



Caring Together Programme

Caring Together Medical Anticipatory Care Plan Summary

Patient Details:

Name: _____ DOB/CHI: _____

Address: _____

NOK/Main Carer Details: (please insert both if NOK is different from main carer)

Name: _____ Contact: _____

Power of Attorney/Guardianship Insitu: _____ Yes/No

Diagnosis: **ADVANCED HEART FAILURE**

Priorities of Care:

- | | |
|------------------------------|---|
| 1. Current Place of Care: | Home/Hospital/Hospice/Care/Nursing Home/Other |
| 2. Preferred place of care: | Home/Hospital/Hospice/Care/Nursing Home/Other |
| 3. Preferred place of death: | Home/Hospital/Hospice/Care/Nursing Home/Other |

Resuscitation Status:

Cardiac Device Status: _____ Active/Deactivated/Not Applicable

Ceiling of Therapy:
ITU etc with Yes/No

Consultant: _____ Care Manager: _____

Professional Services to be considered if condition or situation changes:

- | | |
|----------|------------------|
| 1. Name: | Contact Details: |
| 2. Name: | Contact Details: |

Emergency contact details

Cardiology

Palliative care

Cardiac Physiology (Mon-Friday 9-5)

NB: A detailed summary of the key components of this Medical ACP summary are contained within the attached Medical Anticipatory Care Plan.

Date Completed: _____

Review Date: _____

NAME

CHI



Caring Together Programme

**DEPARTMENT OF MEDICAL CARDIOLOGY
Heart Function and Supportive Care Clinic**

Glasgow Royal Infirmary
Level 3
Walton Building
84 Castle Street
Glasgow G4 OSF

Consultant:
Dr Karen J Hogg

Caring Together Medical Anticipatory Care Plan

Patient and Main Carer Details

NAME:

DOB:

CHI:

ADDRESS:

NOK Details (*Relationship*):

Main Carer Details (*Relationship*):

Care Manager Details:

Diagnosis List:

Current Medications:

Changes to medications

Medications to stop:

Medication intolerance:

Device details: Applicable / Not applicable

Medical and Symptom Management Considerations:

NAME

CHI

Priorities of Care

Current Place of Care:
Preferred place of care: 1.
2.

Device Status if appropriate:

DNA / CPR Status:

Intensive Care Referral: Not Appropriate

Central line access: Not Appropriate

Appropriate maximal medical therapy:	Inta-aortic Balloon Pump (IABP)	YES / NO
	IV Inotropes	YES / NO
	IV Diuretics	YES / NO
	SC Diuretics	YES / NO
	Oral medications	YES / NO

Transfer to hospital in the event of acute deterioration: Avoid if at all possible

Key Professional Services Currently Involved:

NAME - Consultant Cardiologist GRI

NAME – Care manager

NAME - GP

NAME - Other Consultant

Key Professional Services to be considered if condition or situation changes:

Significant Conversations

Patients Understanding of current situation:

Carers Understanding of current situation:

Helpful/Emergency Contact Numbers:

Cardiology GRI:

HFLN

DN

Consent

Has patient agreed to sharing their personal details with other professionals (including for use in ePCS and KIS):

Yes / No / NA

Has carer agreed to sharing their personal details with other professionals:

Yes / No / NA

Has next of kin agreed to sharing their personal details with other professionals:

Yes / No / NA

This Medical ACP has been agreed by:

Consultant Cardiologist (Dr Karen J Hogg)

Sec: Donna Sharpe - 0141-211-4833
Donna.sharpe@ggc.scot.nhs.uk

Signature:

Date:

Care Manager (Print Name):

Signature:

Date:

All components of this Medical ACP have been discussed and agreed with the patient and family members (where applicable).

Date Completed:

Review Date: Weekly
 Recommend as appropriate

This patient has attended a heart failure and supportive care clinic.

This patient has met the criteria for Caring Together and should be considered for entry onto the appropriate palliative care registers

For further information on the Caring Together Programme:
 Telephone: 0141 557 7552
 Email: caringtogether@mariecurie.org.uk

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www.mariecurie.org.uk/caringtogether
www.bhf.org.uk/caringtogether

Developed from previous work undertaken as part of British Heart Foundation heart failure palliative care project: the Glasgow and Clyde experience (2006-2010).

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