









Please fill in as much information as possible. If possible, please share information via the Summary on Clinical Portal.

We are sharing this information for routine patient care as part of our Board's duty to provide healthcare to our patients. Under article 6(1)(e) of the UKGDPR and in conjunction with the Intra NHS Scotland Sharing Accord, we **do not** require consent to share this information. However, 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 Future Care Planning conversations. If the patient would like further information about how the Board uses their data it can be found in our Privacy Notice here: https://www.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/#

| Date of Review: | | | Date of Next Review: | | | | | | |
|-----------------|--|-------------------|----------------------|-------|--------|--|--|--|--|
| Reviewer: | | HSCP/Directorate: | | Job F | amily: | | | | |

| 0. Reason for Plan and Special Notes | | | | | | | | |
|--|----------------------------|---|--|--|--|--|--|--|
| Reason for Plan (Please note, this is mandatory) | | | | | | | | |
| Trigger | Patient Requested | Long Term Condition Diagnosis/Progression | | | | | | |
| | Family/Carer/POA Requested | Receiving Palliative Care | | | | | | |
| | Professional Requested | Moved to Residential/Nursing Home | | | | | | |
| | Frailty Identified | Other (please specify): | | | | | | |

Frailty Score

Please select Frailty Score* from list:

*Clinical Frailty Scale Guidance can be found on last page or scan this QR code

If frailty assessment is not applicable, please select "0 – Not Applicable".



Special Notes / What is Important to the individual?

Overview of person including family circumstances, accommodation information, health goals, what matters to them, emergency planning information etc. If person is a carer, or has informal carers please state. If person lacks capacity ensure this is recorded alongside who has been present during any discussions.

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| | 3 | ics | | | | | | | | |
|-----------------------------------|--|-----------------|-----------------|-----------------|---------|-------------|--------------------------|---------------------------------|----------------|-----|
| | n's Deta | ils | | | | | | _ | | |
| Title: | | | | Gender | М | F | CHI: | | | |
| Forena | ame (s): | | | | | | Surname | : | | |
| Date o | f Birth: | | | | | | · | | | |
| Addres | ss inc. P | ostcode: | | | | | | | | |
| Tel No | : | | 1 | | | | | | | |
| Access | s Informa | ation e.g | . key sat | e: | | | | | | |
| GP/P | ractice | details | | | | | | | | |
| GP/Pra | actice Na | ame: | | | | | | | | |
| Addres postco | | | | | | | | | | |
| Teleph | one No: | | | | | | | | | |
| Next o | f Kin | | | | | | | | | |
| Title: | | Gender | M | F | Rela | itionship: | | Keyholder? | Yes | No |
| Forena | ame (s): | | | | | | Surname: | | | |
| Addres | ss inc. Po | ostcode: | | | | | | | | |
| Tel No | : | | | | Is | Next of Ki | n also Care | er? | Yes | No |
| Carer | | | | | | | | | | |
| suppor | rt. Carer | s can be | referred | | | • | | them of their act details of | local ca | |
| | | = IOUIIU d | at <u>www.i</u> | nhsggc.org | | | s can also | self-refer if th | ey wisl | |
| Title: | | Gender | | nhsggc.org F | ı.uk/ca | | s can also : | self-refer if the Keyholder? | ey wisl Yes | |
| Title: | ame (s): | | | | ı.uk/ca | rers (carer | s can also s Surname: | 1 | | n). |
| Title: Forena | | Gender | M | | ı.uk/ca | rers (carer | | 1 | | n). |
| Title: Forena | ame (s): ss inc. Po | Gender | M | | ı.uk/ca | rers (carer | | 1 | | n). |
| Title: Forena Addres Tel No Other | ame (s): ss inc. Po : Agenci e | Gender ostcode: | M /ed | | ı.uk/ca | rers (carer | Surname: | 1 | | n). |
| Title: Forena Addres Tel No Other | ame (s): ss inc. Po | Gender ostcode: | M /ed | | ı.uk/ca | rers (carer | Surname: | 1 | | n). |

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2. Summary of Clinical Management Plan/Current Situation

Current Health Problems/Significant Diagnoses Overview of health issues and diagnoses. Baseline functional and clinical status to help clinician identify deterioration – e.g. baseline O2%, 6-CIT score, level of mobility, current or planned treatments.

| Essential Medication and Equipment | Yes | No | Notes |
|---|-----|----|-------|
| Oxygen therapy | | | |
| Anticipatory Medication At Home | | | |
| Continence / Catheter Equipment At Home | | | |
| Syringe Pump | | | |
| Moving and Handling Equipment At Home | | | |
| Mobility Equipment At Home | | | |

