

# Proactive Elderly Advance Care Plan (PEACE)

Patient/resident's name	Professional Completing form Name:	Date and signature when completed:
DOB:	Professional contact details:	G P details:
NHS number:		
Address:		

## Suggested action categories on progression of illness *(For future best interest decisions)*

<b>Intensive</b>	Transfer to hospital for treatment if appropriate. Intubation, ventilation etc. may be considered
<b>Hospital</b>	Transfer to hospital for treatment if appropriate. Avoid intubation and ventilation.
<b>Home (UPR)</b>	Treatment medication and comfort measures within own home/care home with support from GP. Admission to hospital would be avoided unless comfort measures fail.
<b>Comfort</b>	Palliative care to relieve symptoms and promote comfort. Admission to hospital would be avoided unless comfort measures fail (e.g. fractured neck of femur)

## Summary of medical problems

Possible problems patient may develop	Action Category (above)	Comments <i>(Please see supplementary notes attached)</i>
1		
2		
3		
4		
5		
6		

**Is the patient for Cardiopulmonary Resuscitation In the event of a cardiac arrest: Yes / No**  
**Location of DNACPR:**

## Mental capacity issues

### All patients:

Does the patient have mental capacity to decide about the actions in the event of progression of their illness?	Y / N
If no, please give reason and details:	
If yes, have they been consulted about their health care choices and this Suggested action Plan been discussed and agreed with the patient?	Y / N
If no, please give reason and details:	

### Patients without capacity only:

Have they got an Advance Directive or appointed a Lasting Power of Attorney for health matters or a Court Deputy?	Y / N
If yes, please give details	
If No, does the person have a next of kin or someone close to them who is willing and able to informally contribute to discussions?	Y / N
If yes, please give details below under 'views of significant others'	
If No, has the patient been appointed an IMCA who can represent the patient in discussion of serious medical treatment?	Y / N
If yes, please give details of whether they have been consulted about PEACE under 'views of significant others' below	

## Views of Significant others

The patients next of kin or advocate have been consulted about this advice and plan	Y / N			
<b>Summary of discussion / views of significant others including if there are differing opinions :</b> <i>(which may be relevant to future best interest decisions)</i>				
<b>Name</b>	<b>Relationship</b>	<b>Agree with above?</b>	<b>Contact details</b>	<b>To be contacted?</b>
		Yes/ No/ Not involved		
		Yes/ No/ Not involved		

## Reviews

The PEACE plan should be reviewed and updated at appropriate intervals. It may not be applicable if the situation changes. It should be used with re-assessment and views of the patient and others at the time, including if ED attendance or hospital admission necessary.

**Planned frequency of review:** Monthly  Quarterly  Bi-Annually  Annually

## PROACTIVE ELDERLY ADVANCE CARE PLAN

### Guidance for care home staff, community and other visiting health professionals

If your patient deteriorates and has a suggested action of 'intensive' or 'hospital' treatment, then the appropriate action is to ring the GP/ and if necessary arrange admission to hospital.

If your patient deteriorates and has a suggested action of 'comfort' or 'home', you may find the following grids helpful. In order to carry them out, you may need to ask the GP to come to see the patient and to prescribe as appropriate, and involve the support of the Community Palliative Care Team if appropriate.

	Home	Comfort
<b>Feeding</b>	Oral food as tolerated (e.g. pureed). If required involve community SALT	Oral fluids and food as tolerated.
<b>Hydration</b>	Oral fluid as tolerated. If required follow SALT advice. Where possible/ appropriate you may use sub-cutaneous fluids in the care home.	Oral fluids or food as tolerated and as often as tolerated. Low intake is very likely.
<b>Infection</b>	Contact GP for diagnosis and treatment with antibiotics if required. State route:	Treat symptoms as required. Fan therapy for temperatures.
<b>Pain</b>	If new pain, GP may need to consider the diagnosis, and treat accordingly.	Call GP/Palliative care to consider medication – oral morphine or sub-cut morphine may be required ( <i>please refer to Just in Case SOP</i> )
<b>Breathlessness</b>	GP will need to consider cause of breathlessness and what treatment medications are appropriate	Call GP/Palliative care to consider medication oral morphine or sub cut morphine. Consider oxygen, normal saline nebulisers.
<b>Agitation</b>	Ensure no urinary retention/ constipation/ pain or other unmet need. If necessary call GP to prescribe sub cut midazolam.	Ensure no urinary retention/ constipation/ pain or other unmet need. If necessary call GP to prescribe sub cut midazolam ( <i>please refer to Just in Case SOP</i> )
<b>Nausea &amp; vomiting</b>	Check no constipation / urinary infection and treat accordingly and anti-emetics	Check no constipation. GP will need to prescribe anti-emetics ( <i>please refer to Just in Case SOP</i> )
<b>Diarrhoea</b>	Check not overflow constipation (PR). Stool samples for c.diff and treatment if positive. Encourage fluids. Loperamide only if continues for more than 3 days and risk of skin breakdown.	Check not overflow constipation (PR). Stool samples for c.diff and treatment if positive. Encourage fluids. Loperamide only if continues for more than 3 days and risk of skin breakdown.
<b>Drowsiness/ confusion</b>	Check no constipation / urinary infection / dehydration. Consider medications which could be causing this. The GP may need to do blood tests to guide therapy.	Check no constipation / urinary infection / dehydration. Consider medications which could be causing this.
<b>Fall</b>	Examine for injury. If fracture suspected may require admission to hospital for adequate palliative management. Give analgesia prior to transfer. If no injury, consider cause of fall. Consider need for crash mats, low bed, increased supervision and assistance with toileting and transfers.	Examine for injury. If fracture suspected may require admission to hospital for adequate palliative management. Give analgesia prior to transfer. If no injury, consider cause of fall. Consider need for crash mats, low bed, hip protectors.
<b>Medications</b>		Ask GP/Palliative care to review medications – especially to stop unnecessary medications.
<b>Pressure area care</b>	Pressure area care is based on risk assessment and is fully documented. Patient repositioning should be maintained ensuring that pain issues are also addressed. Pressure sores managed at home with review by Tissue Viability Nurse and GP	Pressure area care is based on risk assessment and is fully documented. Patient repositioning should be maintained ensuring that pain issues are also addressed. Pressure sores managed at home with review by Tissue Viability Nurse and GP
<b>ANTICIPATED SPECIFIC PROBLEM: Y / N</b>		

In addition management of mouth care, continence needs, cultural and spiritual wellbeing will all be important

**Once completed a copy of this form along with relevant documents i.e. advance care plan, DNACPR documentation should be given to:**

1. Patient

2. Patient family/carer/representative

3. Care Home (if appropriate)

4. GP- Fax-add to discharge summary as GP

Task to read advance care plan (peace)

5. Suggested review date: