









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: <a href="https://www.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/#">https://www.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/#</a>

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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	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	
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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.										
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 <b>not</b> 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				

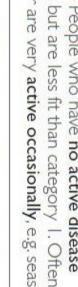
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and motivated. These people commonly exercise regularly. They are among the fittest for their age Very Fit - People who are robust, active, energetic

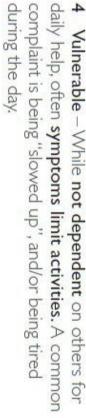
Clinical Frailty Scale\*

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