

NOTE TO PATIENT: If important information in this Care Plan is out of date and you would like an up to date paper or e-mail copy, please contact your GP Practice or Community Nurse.

Future Care Plan

Patient Information

Patient name: Ms Scrdonotuse Xxtestpatientdzapy	NHS number: 999 024 1902
Known as:	Date of birth: 23 May 2007
Address: 1 Trevelyan Square Leeds West Yorkshire LS1 6AE	Is the patient a nursing or care home resident?: If "yes" is a DOLS in place?
Contact details: 07057 686756, 07866 53452, HYPER.QOG@HADWEN.CO.UK	Home access details, risks, pets etc.: 23 Sep 2016, Climb over gate, leap through burning bush, traverse river with two headed dog. No other issues Test 23/9/16
Named GP: Dr Aneurin Bevan Trafalgar Medical Group Practice, 02392 821371	Care coordinator if not GP (add contact details): enter details if different from GP
Other named professionals involved in patient's care:	

Communication Needs

1st Language: **English language**

Communication issues: **No communication issues coded in patient record.**

Next of Kin / Carer / Responsible Adult / Emergency Contacts Information

<Relationships(table)>

<Diagnoses>

Power of Attorney

08 Sep 2016, Lasting power of attorney personal welfare, One box for notes but two codes added

08 Sep 2016, Lasting power of attorney property and affairs, One box for notes but two codes added

Resuscitation Status & Awareness of Discussions

23 Sep 2016, For attempted cardiopulmonary resuscitation

23 Sep 2016, Not for attempted CPR (cardiopulmonary resuscitation)

10 Feb 2017, Not for attempted CPR (cardiopulmonary resuscitation)

28 Mar 2018, Not for attempted CPR (cardiopulmonary resuscitation)

28 Mar 2018, Discussion about DNACPR clinical decision, Those involved in CPR discussions: Patient, wife and 2 sons. Dr Plenderleith Pal Med and GP Dr Strong

Those (important to the patient) who were unable to be contacted and details of attempts made to contact them: Daughter is estranged and is not aware of these discussions., PLENDERLEITH, Stephen (Dr)

Treatment Escalation Plan

Has Advanced Decision to Refuse Treatment? **23 Sep 2016, No. Test 23/9/16**

25 May 2017, No.

“Rescue Medications” in place? **10 Feb 2017, Prednisolone 40mg available for COPD exacerbations.**

Anticipated problems due to Medical conditions : **Patient is happy for oral antibiotics but not IV and does not want to go back to hospital if at all possible. Test 23/9/16**

Problems/Diagnoses

Significant medical history (last 20yrs):

Start date	Problem
01 Mar 2013 00:00	End stage chronic obstructive airways disease (XaIND)
01 Aug 2016 00:00	Malignant tumour of stomach (XE1vR)
01 Jan 2017 00:00	Laryngopharyngeal reflux (XaK99)
01 Jan 2017 00:00	Atrial fibrillation (G5730)
01 Jan 2017 00:00	Multiple sclerosis (F20..)
25 May 2017 00:00	Other specified respiratory system anomaly NOS (P8yz.)
25 May 2017 00:00	Wishes to be donor (139..)
25 May 2017 00:00	Metastasis to bone (B585.)
04 Oct 2017 00:00	Carcinoma of breast NOS (Xa3eQ)

Observations to be Considered During Assessment of Patient:

Guidance on blood glucose control? **25 May 2017, Diabetes clinical management plan, Normal range 6-10 but has been encouraged to relax this to 8-15. Diet and oral meds controlled. Tends to take BMs 2-3 times a day but again has been encouraged to only check at tea time.**

If BM over 20 - 30 and moderately symptomatic then inform GP practice only.

If BM high only initiate any emergency treatment if confused and not imminently dying.

