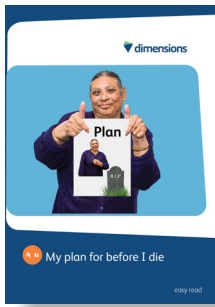




 My plan for before I die



## About this booklet



This booklet is about what you want to happen when you die.

You can read more about this on page 4.

**Advanced Decision**

**Resuscitation/resuscitate**

**Advanced Decision  
to refuse treatment**

**mental capacity**

Some words in this form are difficult.



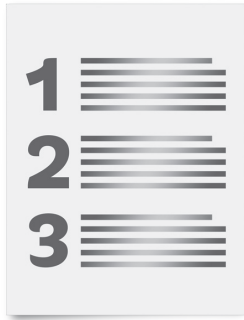
Any difficult words are coloured **orange**.  
We have tried to explain the difficult words.



If you need support to understand any of the words you can ask your support team, your family your friends or your **advocate** to help.



Where you see this picture please write or type your answers.



## What is in this booklet



Making a plan for when I die  
page 5



About me  
page 8



What I would prefer about being **resuscitated**  
page 10



Where I want to be when I am ill or dying  
page 13



**Decision makers**  
page 26



**Advance decision to refuse treatment (ADRT)**  
page 30



**Life saving treatments**  
page 35



**If I really needed life saving treatment, these are the life saving treatments I do not want, even if this means I will die.**  
page 38



**What needs to happen next**  
page 42





# Making a plan for when I die



At some time, everybody will die.



People die because they are old, sick or have an accident.



Some people are young when they die.



Lots of people like to have a plan for when they die.



This means things can happen the way you prefer them to.



Your plan lets people know what you want.



Making a plan about when you die may be difficult, but it is very important.



You do not have to do this plan on your own. Some people who can help you with this plan are your family, close friends, your support team, your **advocate** or your doctor.



There is lots to think about when making a plan about your wishes for when you die.



You can make this plan slowly if you want to and write it at different times.



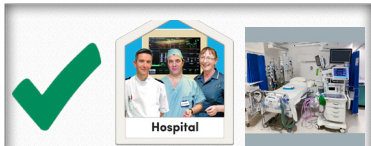
You do not have to answer all of the questions if you do not want to.



This is your plan and you can change it when you want to.

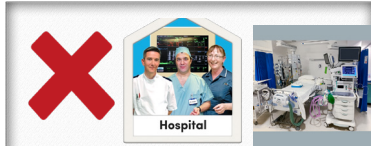


This is your plan and you can take it with you if you are no longer supported by Dimensions.



You can say what you would prefer about your hospital treatment now for things that may happen later.

This is called an **Advanced Decision**.



You can say that you prefer **not** to have treatment from doctors or the hospital.

This is called an **Advanced decision to refuse treatment**. You can read more about this on p xx



This is a very important decision. You must be over 18 years old to be able to make this decision.



You must be able to understand what your decision really means.

This means you have **mental capacity** to make this decision.



You can say what you prefer with the help of a doctor or a lawyer.

They will help you.



The **Advanced Decision** will only be used if you can **not** express what you prefer when you are ill.

my photo here

## About me



My name is



My date of birth is



Date I finished filling in this plan



Who I did this plan with



Date we will check this plan again

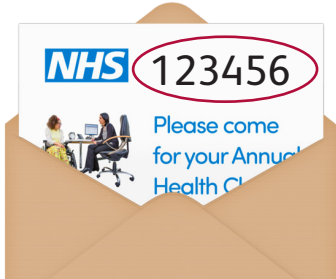


This information is private but this plan can be shared with people who support me like family and staff and health professionals. This is so they know what I want and can follow my plan.





This is **not** a legal document.  
It has what I want in it or what people who know me well think I want.



My **NHS** number is



**NHS** means the National Health Service.



A **next of kin** or **advocate** is someone who can speak up for you.



