

My Anticipatory Care Plan

For Babies, Children and Young People

Name:

This Anticipatory Care Plan can help you and your family or carer start talking to your care support team about you and your condition and what matters to you. If required, your family or carer can then help you write your wishes in your plan. As your plan is kept by you and your family or carer, you can then let everyone who's caring for you know your wishes and they can make them happen.

Name:

CHI:

What you need to know about me

My name is:	
My date of birth is:	My CHI is:
My address is:	
My phone number is:	
My emergency contact is: Tel number:	My GP is: Tel number:
My named person is:	My lead professional is:
I have a resuscitation plan: CYPADM ☐ DNACPR ☐ Neither ☐	
I have allergies Y ☐ N ☐ Unknown ☐	
Details:	
I have a Welfare Guardian: Y ☐ N ☐ N/A ☐ Name of Guardian: Contact number:	I have a Power of Attorney (POA): Y ☐ N ☐ N/A ☐ Name of POA: Contact number:
My first language is:	My communication needs are:
My ethnicity is:	My religion is:

Details of who this Anticipatory Care Plan has been discussed and agreed with can be found at the end of this document.

Name:

CHI:

About my condition

My primary diagnosis is:

My other healthcare needs are:

This is me when I am well:

Pulse:

Oxygen saturation:

Respiratory rate:

Temperature:

Be concerned if:

In the event of an episode of acute illness, my preferred place of care is:

(Please refer to individual management advice about anticipated episodes of acute illness over page)

What episodes of acute illness are most likely to cause me problems:

(See my clinical management plans in next sections)

Anything else: (For example guidance for GPs or ambulance crews)

Name:

CHI:

Management of my episodes of acute illness

Complete for each anticipated episode

How to manage:

My preferred place of care is:

Clinical management advice:

If I deteriorate further:

Who to contact for further support or specialist advice:

During working hours:

Name:

Contact number:

Out of hours:

Name:

Contact number:

Anything else:

Name:

CHI:

Management of my episodes of acute illness

Complete for each anticipated episode

How to manage:

My preferred place of care is:

Clinical management advice:

If I deteriorate further:

Who to contact for further support or specialist advice:

During working hours:

Name:

Contact number:

Out of hours:

Name:

Contact number:

Anything else:

Name:

CHI:

Management of my episodes of acute illness

Complete for each anticipated episode

How to manage:

My preferred place of care is:

Clinical management advice:

If I deteriorate further:

Who to contact for further support or specialist advice:

During working hours:

Name:

Contact number:

Out of hours:

Name:

Contact number:

Anything else:

Name:

CHI:

Management of my episodes of acute illness

Complete for each anticipated episode

How to manage:

My preferred place of care is:

Clinical management advice:

If I deteriorate further:

Who to contact for further support or specialist advice:

During working hours:

Name:

Contact number:

Out of hours:

Name:

Contact number:

Anything else:

Name:

CHI:

Management of my episodes of acute illness

Complete for each anticipated episode

How to manage:

My preferred place of care is:

Clinical management advice:

If I deteriorate further:

Who to contact for further support or specialist advice:

During working hours:

Name:

Contact number:

Out of hours:

Name:

Contact number:

Anything else:

Name:

CHI:

A little bit more about what matters to me and my family

The things I would like others to know about me:

(For example hobbies, pets, school, college, university friends and family, and who lives with you)

What matters to my family:

Wishes that are important to me:

Anything else:

Name:

CHI:

My end of life wishes

Wishes that are important to me and my family

At the end of my life, my preferred place of care would be:

I know this may depend on how I am at the time so my alternative place is:

The people I would like to be with me are:

My favourite things I would like to have with me are:

My cultural, spiritual and/or religious wishes that are important to me are:

My thoughts on organ and tissue donation:

My thoughts on post-mortem examination:

Anything else:

Name:

CHI:

What matters to me after I die

Wishes that are important to me and my family

After my death, the place where I would like to be cared for would be:

Things I would like to have with me: (For example favourite toy, teddy, letters, pictures)

My wishes for my funeral are:

Other things I would like you to know:

(For example any memory making, digital legacy, how you can save memories to leave behind)

Name:
CHI:

Key people who need to know about my Anticipatory Care Plan

The original copy of my Anticipatory Care Plan is held by me or my parents and we have agreed that the following professionals and services can receive a copy or be notified that my Anticipatory Care Plan is in place.

Professional/Service	Name and contact details
Anticipatory Care Plan Co-ordinator Must have a copy	
General Practitioner Must have a copy	
Scottish Ambulance Service Must have a copy	Copy to be sent to: Scotamb.dataadmin@nhs.net
Lead Clinician	
Community Paediatrician	
Acute Paediatrician	
Community Children's Nurse/District Nurse Service Must have a copy if involved in care	
Health Visitor/Family Nurse Practitioner	
School Nurse	
Social Work with Guardianship	
Hospice Must have a copy if involved in care	
Respite Unit Must have a copy if involved in care	
Care Package Team Leader	
Other (please specify)	
Other (please specify)	

Name:

CHI:

Who this Anticipatory Care Plan has been discussed, reviewed and agreed with

Child/Young person (where appropriate)(print and sign): (Optional)
Parent/Carer (print and sign): (Optional)
Parent/Carer (print and sign): (Optional)
Lead Clinician supporting this Anticipatory Care Plan (print and sign): (Mandatory)
Anticipatory Care Plan Co-ordinator (print and sign): (Mandatory)

Date plan initiated: _____ Review date: _____

Date reviewed if no changes required	Name and title of lead reviewer	Next review date

If changes to the Anticipatory Care Plan are required, a new plan should be completed and shared with key people as agreed by the child, young person and/or family.

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