

Franklin Hospice Patient Care Plan

Patient guided care plan

Personal Details

Name: _____
Gender: _____
Street address: _____

Ethnicity: _____
Iwi: _____
Hapū: _____

Date:

NHI: _____
Date of Birth: _____
Suburb: _____
Preferred language: _____
Contact number: _____
Email: _____

GP Details

GP Name: _____
Contact Number: _____

Practice Name: _____

Diagnosis

Primary diagnosis: _____
Secondary diagnosis: _____
Allergies and alerts: _____

My Care Goals

What is important for you personally?

Example: spending time with family, sorting out property and finances, share my life story, to be comfortable, to keep as busy and active as possible

My Care Goals

How would you best like your symptoms managed to achieve your goals?

Example: adequate pain relief, investigate and treat if able, keep me comfortable at home

Living Situation

Where would you prefer to be cared for at the later stage of your disease?

If home, do you have the support and living situation to stay home? Yes ☐ No ☐

If not, what is needed for this to happen?

Consider: family and friends to help with cares and able to administer medication, equipment

If your preference is to be cared for in a health care facility, or this becomes necessary, where would your preferred options be?

- ☐ Pukekohe Rehabilitation and Care
- ☐ Franklin Memorial Hospital
- ☐ Residential Care Facility, specifically _____
- ☐ Middlemore Hospital
- ☐ Other _____

What values would you like medical professionals and others caring for you to know?

Consider your own cultural, spiritual or personal values, such as family whanau and beliefs

Care Preferences

What level of investigation and treatment would you currently want for symptom management?

- ☐ I am for active treatment and would like full investigations for any potential treatments
- ☐ I only want investigations if a treatment can be offered and will help with symptom control
- ☐ I do not want any investigations or treatment, I want to be kept comfortable at home

Specific considerations:

Consider: oral or IV antibiotics, blood tests, hydration, scans, sudden changes or gradual deterioration, oxygen

If your condition deteriorated, and treatment options were not likely to be effective, what kind of symptom management would you want?

- ☐ I want to go to hospital to see if there is anything they can do, even if I could be too unwell to return home.
- ☐ I want to try treatments at home if possible, but understand they might not work.
- ☐ I only want interventions that will help keep me comfortable without going to hospital.

Personal Support

Do you have an enduring power of attorney for personal care and welfare?

Yes ☐ No ☐

EPOA name:

Relationship to patient:

Contact number:

Address:

Do you have a will?

Yes ☐ No ☐

If yes, who is it with?

Personal Support

Who is your next of kin or key spokesperson?

Name: _____

Relationship: _____

Contact details: _____

Consider: if you were unable to speak for yourself, who would you want to speak for you?

Is there anyone else you would like to be included in care decisions?

Name: _____

Relationship: _____

Contact details: _____

Name: _____

Relationship: _____

Contact details: _____

End Of Life Discussion

☐ I do not wish to talk about this or complete this section

If you had a sudden cardiac arrest, do you wish for resuscitation (CPR) to be attempted?

☐ Yes, I would like CPR

☐ No, I do not want CPR

Have you discussed options of burial or cremation?

Yes ☐ No ☐

If so, what would your request be?

Burial ☐ Cremation ☐

Have you considered which funeral director you would use? If so, who is this?



Consent

Thank you for completing the Franklin Hospice Care Plan.

Please keep a copy of this care plan somewhere accessible for medical personnel. When possible, we share this care plan with other relevant health care providers and hospitals so they can best support your wishes.

Your consent

☐ I agree for Franklin Hospice to share this care plan with other health providers that could be involved in my care.

Name: _____

Date: _____

Signature: _____

Notes

[illegible]