My **next of kin** or **advocate** is



Their Street



Their address is



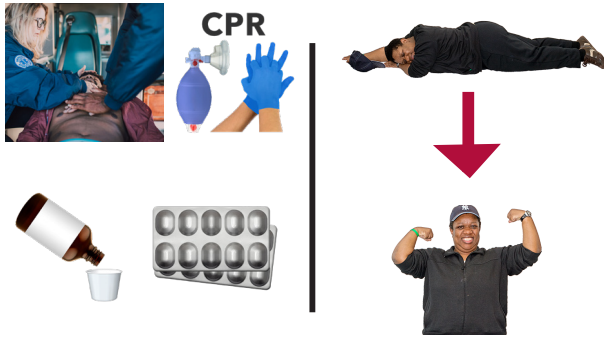
Their phone number is



Date completed

Review date





# What I would prefer about being **resuscitated**

**Resuscitate** and **resuscitation** mean medical treatment that stops someone from dying by restarting their heart.



You can say if you would prefer to have life supporting treatment and your heart starting again.

You can read more about them in the section called **Life saving treatments**.



**Resuscitation** could be

- **Cardio pulmonary resuscitation (CPR)**. This means restarting your heart by someone pressing on your chest to do compressions and breathing into your mouth.
- Medicine
- Other life saving treatment

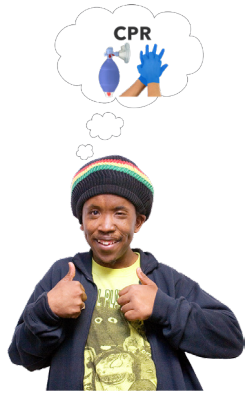


Remember you do not have to do this alone. You can have someone help you to choose what you would prefer.



**CPR** is not easy or nice.

It can be sore while you are getting better but sometimes it can stop people from dying.



Some people want **CPR**.

Some people do **not** want **CPR**.



You can say if you would prefer to have **CPR**.  
There is no right or wrong thing to prefer.  
It is up to you.



Sometimes medicine can help save a life.

Medicines can have horrible side effects but  
sometimes they can make people well again.



Some people want these medicines.

Some people do **not** want these medicines.



You can say if you would prefer to have these  
medicines.

There is no right or wrong thing to prefer.

It is up to you.



There are other life saving treatments like

- **Ventilator.** This is where a machine helps you breathe.
- Technology life saving devices
- Being fed or given medicines through a drip or tube into your body.



Some people want life saving treatments.

Some people do not want life saving treatments even if this means they would die.



You can say if you prefer to have these life saving treatments.

There is no right or wrong thing to prefer. It is up to you.



You can say what life saving treatments you would prefer in the section called 'If you really needed life saving treatment, which of these would you say no to, even if it meant you would die?' on page 38

Date completed

Review date



# Where I want to be when I am very ill or dying



There are other versions of the form in this section available. Please let us know which one you have filled in. The form I have filled in is called:



You can choose where you want to be if you are too ill to look after yourself.



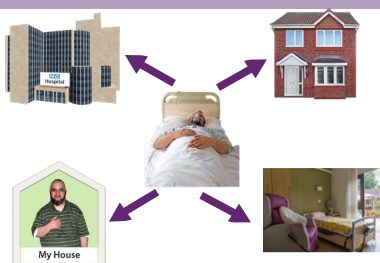
Professionals call this your **preferred place of care**.



You can choose where you want to be if you are dying.

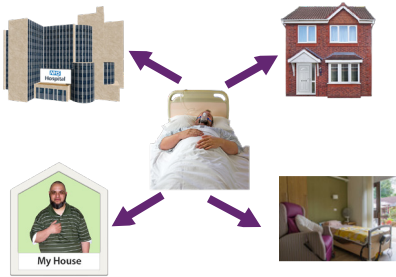


Professionals call this your **preferred place of death**.



