
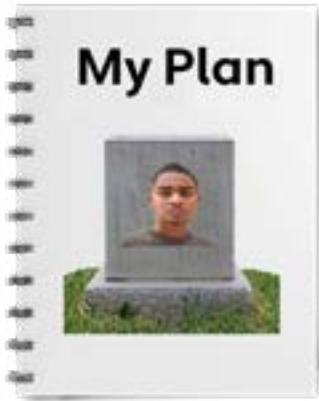


My End of Life Plan

(My Advanced Care Plan - ACP)

What I want to happen at the end of my life





This is my plan.

It tells you what I want to happen if I get very ill and am going to die.



Please follow my wishes even if you do not agree with everything in my plan.



I have given my consent to make this plan, or it has been agreed in my best interests.

You can share this plan with others who support me.

About Me



My name is:



My home address is:



I live with:



These people are important to me:



My next of kin is:



Their address and telephone number are:

My next of kin has Lasting Power of Attorney.

This means they can make decisions for me about:



- My health and welfare

Yes

No



- My property and financial affairs

Yes

No



I have a Court appointed Deputy.

This means they act on my behalf in my best interests.

Yes




No



I have a care co-ordinator.

Yes

No

	<p>Name:</p>
	<p>Address:</p>
	<p>Telephone number:</p>



If I become very ill please tell the following people as soon as possible.



Name:



Address:



Who they are to me:



Name:



Address:



Who they are to me:



Name:



Address:









Who they are to me:

My Health Professionals



These people may be involved in my care. They are my doctor, my community nurse, my dentist.

  	<p>Name:</p>
	<p>Address:</p>
	<p>Their role:</p>

  	<p>Name:</p>
	<p>Address:</p>
	<p>Their role:</p>



Name:



Address:

Their role:



Name:



Address:

Their role:



Name:



Address:

Their role:



I have a hospital passport.

Yes

No



I have a communication passport.

Yes

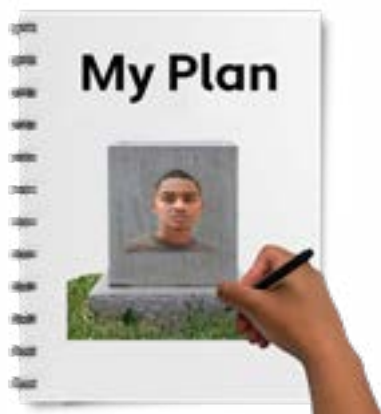
No



I have a DISDAT assessment
(Distress and Discomfort
assessment tool.)

Yes

No



These people helped me to write my advanced care plan.



These people were involved in writing this plan in my best interests.

My Care



When I become very ill and am going to die I would like to be cared for:



At home



In hospital



In a care home



In a nursing home



In a hospice



Other: for example at my parents' home



I might be worried about these things:



I might need support with these things:



I need these things to help keep me comfortable:

DNACPR

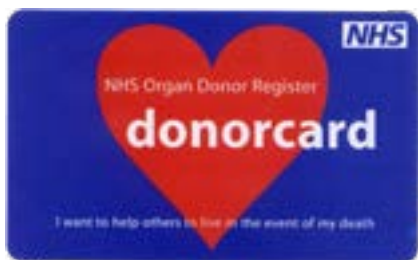


I have a DNACPR in place.

This means that if my heart stops beating I do not want staff to try to start it again. This is called CPR.

Yes

No



I want to be an organ donor.

Yes

No



During my final days I would like these things to be near me in my room:



Television



Music



Photos



Other things special to me:

After I die



I have made a Will.

Yes

No

My Will is kept at:



I have made a funeral plan.

Yes

No

My funeral plan is with:

My Funeral Wishes



I would like to be buried.



I would like to be cremated.



I would like this type of coffin.



When I am in my coffin I would like to wear:



I would like my funeral service to take place at:



I would like my faith leader to lead the service.



I would like these people to read at my funeral:



I would like these readings or poems at my funeral.



I would like the following music or hymns.



I would like flowers at my funeral.

Yes

No



My favourite flowers are:



I would like people to donate money to this charity instead of buying flowers.



For my funeral I would like people to wear:

After my Funeral



I would like people to gather together to celebrate my life.

Yes

No



I would like my celebration to be held at:



I would like to be buried at:



I would like you to do this with my ashes:

I would like my grave or my ashes to be marked by:



a headstone



a plaque



a cross



a plant or bush

My Wishes for My Things



I would like these people to have these things:



Name:



Address:



What I want them to have:



Name:



Address:



What I want them to have:



Name:



Address:



What I want them to have:



Name:



Address:



What I want them to have:



I would like everything else to go to:



If I make changes to my plan I will write them below:



Date of change:



The changes are:



Date of change:



The changes are:



Date of change:



The changes are:



Date of change:



The changes are:



This plan has been based on the “When I Die” booklet produced by St Luke’s Hospice.

Registered charity number 289466

stlukeshospice.com

