DUMMYPATIENT, Cpforms Four (Lady)
BORN 01-Jan-1973 (51y) GENDER Unknown
CHI 0101730000

Anticipatory Care Plan Summary

Last updated by Maureen BOWERS (Maureen Bowers) on 25-Jan-2024 10:36 (v. 35)

Please be aware that an eKIS may exist for this patient

0. Trigger for ACP, Frailty Score and Special Notes

Article 6(1)(e) of the UKGDPR in conjunction with the Intra NHS Scotland Sharing Accord allow the information contained within this document to be shared with Primary Care and other NHS Boards including NHS 24 and Scottish Ambulance, without the need for explicit consent. We are sharing this information for routine patient care as part of our Board's duty to provide healthcare to our patients. It is best practice for staff to make sure the individual and/or their legal proxy is aware this information will be shared when conducting ACP conversations. If the patient would like further information about how the Board uses their data it can be found in our Privacy Notice here

Review

Date of review	08-Jan-2024
Reviewed by	Marina Bowes
Job Family	Nursing/Midwifery
Directorate/Sector	Glasgow HSCP – NW
Trigger for ACP / Update	LTC Diagnosis /Progression
Contact Telephone No	00000000101
Date of Next Review	25-Mar-2024

Following initial conversation would individual (or their legal guardian) like to share information via ACP?	Yes

Information Guidance Notes for recording whether some would like to share information via ACP

Clinical Frailty Score (Rockwood)

Information Please click here for Clinical Frailty Scale definitions

Consider carrying out Rockwood frailty assessment and select score	6 Moderately frail

Special Notes / What is important to the individual?

HCSW/DN Notes 08.01.24:
Dave has been diagnosed with Heart disease, Diabetes and COPD. Leg ulcer left leg, reduced his mobility with swelling on both his lower limbs.

Dave lives alone at Goodview Sheltered Housing Complex - front door entry system, upper floor (lift). Max the cat keeps him company. Warden provides daily check. He feels safe here and when he feels well, he will join in with day room activities, he especially likes a good old sing-a-long. He has stated that he doesn't feel up to company at the moment - we are currently supporting Dave to re-engage with other residents, he agrees that this will help to alleviate his low moods and will have wider health benefits such as getting him on his feet and moving.

He has good support from nephew, Craig (sole contact/NOK) - he visits a couple of times a week if he can, mostly Sundays (to check Dave's okay and bring shopping). From time to time, Craig (or his wife) will support Dave with any appointments, this helps keep them informed and to support Dave. Craig is aware of the plan and happy to support this - he has been concerned about his uncle's decline and need for a conversation about his care and future living arrangements (he tries to fit in support for his uncle around his work and family commitments but sometimes struggles with this).

Other services: Receiving twice daily home care visits for assistance with personal care and meal preparation,. Recent increased difficulty with daily living activities, re-referral made to Home Care to increase service 4 x daily. Referral to Social Work for day care place - health and social activities. Possible preliminary discussion on long term care - things to consider.

Dave would also like to reconnect with his church - will arrange for minister to visit.
Craig agreed to look after Max if things change for Dave.

Dave understands that his health hasn't been great lately, particularly his heavy smoking and is happy to make plans to improve this and share future decisions around his health and care.

No POA in place - have provided information on this, family will look into and update once processed.
No communication needs identified.

1. Next Of Kin / Carer

All staff have a duty to identify carers as soon as possible and inform them of their right to support. Carers can be referred to local Carer Support Services via the Carers Information Line 0141 353 6504 (carers can also self-refer if they wish).

Next of Kin

Title	Mr
Forename(s)	Craig
Surname	Sullivan
Gender	Male
Address (inc postcode)	8 Horizon Avenue, Glasgow G99 0ZZ
Telephone Number(s)	07912345678
Relationship	Nephew
Keyholder	Yes

Is Next of Kin also the Carer? Yes

Carer

Title	Mr
Forename(s)	Craig
Surname	Sullivan
Gender	Male
Address (inc postcode)	8 Horizon Avenue, Glasgow G99 0ZZ
Telephone Number(s)	07912345678
Relationship	Nephew
Keyholder	Yes

Other Agencies Involved

Other Agencies Involved	Contact Numbers
District Nursing Team	0141 123 4567
Nancy Chan, Rehab-Physio	0141 123 5567
Michael Miller, Dietician	0141 123 9876
Home Care Team	0141 111 1111
Nina Anderson, Sheltered Housing Warden	00000000130
Petra Kaminska, Falls Team	0141 222 1111
Jordan Fox, Social Services	0141 111 0000
Smoking Cessation Team (health improvement)	0141 222 0000

2. Current Health Problems / Significant Diagnoses

Information Please click here for Guidance Notes for Current Health Problems / Significant Diagnoses

Current Health Problems / Significant Diagnoses	HCSW/DN Notes 08.01.24: Patient has been diagnosed with heart disease (Arterial Fibrillation - Lixiana, Bisoprolol, Amlodipine, Atorvastatin, Ramipril), Diabetes (Metformin). Dave has a leg ulcer which requires visits from the District Nursing Team, this has reduced his mobility with swelling on both his lower limbs. COPD causing shortness of breath and this adds to his lack of mobility and poor circulation. Excessive smoker. Hospital admission July 2023 - exacerbation COPD/increased SOB. Admission required IV antibiotics and nebulisation therapy for 48hours due to O2 levels 86% on admission. Current baseline O2 levels dropping - 92% (decline from previous level 94%). Resting Respiratory rate - 20. Currently on Spriva and Ventolin inhaler with Mucodyne TDS. There is a likely chance of health deterioration due to chronic leg ulcer and co-morbidities that reduce chances of good outcomes with progress to healing. Possible risk of falls and choking. Patient understands his poor health may increases chance of further infections and build-up of fluid and the consequences of this. Treatment Plan: District Nursing Service - leg ulcer management twice weekly. HCSW/AP input - health promotion. Rehab/Physio - support plan for exercise and leg elevation, strength/balance and improve sleeping habits. Respiratory Nurse supporting COPD management - discussion with patient: salbutamol nebules - has agreed to this medication change to support breathing. Dietician input to improve diet and intake of fluids. Falls Team - referral to carry out assessment and recommendations. Smoking Cessation - 12 week programme. Family will provide reminders on above and support where they can. No known allergies. Supporting patient to engage in more social activity to improve mental health - will review.