Is patient at risk of CO₂ retention (any guidance on appropriate O₂ sats range)? **25 May 2017, Ex-smoker so at risk of CO₂ retention**

Chronic type 2 respiratory failure

Does patient have home O₂ (if so why and what flow rate is suggested)? **23 Sep 2016, Home oxygen supply, COPD 88-92% Test 23/9/16**

25 May 2017, Home oxygen supply, Not on home O₂.

Heart rate and rhythm: **23 Sep 2016, O/E - pulse rhythm NOS, AF. Test 23/9/16**

05 May 2017, O/E - pulse rhythm NOS, Heart goes bump, bumpity, bump, bumpity, tra la la laaa

25 May 2017, O/E - pulse rhythm NOS, Heart rate AF normally 60 bpm but gets occasional short lasting 120. Longest to date 3hrs and settled spontaneously. Mild increase in SOB at the time. Test 25/5/17

Any longstanding abnormal signs/examination findings? **Patient has a wooden leg. Has been known to remove it and then claim that he had two legs when he went to sleep to ambulance crews. Test 23/9/16**

Has two artificial legs and often wears a parrot

Has a glass eye test 25/5/17

Future Planning (if relevant):

Anticipatory drugs supplied?: **23 Sep 2016, Test 23/9/16**

10 Feb 2017, Midazolam (for PRN use only in view of renal function), alfenanil (for CSCI use in view of eGFR of 11), oxycodone (for PRN use again due to renal function), levomepromazine and hyoscine butylbromide.

Preferred place of death?: **26 Jul 2017, Preferred place of death: home (XaJ3g)**

GP or lead medical clinician "permission to diagnose death" (verification) for an expected death documented (where appropriate)?:

Considerations for Care before Death:

Palliative Diagnosis: **No information recorded.**

Patient &/or family's awareness of prognosis: **19 Aug 2016, Carer aware of prognosis, 19 Aug 2016, Relative aware of prognosis, 19 Aug 2016, Aware of prognosis, 25 May 2017, Unaware of prognosis, Which code does the freetext sit with when ticking multiple aware of diagnosis codes?, 25 May 2017, Carer aware of prognosis, Which code does the freetext sit with when ticking multiple aware of diagnosis codes?, 25 May 2017, Relative aware of prognosis, Which code does the freetext sit with when ticking multiple aware of diagnosis codes?**

Predicted Prognosis: **25 May 2017, SP, GSF prognostic indicator stage D (red) - days prognosis**

Patient, family or next of kin wishes and preferences for care:

Pacemaker and status of internal cardiac defibrillator: **10 Feb 2017, Patient with internal cardiac defibrillator pacemaker, THIS IS STILL ACTIVE. Discussions are still ongoing with MrDonotuse about deactivation.**

Considerations for Care after Death:

Wishes and Requirements following death:

Patient under a DOLS? **No information recorded.**

Referral to coroner required? *(enter details here if relevant)*

Tissue donation preferences: **23 Sep 2016, Wishes to be donor, Patient wishes to donate his whole family to science. Explained this is not possible. Second choice is to attach his corneas to a print of the Mona Lisa and hang it in his living room so that he can keep an eye on them. Test 23/9/16**

05 May 2017, Wishes to be donor, Wishes to donate both legs once not in use

25 May 2017, Wishes to be donor, Wishes to donate brain for memory research test 25/5/17

Other Clinicians/Teams Involved in Patient's Care

Known to Community Care Team? **Under care of district nurse**

Under care of community matron, Test 23/9/16

Under care of district nurse, Test 23/9/16

Under care of community matron, North Community Team visiting weekly but in contact daily.

Known to Social Services? **23 Sep 2016, Test 23/9/16**

Specialist Teams Involved in Patient's Care: **23 Sep 2016, Podiatrist and comm drug team Test 23/9/16,**

Under care of community drug team

25 May 2017, Under care of cardiologist does this freetext show alongside the code test 25/5/17, Under care of cardiologist

Involvement of Specialist Palliative Care? **23 Sep 2016, Referral to community palliative care team declined, Test 23/9/16**

PATIENTS MEDICAL INFORMATION

Please note that up to date diagnoses can be found on the Summary Care Record (SCR) and Care & Health Information Exchange (CHIE)

Brief summary or relevant conditions, diagnoses and latest test results, if not covered above:

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CURRENT MEDICATION

Please note up to date medications can be found on the Summary Care Record and Hampshire Health Record

Repeats (last year)

Start date	End date	Full description
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Acutes (last 2 months)

Start date	Full description
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Allergies

Latex allergy (Xa71R), Latex allergy (Xa71R)

Reaction type: Allergy, Severity of allergy: Moderate, Certainty of allergy: Likely.

AMOXICILLIN (all components considered allergens - Amoxicillin 250mg capsules), AMOXICILLIN (all components considered allergens - Amoxicillin 250mg capsules)

Amoxicillin 250mg capsules

Allergy description: Adverse reaction to amoxicillin

Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Severe.