

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:

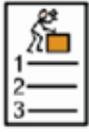
1
2
3
4
5

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:

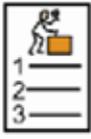
How can you support and encourage me to continually show positive behaviour:

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:

1	_____
2	_____
3	_____

Please read my epilepsy plan

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

1	_____
2	_____
3	_____

You need to know my triggers:

1	_____
2	_____
3	_____

After I have a seizure, I recover by:

1	_____
2	_____
3	_____

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

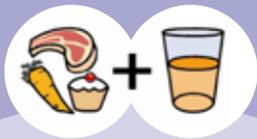
How I FEEL TODAY...



Sleeping



Travel



Food & Drink



Medication

**Any further
information**