Essential Medication and Equipment

Oxygen Therapy	No		
Anticipatory medication at home	No		
Continence / Catheter Equipment at home	No		
Syringe Pump	No		
Moving and handling equipment at home	No		
Mobility equipment at home	Yes	Mobility equipment notes	walking frame, grab rails

3. Legal Powers

Does the individual have a Combined	No

Power of Attorney (financial & welfare)?	
Does the individual have a Continuing Power of Attorney (finance & property)?	No
Does the individual have a Welfare Power of Attorney (health and /or personal welfare)?	No
Is an Advanced directive in place (living will)?	No
Is an Adult with Incapacity Section 47 held?	No
Has a Guardianship been appointed under the Adults with Incapacity (Scotland) Act 2000?	No

4. Resuscitation & Preferred Place of Care

My preferred place of care

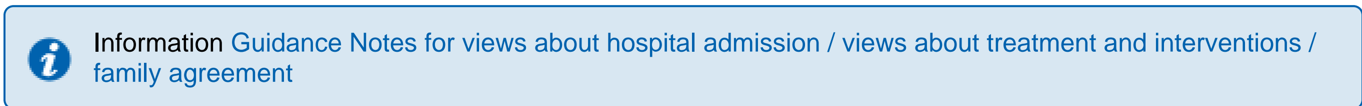
HCSW/DN Notes 08.01.24:
Dave has expressed that he wishes to be cared for at home where possible but is willing to be cared for in a care/nursing home should this be required. He does not wish any burden of care on his family. He/family will discuss options with Social Services.

Information Guidance Notes for preferred place of care

My views about hospital admission / views about treatment and interventions / family agreement

HCSW/DN Notes 08.01.24:
Dave has stated that he is not for any further unnecessary treatments that prolong his life and not for hospital admission should his health seriously decline. Will consider interventions for reversible conditions. He is anxious about hospital admission, therefore wishes to be kept comfortable at his place of home with oral medications.

All conversations took place alongside Nephew - understanding and agreement on all decisions.


Information Guidance Notes for views about hospital admission / views about treatment and interventions / family agreement

Has DNACPR been discussed?	Yes	Comments	Family aware of views.
Is a DNACPR Form in place?	No	Comments	—
Refer to GP for further discussion	Yes	Comments	More information required - what this means and process.

re DNACPR

Form Closed No

When you click to 'Complete' a copy of the ACP Summary will be sent electronically to the registered GP practice.

Amendments (34)

v.35 - review
25-Jan-24 10:36 by Maureen BOWERS
v.34 - review
24-Jan-24 11:56 by Maureen BOWERS
v.33 - review
18-Jan-24 10:47 by Maureen BOWERS
v.32 - review
18-Jan-24 08:51 by Maureen BOWERS
v.31 - review
17-Jan-24 12:42 by Maureen BOWERS
v.30 - review
15-Jan-24 18:50 by Maureen BOWERS
v.29 - review
15-Jan-24 17:29 by Maureen BOWERS
v.28 - update info
12-Dec-23 17:33 by Maureen BOWERS
v.27 - review
22-Nov-23 12:51 by Maureen BOWERS
v.26 - review
01-Nov-23 19:11 by Maureen BOWERS
v.25 - review
24-Oct-23 11:14 by Maureen BOWERS
v.24 - Update
09-Oct-23 11:40 by Maureen BOWERS
v.23 - review following HNA
09-Oct-23 11:36 by Maureen BOWERS
v.22 - review
09-Oct-23 10:28 by Maureen BOWERS
v.21 - review
03-Oct-23 12:10 by Maureen BOWERS
v.20 - review
07-Aug-23 12:45 by Maureen BOWERS
v.19 - Update following discharge
03-Aug-23 12:16 by Jennifer WATT
v.18 - Review
05-Jul-23 15:43 by Maureen BOWERS
v.17 - Review
13-Mar-23 17:03 by Maureen BOWERS
v.16 - update post discharge
28-Feb-23 14:04 by Jennifer WATT
v.15 - Case review
14-Feb-23 17:25 by Maureen BOWERS
v.14 - review
31-Jan-23 12:56 by Maureen BOWERS
v.13 - review
30-Jan-23 12:08 by Maureen BOWERS
v.12 - review
29-Nov-22 13:06 by Maureen BOWERS
v.11 - admission to hospital
29-Nov-22 12:47 by Jennifer WATT

v.10 - review
09-Nov-22 11:41 by Maureen BOWERS
v.9 - Review after discharge
13-Sep-22 10:28 by Jennifer WATT
v.8 - review following hospital discharge
01-Sep-22 13:24 by Maureen BOWERS
v.7 - review
01-Sep-22 11:18 by Maureen BOWERS
v.6 - Review after discharge
25-Aug-22 12:49 by Jennifer WATT
v.5 - Review
25-Aug-22 12:08 by Jennifer WATT
v.4 - review after discharge.
22-Aug-22 13:21 by Jennifer WATT
v.3 - Review following discharge
18-Aug-22 11:14 by Jennifer WATT
v.2 - update
16-Aug-22 11:46 by Maureen BOWERS