

Advance care planning guidance and template

Guidance and template in the context of coronavirus (COVID-19)

**This guidance is correct at the time of publishing.**

**However, as it is subject to updates, please use any hyperlinks to confirm the information you are disseminating to the public is accurate.**

# NHS England and NHS Improvement

**Guidance notes for completing ‘My COVID-19 Advance Care Plan’**

**What is a COVID-19 Advance Care Plan?**

A page of information developed by you, with your family or friends (or somebody else if you need help). It outlines the decisions you have made about your treatment and the support you need if you develop severe COVID-19 symptoms and need to contact emergency services or be admitted to hospital. In these circumstances you are likely to be separated from people who usually support you or speak on your behalf, or COVID-19 may make you too breathless to speak. This plan is a way to capture and share, in an urgent situation, the advance decisions you have made around the care and treatment you would like.

# What information is required for a COVID-19 Advance Care Plan?

You only need to note down brief information about the key things you want people to know under the following headings.

|  |  |
| --- | --- |
| **My name, NHS**  **number, I like to be known as** | Basic information about your name, NHS number and what you like to be known as |
| **Summary of my health conditions** | Briefly list any underlying health conditions you have |
| **Who am I?** | Let us know a few things about you as a person e.g. things you do when you are well, like drawing and painting or cycling. Or you are a mother of 3 and a grandmother of 5, or whether you are generally very active etc. |
| **Three important things I want you to know** | This is one of the most important sections as it is a place for you to indicate the preferences you have for treatment if you have COVID-19.   * **If you do not want to be admitted to hospital, please record this at number 1 in this section.** * You can indicate here if your priority is comfort i.e. managing symptoms, rather than prioritising sustaining your life, which may involve more invasive treatment. * Other things to record under this section might be   + that you usually have low blood pressure or body temperature, (tell us what they are)   + or that you have a phobia of needles or sickness. * Other helpful information would include how you react if you are very stressed as well as treatment that you have decided to decline. |
| **Medication I take** | A list of your medication, doses and frequency |
| **How my medication is administered** | How you take your medication e.g. orally or through a PEG etc. |
| **How I communicate** | It may be that you don’t usually use words to speak, or English isn’t your first language and a family member interprets for you. It might be useful to know how you would indicate distress or discomfort if you are unable to speak. |
| **My emergency contacts** | List the names and numbers of people you would like us to contact in an emergency. |
| **Who has a copy of this plan?** | Please tell us who knows about your plan and who we can contact about it if we need to. |

**My COVID-19 Advance Care Plan**

|  |  |  |
| --- | --- | --- |
| **My name:** | | NHS number: |
| **I like to be known as:** | | |
| Summary of my health condition(s) … | | |
| **Who am I?** Things I do when I am well / something about me as a person … | | |
| Three important things I want you to know … | | |
| 1. | | |
| 2. | | |
| 3. | | |
| Medication I take … | | |
| How my medication is administered… | | |
| How I communicate … | | |
| My emergency contacts | | |
| Who has a copy of this plan? Name: | | |
| 1 Name: | 2 Name: | |
| Relationship to me: | Relationship to me: | |
| Telephone number: | Telephone number: | |