

My Care Choices

Record

For you to complete and share
with those closest to you

mycarechoices.online

Advance Care Planning
in North East Essex

Guidelines for completing your My Care Choices Record

The My Care Choices Record is about your choices for care, so please complete those sections that are relevant to you.

You may wish to complete it if you have a long-term condition and are the recipient of care from a variety of providers. It is your document to keep as it is about you, so keep it with you or in your home.

It is a good idea to let those close to you know that you have completed the document and where to find it, should it be needed.

If you are a carer, then you may wish to have a discussion with the person you care for and give them help to complete it.

You may wish to only complete the first 3 pages which is information about yourself that you would like those caring for you to know.

It is important to read the information page about the My Care Choices Register on page 6, as once you have completed the document, with your consent, your GP can enter your choices on to it, so that other healthcare professionals are aware of the care you would like.



My Care Choices Record

This is about your choices for care so please complete those sections that are relevant to you.

My name: Edna Smith

What I like to be called: Edna

Date: 02/02/2023

The medical conditions I have and how they affect me: _____

Heart failure, atrial fibrillation, chronic kidney disease, dementia.

I can get very tired and forgetful.

Allergies and sensitivities: _____

Penicillin

About Me

What is important to me? _____

My family, my 12 year old male cat called Patch, and my home and garden, where I have lived for over 50 years.

What makes me feel better if I am anxious or upset? Include things that may help if you become unhappy or distressed.

I like to stroke and talk to my cat Patch.

I enjoy looking at my garden and feeding the birds.

I often watch game shows on TV in the afternoon and The Chase is my favourite one.

My family can also reassure me if I am feeling anxious or upset.

I would like you to know e.g. employment, past and present/significant events in my life:

I was a nurse for many years and like to be as independent as I can be.

I was married to Bob for 62 years. Bob died from cancer two years ago and I miss him very much. We used to do lots together.

Who is important to me and knows me best? This may be a spouse, relative, friend or carer.

My daughter Cheryl, who I see almost every day as she lives nearby. We are very close, and she knows what I like and dislike.

I am also very close to my niece Sandie, who takes me shopping at Sainsbury's every week.

Name of first person I would like to be involved with decisions about my care:

Cheryl - my daughter

Contact number: _____

Name of second person I would like to be involved with decisions about my care:

Sandie - my niece

Contact number: _____

What I would like to happen if I become more unwell

e.g. please contact a close relative / I want to be cared for in a community hospital rather than a main hospital if possible.

(Please discuss these preferences with your GP):

I would like you to call Cheryl or Sandie and I am happy to go to hospital if needed.

I would like my daughter Cheryl to take care of my cat. She has already agreed to take care of him when I can't. This makes me feel less worried about him.

What I would not like to happen

e.g. I would prefer not to go to hospital/I would not wish to receive artificial feeding. (Please discuss these preferences with your GP):

I would not want to have CPR or be admitted to intensive care.

Other things that people caring for me should know?

e.g. your spiritual or religious beliefs

I am Catholic and have a strong faith.

My Care Choices Register

The My Care Choices Register is a record of your decisions about:

- The kind of care you wish to receive in the future if you were more unwell and your preference for the place of care.

The register is for those who:

- Have a severe chronic disease for whom a deterioration may be life-threatening **or**
- Are in frail overall health and at risk of sudden deterioration **or**
- Those with dementia who wish to record their preferences for future health care **or**
- Live in a residential or nursing home for older people **or**
- Have a condition making it likely they are in the last year of life

It is held online and can be accessed securely only by staff responsible for your care, such as your GP, community nurses, hospital staff, ambulance services, and St Helena who host the register.

They can access it any hour of the day or night, so you can be confident that everyone looking after you knows the care you want.

Some care home staff also have access and we are working to widen this so in the future all social care support staff and care home staff will be able to see the choices of those they support.

If it is relevant to you, you may wish to record:

- The type of care you would like to receive if you are approaching the end of your life, including any cultural or religious wishes
- Your choice of where you would like to be cared for at the end of life

It also holds key information about your diagnosis, your condition and the medical treatment you are receiving.

The My Care Choices Register is not an advance decision to refuse treatment and is not legally binding. If you would like more information about Advance Decisions (Living Wills), visit the Compassion in Dying website at compassionindying.org.uk

Consent to share my information

To ensure I receive the best care, I give consent to share the information contained within this form with the health and social care professionals involved in my care, by way of paper and electronic records, including the My Care Choices Register.

My Name: Edna Smith

My Signature: E Smith Date: 02/02/2023

It is recommended that you ask your GP to record your choices on the register once you have completed this document.

Lasting Power of Attorney (LPA) for health and welfare

An LPA allows your attorney to make decisions regarding your health and personal welfare, including decisions to refuse or consent to treatment on your behalf, day to day care and where you should live. It only comes into force if/when you lose the ability to make these decisions for yourself and is only valid once it has been registered with the Office of the Public Guardian.

I have a lasting power of attorney for health and personal welfare:

yes no

If yes please give details:

Name: _____

Address: _____

Telephone: _____

Reference number of LPA: _____

Lasting Power of Attorney (LPA) for property and financial affairs

An LPA gives your attorney the power to make financial decisions for you, e.g. managing bank accounts or selling your house. Your attorney has the power to take over the management of your financial affairs as soon as the LPA is registered with the Office of the Public Guardian, unless the LPA states that this can only happen after you lose the capacity to manage your own affairs.

I have a lasting power of attorney for property and financial affairs:

yes no

If yes please give details:

Name: _____

Address: _____

Telephone: _____

Reference number of LPA: _____

I have a Court Appointed Deputy

Name: _____

Telephone number: _____

Please note, prior to 2007, an enduring power of attorney was a way of appointing a representative.

If you have nominated an enduring power of attorney, please tick here

If you do not have an LPA and would like to create one, please contact a solicitor or visit: www.gov.uk/power-of-attorney/make-lasting-power



Planning your healthcare towards the end of your life

Looking towards the future, you may wish to consider and discuss how you would want your care delivered and where you would like it to take place.

If my condition deteriorates this is where I would like to be cared for:

1st choice Home

2nd choice Hospital

This is where I would like to be cared for at the end of my life:

1st choice Home

2nd choice Hospital

These are other documents that I have been involved in completing:

DNACPR (Do not attempt cardio pulmonary resuscitation)

Date: _____

Advance decision to refuse treatment

Date: _____

Details: _____

ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)

Date: _____

Details: _____

Emergency contacts

It would be important to speak with the following people, if I am ever unwell or unable to make my own decisions about my own health:

I would like _____

to be contacted **first** in the event of an emergency.

Name: _____

Relationship to me: _____

Telephone: _____

Name: _____

Relationship to me: _____

Telephone: _____

Name: _____

Relationship to me: _____

Telephone: _____

Name: _____

Relationship to me: _____

Telephone: _____

Healthcare professionals

GP: _____

Other healthcare professionals involved with my care:

(name and organisation) _____

(name and organisation) _____

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