3. Legal Powers

| J. Legal i Owers | J. Legal i Owers | | | | | | | | |
|---|------------------|----|--|--|--|--|--|--|--|
| Adults with Incapacity / Legal Powers | Yes | No | Notes e.g. Guardian's details, date of appointment | | | | | | |
| Does the individual have a Combined Power of Attorney (financial and welfare)? | | | | | | | | | |
| Does the individual have a Continuing Power of Attorney (finance and property)? | | | | | | | | | |
| Does the individual have a Welfare Power of Attorney (health and/or personal welfare)? | | | | | | | | | |
| Is Power of Attorney in use? | | | | | | | | | |
| Is an Advanced Directive in place (living will)? | | | | | | | | | |
| Is an Adult with Incapacity Section 47 held? | | | | | | | | | |
| Has a Guardianship been appointed under the Adults with Incapacity (Scotland) Act 2000? | | | | | | | | | |

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| Power of Attorney or Guardianship Details | | | | | | | | | | |
|--|------------------------|----------------|-------------|----------------|---------------------------|---------------|-----------------|----------|--------|--|
| Title: | Gender | • | | | ip: | | Keyholder? | Yes | No | |
| Forename (s): | | | | | | Surname: | | | | |
| Address inc. P | Address inc. Postcode: | | | | | | | | | |
| Tel No: | | | | | Note | es e.g. if pr | ocess is in pr | ogress. | where | |
| Date of Appointment | | | | | paperwork is located etc. | | | | | |
| Paperwork Ver Professional | Yes | No | | | | | | | | |
| Date Verified | | | | | | | | | | |
| Name of Verific | er | | | | | | | | | |
| 4. Preferred P | lace of C | are & Re | suscitati | on | | | | | | |
| My preferred | olace of | care | | | | | | | | |
| Depending on | | | circumstar | nces and he | alth | journey, th | is may includ | e prefe | rence | |
| about long tern | | | | | | | | | | |
| provided by inf | ormal cal | rers and/o | or any disc | cussions wh | ich l | have occuri | red regarding | on goil | ng and | |
| future care the | y might b | e able to | provide. | | | | | | | |
| | | | | | | | | | | |
| My views abo | ut hosnit | tal admis | sion/view | vs about tr | aatm | ent and in | terventions/ | family | | |
| agreement | at 1103ph | iai adiiiis | | rs about in | Jatii | ioni and in | iter veritions, | lailing | | |
| Where possible | | | | | | | | | | |
| example, peop | - | - | | | - | - | • | - | | |
| however would | l be unwi | lling to be | admitted | if it was like | ely th | ney would b | e in hospital i | for long | 1 | |
| periods. | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| Resuscitation | | | | | | | | | | |
| | nversatio | ons can h | e helpful i | to plan futuu | ~ c2 | re they | | | | |
| Whilst these conversations can be helpful to plan future care, they should be held sensitively and appropriately. They are not mandatory. | | | | | | | | | | |
| Has DNACPR | been disc | cussed? | | | Yes | No | | | | |
| If YES, is a DN | ACPR F | orm in pla | ice? | | Yes | No | | | | |
| If YES, where i | s the doo | - cumentati | on kept in | the home? | | | | | | |
| Refer to GP for | further o | discussior | re DNAC | PR? | Yes | No | | | | |

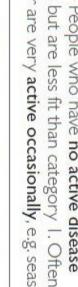
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and motivated. These people commonly exercise regularly. They are among the fittest for their age Very Fit - People who are robust, active, energetic

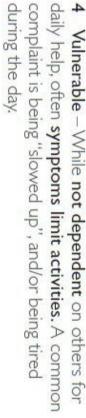
Clinical Frailty Scale*

exercise or are very active occasionally, e.g. seasonally, symptoms but are less fit than category 1. Often, they Well - People who have no active disease





are well controlled, but are not regularly active beyond routine walking. Managing Well - People whose medical problems





and housework shopping and walking outside alone, meal preparation tions). Typically, mild frailty progressively impairs evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medica-Mildly Frail - These people often have more



personal care, from whatever cause (physical or high risk of dying (within \sim 6 months). cognitive). Even so, they seem stable and not at Severely Frail - Completely dependent for

approaching the end of life. Typically, they could not recover even from a minor illness Very Severely Frail - Completely dependent,



category applies to people with a life expectancy

<6 months, who are not otherwise evidently frail</p>

details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawa Common symptoms in mild dementia include forgetting the The degree of frailty corresponds to the degree of dementia

though they seemingly can remember their past life events well They can do personal care with prompting In moderate dementia, recent memory is very impaired, even

In severe dementia, they cannot do personal care without help.

- I. Canadian Study on Health & Aging, Revised 2008
- 2 K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495



outside activities and with keeping house. Inside, they often have problems with stairs and need help with standby) with dressing. bathing and might need minimal assistance (cuing Moderately Frail — People need help with all