



Recommended Summary Plan for
Emergency Care and Treatment for:

Preferred name
MR AKHAND

1. Personal details

Full name
MR IMMAN AKHAND

NHS/CHI/Health and care number
1 1 1 1 1 1 1 2 2 5 5 5

Date of birth
02/03/48

Date completed
02/04/17

Address
2 PETER HOUSE,
G11 2G9

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.

CHRONIC RENAL FAILURE - HAEMODIALYSIS SINCE 2016
31/03/2017 MYOCARDIAL INFARCTION
WIFE REQUIRES BENGALI INTERPRETER

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.

NONE.

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 X Prioritise comfort, even at the expense of sustaining life

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

STAYING ALIVE AND BEING WITH MY FAMILY.

4. Clinical recommendations for emergency care and treatment

Focus on life-sustaining treatment as per guidance below
clinician signature

Focus on symptom control as per guidance below
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:

RECOMMENDED - ALL ACTIVE TREATMENT.

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.

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

02/04/2017 DR WATER (RENAL), DR PACE (CARDIOLOGY), SISTER BOND (CCU NURSE IN CHARGE), NAMRATA BEGUM (WIFE), RIBAT AKHAND (SON), NOORJAHAN (INTERPRETER) AND MR AKHAND. SEE NOTES ENTRY - 1300 HRS

7. Clinicians' signatures

Designation (grade/speciality)	Clinician name	GMC/NMC/HPC Number	Signature	Date & time
Senior responsible clinician				
CONSULTANT (RENAL)	DR. B. WATER	3333333		02/04/17 1300

8. Emergency contacts

Role	Name	Telephone	Other details
Legal proxy/parent	—		
Family/friend	RIBAT AKHAND (SON)	07777 555555	
GP	DR ATIF BANERJEE	01111 222222	
Lead Consultant	DR B. WATER	01111 333333	
Other	NAMRATA BEGUM (WIFE)	07777 666666	USE BENGALI INTERPRETER

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

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