My Care Wishes – Information Sheet

Version 2 Feb 2020

What is My Care Wishes?

If you are living with a long term or life limiting illness, you may be managing well with the support of your family and/or care team. However, there may be times when you become less well.

It is helpful for your family and care team to know what you would like to happen when you become less well so that the right action is taken.

It is especially helpful to consider what you would like to happen **in an urgent situation**, as you may be too unwell at that time to make a decision. Some treatments can be given in your home, such as taking tablets. Other treatments can only be given in a hospital.

How do I record My Care Wishes?

You should be given the opportunity to have a discussion with a health or social care professional so that if you become less well you know what to expect and can plan your care. This is your personalised shared care plan. The discussion should involve those persons who support you; this could be your family, your friends or your Registered Lasting Power of Attorney for Health and Welfare. If you change your mind about how you would like to be cared for, you should discuss this with the person who knows you best to record the changes.

A health care professional should assess your mental capacity prior to you completing your care plan.

Further information about mental capacity can be found at https://www.suffolk.gov.uk/mca

Who can see My Care Wishes?

My Care Wishes records important information about you, which can be shared with your care team so that the care you receive reflects your wishes.

Where should I keep My Care Wishes?

Your personalised shared care plan should be kept in the yellow My Care Wishes folder. This folder should be with you wherever you go, so that it is always available in the event of an emergency. There is a location sticker in the folder for you to state where you keep your folder at home. The sticker should be placed either on the back of your front door, or your fridge.

Other documents in the yellow My Care Wishes folder

It is important that all the information about your wishes are kept together

DNACPR – Do Not Attempt Cardiopulmonary Resuscitation

This form records a decision about whether there should be an attempt to start cardiopulmonary resuscitation should your heart suddenly stop, or your heart stops as you come to the natural end of your life. It is best practice that you, your family and your GP discuss this decision. Cardiopulmonary resuscitation will only be given if the doctor believes it is clinically appropriate. This will depend on your current state of health and other underlying medical problems.

Directory of Key Contacts

You are likely to have a number of health and social care professionals in your care team. You may also have different organisations who support you. The directory of key contacts records all these contact details.

Clinical Frailty Scale

If you are living with a long term or life limiting illness, you can be assessed for your level of frailty. This assessment helps to identify your health needs so that actions are taken to improve your wellbeing.

Further Information

If you are a healthcare professional, further information can be found at
https://www.westsuffolkccg.nhs.uk/
http://www.ipswichandeastsuffolkccg.nhs.uk/