



Recommended Summary Plan for  
Emergency Care and Treatment for:

Preferred name  
Annie

### 1. Personal details

Full name  
Mrs Annette Ball

NHS/CHI/Health and care number  
1 1 1 1 5 4 4 4 4 4 4

Date of birth 07/01/1956

Date completed  
17/06/2017

Address  
26 Bath Road, AB1 23C

### 2. Summary of relevant information for this plan (see also section 6)

Including diagnosis, communication needs (e.g. interpreter, communication aids) and reasons for the preferences and recommendations recorded.

Cancer of the pancreas with spread to the liver. Initial chemotherapy not effective; does not want more. No communication difficulties.

Lives with and is the main carer for her blind husband (he is known to local social services).

Details of other relevant planning documents and where to find them (e.g. Advance Decision to Refuse Treatment, Advance Care Plan). Also include known wishes about organ donation.

Referred to Palliative Care for further discussions.

### 3. Personal preferences to guide this plan (when the person has capacity)

How would you balance the priorities for your care (you may mark along the scale, if you wish):

Prioritise sustaining life, even at the expense of some comfort 0 Prioritise comfort, even at the expense of sustaining life

Considering the above priorities, what is most important to you is (optional):

Maintaining comfort. Most important to her is that her husband is cared for if she becomes too ill to help him.

### 4. Clinical recommendations for emergency care and treatment

Focus on life-sustaining treatment as per guidance below Focus on symptom control as per guidance below

clinician signature clinician signature

Now provide clinical guidance on specific interventions that may or may not be wanted or clinically appropriate, including being taken or admitted to hospital +/- receiving life support:

Intervention recommended: Hospital admission for intravenous antibiotics and blood products if she needs these.

Interventions NOT recommended: CPR. Admission to an intensive care unit. She does not want further chemotherapy to treat her cancer.

NB: If she is admitted, please contact Mrs Corrine Fairley (see emergency contacts) who will call socials services to look after Mr Ball.

CPR attempts recommended  
Adult or child  
clinician signature

For modified CPR  
**Child only, as detailed above**  
clinician signature

CPR attempts **NOT** recommended  
Adult or child  
clinician signature

RESPECT

## 5. Capacity and representation at time of completion

Does the person have sufficient capacity to participate in making the recommendations on this plan?

Yes / ~~No~~

Do they have a legal proxy (e.g. welfare attorney, person with parental responsibility) who can participate on their behalf in making the recommendations?

~~Yes~~ /  No / ~~Unknown~~

If so, document details in emergency contact section below

## 6. Involvement in making this plan

The clinician(s) signing this plan is/are confirming that these recommendations have (circle at least one):

- A** been recorded after discussion involving this person, who has sufficient mental capacity to participate in making relevant decisions
- B** where appropriate, been discussed with a person holding parental responsibility
- C** in the case of a person who does not have sufficient mental capacity to participate in relevant decision-making, been made in accordance with capacity law
- D** been made without involving the patient (or best interests/overall benefit meeting if the patient lacks capacity)

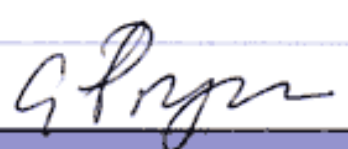
If **D** has been circled, state valid reasons here. Document full explanation in the clinical record.

Not applicable.

Date, names and roles of those involved in discussion, and where records of discussions can be found:

17/06/2017 Dr Gordon Pryce discussion with Mrs Annette Ball and Mr Donald Ball; full record of discussion available on electronic health record (EMIS) at GP surgery.

## 7. Clinicians' signatures

Designation (grade/speciality)	Clinician name	GMC/NMC/HPC Number	Signature	Date & time
Senior responsible clinician				
GP	Dr Gordon Pryce	1111111		17/06/2017

## 8. Emergency contacts

Role	Name	Telephone	Other details
Legal proxy/parent	Not applicable		
Family/friend	Mr Donald Ball (husband)	01111 222333	
GP	Dr Gordon Pryce	01111 444555	
Lead Consultant	Dr Mark Ortiz	Bleep 155	Chemotherapy unit 5555
Other	Mrs Corrine Fairley	01111 555666	

## 9. Confirmation of validity (e.g. for change of condition)

Review date	Designation (grade/speciality)	Clinician name	GMC/NMC/HPC number	Signature