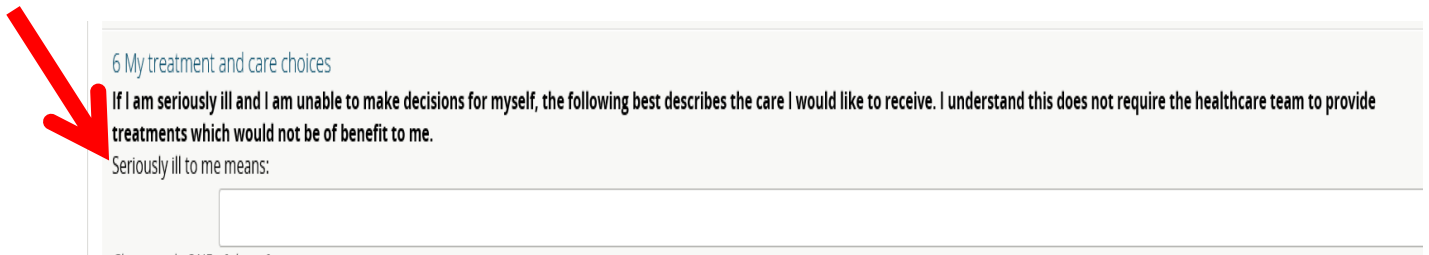


## Steps for completing an Advance Care Plan (ACP) (Minimum information required)

The information written by the patient in the ACP booklet and the information written in the electronic ACP document on Health One /Health Connect South must reflect **EXACTLY** what the patient has written. Confirmation of this information is advised when signing this document to make sure the patient's wishes are reflected accurately.

- 1) **“What seriously ill means to me”** (page 10, ACP booklet), must be completed.

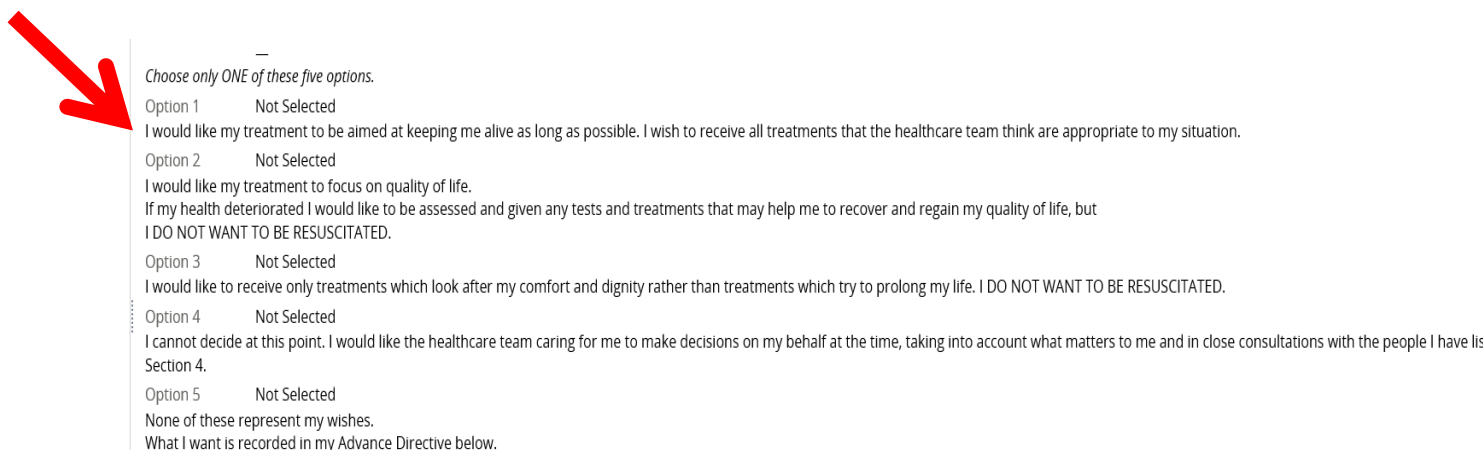


6 My treatment and care choices

If I am seriously ill and I am unable to make decisions for myself, the following best describes the care I would like to receive. I understand this does not require the healthcare team to provide treatments which would not be of benefit to me.

