

Advance Statement of Wishes and Preference

Current Address:	Nominated NOK and relationship? NOK Address:		Patient Label, or complete: Name: D.O.B: Trust ID no: NHS Number:
Clinical Issue	Date	N/A	Details/Decision
Preferred Place of Care at the time of dying			1 st preference
			2 nd preference
Cardiopulmonary Resuscitation (CPR)			Has a DNACPR form been completed by the GP/Consultant/other appropriately delegated clinician?
Transfusion of Blood Products			
Clinically assisted Nutrition and Hydration			
Assisted Ventilation			

Clinical Issue	Date	N/A	Details/Decision
Other Scenarios Requiring Medical Intervention Including Hospital Admission			
Tissue and/or Organ Donation			If appropriate, direct person to the NHS Organ Donor Register, 0845 60 60 400 or www.uktransplant.org.uk
Are any of the following in place: -Advance Decision to Refuse Treatment (ADRT) -Lasting Power of Attorney - Health & Welfare &/or Property & Financial Affairs			If yes, when last updated and where are copies

This Advance Statement of Wishes and Preferences was completed by:

Name: _____ **Organisation/Role:** _____ **Bleep no:** _____

Signature: _____ **Date:** _____ **Time:** _____

Please ensure that with the patient's consent, this is shared with relevant health professionals (see Notification of Advance Care Planning form) and encourage the patient to also retain a copy.

Subsequent Advance Statement of Wishes and Preferences updates have been completed:

Date:	By whom:	Organisation/role:	Confirmation that they will inform HCPs on notification sheet of the amendments with patients consent