

# Advance Care Plan

Where I want my place of care to be?

Families wishes: Where we want to be as a family, who I would want to be involved

What I want to happen after my death?

Whether I want to be buried or cremated?

Who is to have my belongings?

How would I like to be remembered?

Pictures - Memorial service/special picture/ In my best clothes/on holiday when I was happy

Special messages for special people in my life that I would like them to have when I die

Religious and cultural needs

Organ and tissue donation

# Advance Care Plan

**5 things I would like to do before I die:**

|   |
|---|
| 1 |
| 2 |
| 3 |
| 4 |
| 5 |

**5 things I would like to be remembered for:**

|   |
|---|
| 1 |
| 2 |
| 3 |
| 4 |
| 5 |

**Who has agreed and supports the plan?**

Eg: Child/Young Person, Parent/Guardian/ GP/Clinician, Consultant

| Name | I have discussed and support this care plan (√) | Signature | Date |
|------|---|-----------|------|
|      |   |           |      |
|      |   |           |      |
|      |   |           |      |

# Behavioural Support



## I have a behaviour plan

(please copy ● and select which apply)

Yes  No

(please refer to my behavioural plan if I have one)

How others can help me to manage my behaviour:

Triggers to avoid such as:

How can you support and encourage me to continually show positive behaviour:

If my behaviour becomes difficult, the following things may help:

My attention and focus can be diverted to something positive by:

This is how you calm me down:

# Epilepsy Support



**When I have a seizure this is what happens:**

Please read my epilepsy plan

**When I am about to have a seizure(s) this is what to look out for:**

**You need to know my triggers:**

**The frequency of my seizures on average are:**

**After I have a seizure, I recover by:**

# Physiotherapy Support

How I get around:

Equipment I use to get around:

My physiotherapy plan is:

Who does my physiotherapy:

My physiotherapist is:

Contact details .....

Physiotherapy Plan Review Date:

# Things to consider when planning my discharge

Tell me what has changed since my stay at hospital when you plan my discharge.  
(For example, any changes to my health care needs, have you discussed my discharge and follow up plan for treatment with my parents and carers)

What support is being arranged for my discharge

Key things that will support me with my discharge.

(please copy ● and select which apply)

- Eating
- Drinking
- Mobility
- Transport home
- Equipment
- Medication
- Temperature

Have you updated my communication passport?

# Record of my health appointments

| Name of person who is seeing me | The reason for my appointment | Where I need to go for my appointment | Date and Time |
|---------------------------------|-------------------------------|---------------------------------------|---------------|
|                                 |                               |                                       |               |

# How I FEEL TODAY...



**Sleeping**



**Travel**



**Food & Drink**



**Medication**

**Any further  
information**