Seriously ill to me means:

- 2) **“Choose only one of the five options”** (page 10, ACP booklet). This references the patient's CPR preference. Make sure **ONLY ONE** option is chosen.



Choose only **ONE** of these five options.

Option 1 Not Selected  
I would like my treatment to be aimed at keeping me alive as long as possible. I wish to receive all treatments that the healthcare team think are appropriate to my situation.

Option 2 Not Selected  
I would like my treatment to focus on quality of life.  
If my health deteriorated I would like to be assessed and given any tests and treatments that may help me to recover and regain my quality of life, but I DO NOT WANT TO BE RESUSCITATED.

Option 3 Not Selected  
I would like to receive only treatments which look after my comfort and dignity rather than treatments which try to prolong my life. I DO NOT WANT TO BE RESUSCITATED.

Option 4 Not Selected  
I cannot decide at this point. I would like the healthcare team caring for me to make decisions on my behalf at the time, taking into account what matters to me and in close consultations with the people I have listed in Section 4.

Option 5 Not Selected  
None of these represent my wishes.  
What I want is recorded in my Advance Directive below.

- 3) **“My Advance Directive”** (page 11, ACP booklet). **If option 5** has been selected from the CPR preferences, **all four columns must be completed** for any condition/scenario listed.

Option 5 Not Selected  
None of these represent my wishes.  
What I want is recorded in my Advance Directive below.

6 My Advance Directive

In the following circumstances:	I would like my care to focus on:	I would accept the following treatments:	I would wish to refuse or stop the following treatment:
—	—	—	—

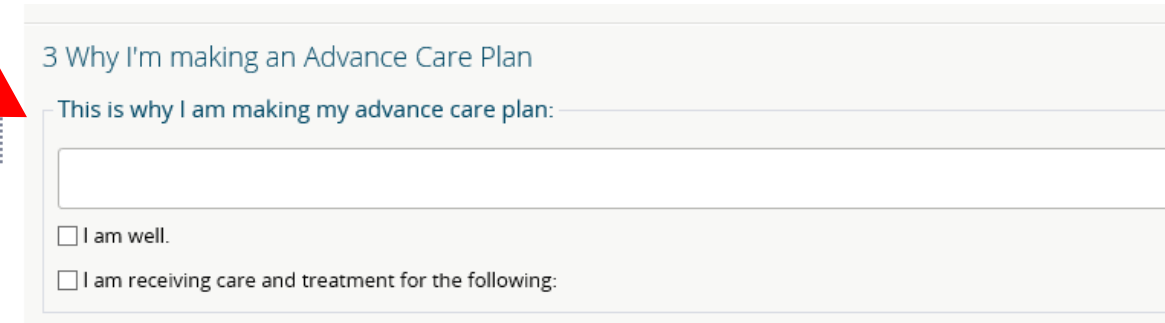
- 4) **“If I have left this section blank, I am happy with the choice I made on the previous page and have no other preferences”** (page 11, ACP booklet) Tick this box if options 1, 2 3 **OR** 4 have been chosen and **NO** Advance Directive is stated.

6 My Advance Directive

In the following circumstances: <i>Example: Severe stroke, unable to recognise anyone</i>	I would like my care to focus on: <i>Example: Allowing a natural death</i>	I would accept the following treatments: <i>Example: Comfort Measures</i>	I would wish to refuse or stop the following treatment: <i>Example: Artificial feeding</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If I have left this section blank, I am happy with the choice I made above and have no other preferences.

- 5) **“This is why I am making my Advance Care Plan”** (page 4, ACP booklet). It **MUST** be the patient’s own decision to complete an ACP document with **NO coercion** by family/friends or Health Professionals.



3 Why I'm making an Advance Care Plan

This is why I am making my advance care plan: \_\_\_\_\_

I am well.

I am receiving care and treatment for the following:

- 6) As many of the questions as possible are answered on the ACP document so a sense of the patient and his/her wishes can be gleaned.
- 7) **Full names, dates and signatures from the patient and the health professional assisting the patient** with them with the process are required on the downloaded document (PDF)

If the completed ACP has insufficient information as per the guidelines above and/or is clinically **NOT** interpretable it will be returned for amendment.

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