



Enhanced Care Guidance End of Life Support Care Plan

This information can make the after-death care smooth and calm without questions and significant decisions having to be made.

You do not have to answer these questions now if you have not thought about it yet, but you can use it as a prompt to think about what you would like to have happen.

At the end of life it can be very stressful, sad, and emotional and to then be asked how someone would have liked to be cared for after death by who, how and where can feel a bit insensitive.





DEMENTIA CARE



NURSING CARE



HELP AT HOME



GAS & ELECTRICAL CARE



T: +44 (0) 1766 800900



WWW.MEDDYG CARE.CO.UK



ENQUIRIES@MEDDYG CARE.CO.UK

End of Life Support Plan

Name:

.....

D.O.B:

.....

Religion:

.....

Next Of Kin Name:

.....

Next of Kin Telephone Number:

.....

Contact time in case of emergency: Anytime / before 11pm / after 6am / Other
Significant other contact details:

.....

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Aim of End of Life Support Plan

- This is to formalise what an individual and their family wish to happen to them
- It is useful for the care team to personalise and individualise a plan of care
- This will help to reduce unnecessary admissions to hospital

This plan is to be written following discussion with the individual, their family and significant others it can include the Care Home Staff and the Registered GP but It should reflect the choices of the individual.

This is a resource to be able to put into words what you would like to happen to either yourself or someone you have the right to make decisions for. (POA / Guardianship etc)
You do not have to answer these questions now if you have not thought about it yet, but you can use it as a prompt to think about what you would like to have happen.

Who is the preferred Funeral Director?

- Contact number or preferred office

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- Do you have a funeral plan in place? Yes / No
 - If yes who has a copy?





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Cremation / Burial (Please Circle)

o Do you have a pacemaker? Yes / No

• Are there any other comments you would like to make?

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It is by no means the final decision, it is a dynamic document which can be amended as time goes by and choices change.

This document offers the individual the right to choose what they would like to happen to them before they lose the ability either physically or mental to make choices.

• What are the important issues to you with your care and what would you like to happen in the future?

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.....
.....

• Is there anything you worry about or dread happening?

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.....
.....

• What would you like NOT to happen?

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• Do you have a living will or Legal Advance Decision Document? Yes / No

If yes, please give details of who has a copy and possibly let the home have a copy for the records.

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- Who else would you like to be involved if it ever becomes difficult for you to make decisions or if there is an emergency and identify if they have power of Attorney for your welfare.

.....

- If your condition deteriorates where would you most likely to be cared for?

- 1st Choice

.....

- 2nd Choice

.....

- Comments:

.....

- Do you have any special requests, preferences or other comments?

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Do you have a spiritual leader you would like to call?

Name / Telephone

.....

Name:

Signature:

Relationship:

Date:

