substitute who can make medical and dental decisions on behalf of the above named person.

Ideally, the Person Responsible is someone who has discussed the choices made in this Advance Care Plan with the above named person and/or the treating doctor.

- 1** The above named person has an Enduring Guardian with consent to medical treatment appointed.
(Tick ‘Yes’ or ‘No’ below)

Yes ☐

If Yes, go to Section 2 and provide their details

No ☐

If No continue to 2 below

- 2** The Spouse or defacto with a close continuing relationship with the above named person.
(Tick ‘Yes’ or ‘No’ below)

Yes ☐

If Yes, go to Section 2 and provide their details

No ☐

If No continue to 3 below

- 3** An unpaid carer who provides or who has provided support for the above named person.
(Tick ‘Yes’ or ‘No’ below)

Yes ☐

If Yes, go to Section 2 and provide their details

No ☐

If No continue to 4 below

- 4** The close friend or relative of the above named person.
(Tick ‘Yes’ or ‘No’ below)

Yes ☐

If Yes, go to Section 2 and provide their details

No ☐

If No, consider appointing an Enduring Guardian

Section 2: DETAILS OF PERSON ABOVE

These are the details of the Person Responsible. If an Enduring Guardian is appointed, keep a copy of the “Form of Appointment of Enduring Guardian/s” with this Advance Care Plan and submit to hospital with this Advance Care Plan as outlined in section 7.

Name: _____ Provide full details in section 5.

If there is more than one Person Responsible please provide details and instructions around their responsibilities and the need for consensus:

How were answers to questions on this plan developed? (e.g. have you discussed these issues with the patient in the past, or with others close to the patient?)

ENSURE ORIGINAL REMAINS WITH THE ABOVE NAMED PERSON
Give copies to the person(s) responsible, the GP and the Hospital

Name _____

Date of Birth _____

Office use only:

SECTION 3: MEDICAL CARE

The information should be written by the Person(s) Responsible on behalf of the above named person. Inclusion and consultation with the above named person is highly recommended.

This section is meant as a guide to assist documenting healthcare preferences. If you are uncomfortable making these decisions or are uncertain, discuss situations or circumstances with the treating doctor.

From my knowledge of the above named person, the level of functioning that would be unacceptable include:

Specific Advance Care Plans ahead of time may not meet healthcare needs in the actual circumstance; therefore, decisions should allow flexibility to guide appropriate care. Your treating doctor is not obliged to provide non beneficial treatments. Healthcare professionals may assist in guiding these decisions according the medical situation at the time.

If ill or injured and **not expected to get better**, so that the level of functioning **would not be acceptable** to the above named person:

Write exact wording from options in boxes below

In cardiac arrest, I suggest: 'Cardio Pulmonary Resuscitation' or 'No Cardio Pulmonary Resuscitation'

If fluid or food cannot be safely swallowed I suggest; 'tube' or 'intravenous' or 'to eat and drink as desired' or 'uncertain'

If required, blood transfusion or blood products should be considered; Yes or No

The preferred location for care in the last days of life is: "at home" or "residential aged care facility" or "in a palliative care unit" or "uncertain" or "other location".

From your knowledge of the above named person are there any treatments they would never want?"

If the above named person is ill, the following would be important (eg. These things may include **cultural, spiritual and social needs.**)"

Has organ or tissue donation been considered or discussed? ☐ Yes ☐ No ☐ Unknown

Has this decision been registered with the Australian Organ Donor Register? ☐ Yes ☐ No ☐ Unknown

Information available at www.donatelife.gov.au/

ENSURE ORIGINAL REMAINS WITH THE ABOVE NAMED PERSON
Give copies to the person(s) responsible, the GP and the Hospital

Name _____

Date of Birth _____

Office use only:

SECTION 4: PERSON RESPONSIBLE SIGNATURE

This Advance Care Plan provides guidance for the healthcare treatment of the above named person if they are unable to make or communicate their own decisions. This plan should be used as guidance for the treating clinicians in consultation with the Person Responsible. It is not legally binding. The above named person should be included in discussions regarding their care if they are able to communicate. This Advance Care Plan applies if they are at home or hospitalised.

Person Responsible signature: _____ Date: ____ / ____ / ____

SECTION 5: PERSON RESPONSIBLE DETAILS

Name: _____

Relationship: _____

Address: _____

Phone: _____

Email: _____

SECTION 6: HEALTHCARE PROFESSIONALS

- ☐ The above named person was included in the development of this plan.
- ☐ The above named person did not contribute to the development of this plan because they did not have capacity.
- ☐ The above named person did not wish to contribute to the development of this plan.

Healthcare Professional: _____ **Signature:** _____ **Date:** ____ / ____ / ____

Address: _____

Doctor: _____ **Signature:** _____ **Date:** ____ / ____ / ____

Address: _____

If used, professional interpreter: _____ **Signature:** _____

Organisation: _____

SECTION 7: SUBMISSION TO HOSPITAL

Name of person submitting: _____ Date: ____ / ____ / ____

Please submit this plan to the hospital where the above named person receives most of their healthcare (tick box).

- ☐ **BALMAIN** By Fax: 02 9395 2148 or By email: Balmain.MedicalRecords@sswhs.nsw.gov.au
In person or by mail: Medical Records Department, 29 Booth Street, Balmain NSW 2041
- ☐ **CANTERBURY** By Fax: 02 9787 0379 or By email: Canterbury.MedicalRecords@sswhs.nsw.gov.au
In person or by mail: Medical Records Department, Canterbury Road, Campsie NSW 2194
- ☐ **COMMUNITY HEALTH** "Attention Health Information Manager" By Fax: 02 9515 9540
In person or by mail: Level 9, KGV Building, 81 Missenden Road, Camperdown NSW 2050
- ☐ **CONCORD** By Fax: 02 9767 6651 or By email: CRGH.MedicoLegalEnquiries@sswhs.nsw.gov.au
In person or by mail: Medical Records Services, Building 63, Hospital Road, Concord NSW 2139
- ☐ **ROYAL PRINCE ALFRED** "Attention Deputy Medical Record Manager" By Fax: 02 9515 6091
In person or by mail: Medical Records Department, Missenden Road, Camperdown NSW 2050

ENSURE ORIGINAL REMAINS WITH THE ABOVE NAMED PERSON
Give copies to the person(s) responsible, the GP and the Hospital