

## Paper Version of ACP Summary

Please fill in as much information as possible.

If possible, please share information via ACP 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 ACP conversations. If the patient would like further information about how the Board uses their data it can be found in our Privacy Notice here:

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

Date of Review:		Date of Next Review:	
Reviewer:		HSCP/Directorate:	
		Job Family:	

### 0. Reason for ACP and Special Notes

#### Reason for ACP (Please note, this is mandatory)

Trigger for ACP /Update (please select one) :	Patient Requested	LTC 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:

If frailty assessment is not applicable, please select "0 – Not Applicable".

\*Clinical Frailty Scale Guidance can be found on last page.

#### 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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### 1. Demographics

#### Person's Details

Title:		Gender	M	F	CHI:	
Forename (s):					Surname:	
Date of Birth:						
Address inc. Postcode:						
Tel No:						
Access Information e.g. key safe:						

#### GP / Practice details

GP/Practice Name:	
Address inc. postcode:	
Telephone No:	

#### Next of Kin

Title:		Gender	M	F	Relationship:		Keyholder?	Yes	No
Forename (s):					Surname:				
Address inc. Postcode:									
Tel No:					Is Next of Kin also Carer?	Yes No			

#### Carer

*All staff have a duty to identify carers as soon as possible and inform them of their right to support. Carers can be referred to local Carer Support Services via the Carers Information Line 0141 353 6504 (carers can also self-refer if they wish). Find further information at [www.nhs.uk/ggc/uk/carers](http://www.nhs.uk/ggc/uk/carers).*

Title:		Gender	M	F	Relationship:		Keyholder?	Yes	No
Forename (s):					Surname:				
Address inc. Postcode:									
Tel No:									

#### Other Agencies Involved

Organisation / Main Contact	Contact Numbers

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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

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	M	F	Relationship:		Keyholder?	Yes	No
Forename (s):						Surname:			
Address inc. Postcode:									
Tel No:						Notes e.g. if process is in progress, where paperwork is located etc.			
Date of Appointment									
Paperwork Verified by Professional		Yes No							
Date Verified									
Name of Verifier									

### 4. Resuscitation & Preferred Place of Care

#### My preferred place of care

*Depending on the person's own circumstances and health journey, this may include preference about long term care, place of treatment or place of death. Details of current level of care being provided by informal carers and/or any discussions which have occurred regarding on going and future care they might be able to provide.*

#### My views about hospital admission/views about treatment and interventions/family agreement

*Where possible please give details regarding hospital admissions in different scenarios. For example, people may be willing to be admitted for a short period for symptom management, however would be unwilling to be admitted if it was likely they would be in hospital for long periods.*

#### Resuscitation

<i>Whilst these conversations can be helpful to plan future care, they should be held sensitively and appropriately. They are <b>not</b> mandatory.</i>		Comments
Has DNACPR been discussed?	Yes No	
If YES, is a DNACPR Form in place?	Yes No	
If YES, where is the documentation kept in the home?		
Refer to GP for further discussion re DNACPR?	Yes No	

## Clinical Frailty Scale\*



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



**2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



**3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



**4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.



**5 Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



**6 Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



**7 Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



**8 Very Severely Frail** – **Completely dependent**, approaching the end of life. Typically, they could not recover even from a minor illness.



**9. Terminally Ill** - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

### Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

\* 1. 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.