



**If I were to become suddenly unwell**

As you will know we are all facing a serious threat to our health in the form of Coronavirus & it is understandable to feel frightened by recent events. It is some comfort to know that the majority of people will recover and return to good health which is what we all hope for.

We at your local hospital and community health services remain committed to providing you with the very best care that we can in the challenging times that lie ahead.

It is very important that however worried we may feel, we all take some time to think about what would matter to us should we suddenly become unwell.



This document will help guide you in thinking about your priorities for care & the conversations that you may wish to have with those people who are dear to you, however difficult that may be.

Once completed this document represents your wishes and preferences for care should you become suddenly unwell. It should stay with you and be altered by you should your thoughts change.

*‘It will help all of us if we are able to speak honestly to each other’*

**These are my priorities for care should I become suddenly unwell:**

**My name is**:………………………………………………………………………………………………………………………

**I like to be called**:………………………………………………………………………………………………………………

NHS no.…………………………………………………………………………….DOB…………………………………………

My address.……………………………………………………………………………………………………………………….

Date competed…………………………………………………………Date if amended……………………………….

The person who helped me to write this document……………………………………………………………

***These are the people I would like you to discuss my care with:***

*Name……………………………………………………Relationship………………………………………………..………*

*Name……………………………………………………Relationship…………………………………………………..…..*

*Think-if you were to become suddenly unwell, what would those important to you need to know? (This may include the location of documents, keys, telephone numbers, messages)*

***When planning my care please consider:*** *What will help people to care for you, what you value, like or don’t like, or any treatments you especially would not want. This should include thinking about cardiopulmonary resuscitation or artificial ventilation, (these treatments may not be medically appropriate for everyone).*

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This may be talking to old friends or new, marking an anniversary, writing a letter, giving a gift, telling someone we love them. It will be different for each of us

is may be marking an anniversary, writing a letter, giving a gift or telling someone you love them.

***These things are important to me:***

*………………………………………………………*

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***If I were so sick that I might die I would like to****:*

*Be kept comfortable at home*

*It is important to consider who would help you at this time?*

*……………………………………………………………………………………………………………………………………………….*

*….…………………………………………………………………………………………………………………………………………..*

*In a hospital*

*It is important to consider that during the Coronavirus your family may not be able to be present at this time. Consider any possessions that travel with you as only small personal items that can be cleaned ie jewellery will be returned*

If I am unlikely to survive an admission to hospital I would like to know this

 Yes

*Though preferences are important there may be times when choices change, or cannot be met.*

***What will bring me comfort at this time?***

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This may be a faith or belief, family, music, a pet or something personal. It will be different for each of us.

**My useful contacts:**

My GP………………………………………………...Surgery Tel…………………………………………………………………

Community nurse:……………………………………………………………Tel…………………………………………………

Other:……………………………………………………………………………………..………………………………………………

Medical conditions…………………………………………………………………………………………………………………..

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**My checklist:**

I have a will I have a funeral plan My affairs are in order

*Consider particularly passwords to computers, and online accounts where either important information or precious memories are stored.*

I have a Treatment Escalation Plan (TEP) Yes No

I have a Do Not Resuscitate order (DNA/CPR) Yes No

I have an Advance Decision to Refuse Treatment (ADRT) Yes No

This information is held (eg fridge, bedside table etc)…………………………………………………………..

This information is shared with (eg GP, hospital, family etc)………………………………………………….

………………………………………………………………………………………………………………………………………………

My lasting power of attorney for health & welfare is (if applicable)………………………………………

Name………………………………………………………………………………Tel…..…………………………………………..

My lasting power of attorney for property & finance (if applicable)……………………………………..

Name………………………………………………………………………………Tel……………………………………………….

I give permission for my details to be shared with relevant care providers so that my wishes

and preferences can be met Yes No

I give permission for this to be added to my electronic patient records Yes No

My signature………………………………………………………………………..Date………………………………………..

**KEEP THIS DOCUMENT WITH YOU TO SHOW TO HEALTHCARE PROVIDERS**

SPEOLC V 2 Review date April 2021