You can read about the places you can choose in the next section.





# About the places you can say you would prefer to be if you are ill or dying



You can say you would prefer to stay at home.



The good things about this place are:



The not so good things about this place are:





You can say you would prefer to go to a family member's home, if they agree.



The good things about this place are:



The not so good things about this place are:



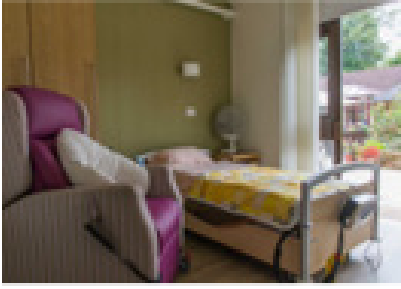
If you are dying and in hospital you can say you would prefer to stay in the hospital.



The good things about this place are:



The not so good things about this place are:



You can say you would prefer to go to a **hospice**. This is where people can be looked after when they are very ill and dying.



The good things about this place are:



The not so good things about this place are:



You can say you would prefer to go to a **nursing home**. This is where you live with other people and there is a nurse there all the time.



The good things about this place are:



The not so good things about this place are:



# My preferred place of care



What you prefer may not be possible but we will try our best to do what you want.



If you are very ill and you can **not** look after yourself which of these would you think about living in?

Please tick your answer.



Your home



Yes



No



A family member's home



Yes



No



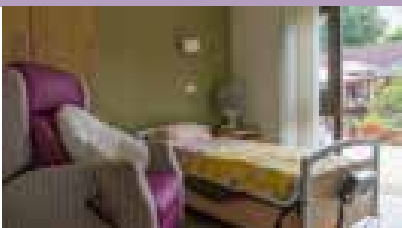
A hospital



Yes



No



A hospice



Yes



No



A nursing home

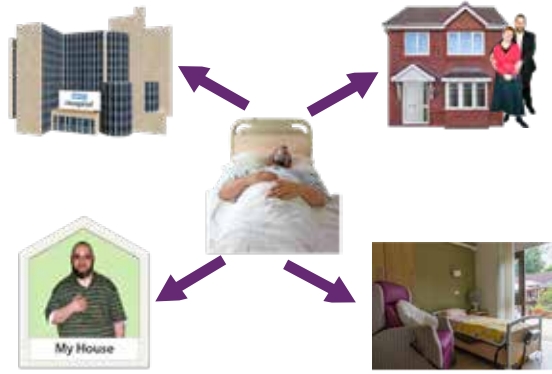


Yes



No





This is my preferred place of care





# My preferred place of death



What you prefer may not be possible but we will try our best to do what you want.



If you are dying which of these would you think about living in?

Please tick your answer.



Your home



Yes



No



A family member's home



Yes



No



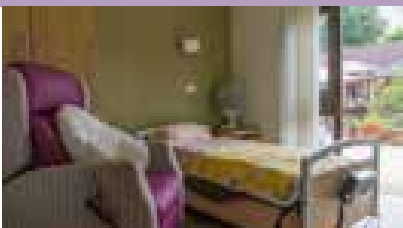
A hospital



Yes



No



A hospice



Yes



No



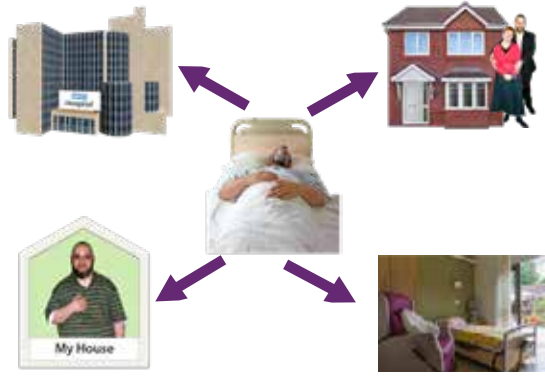
A nursing home



Yes



No



This is my preferred place of death





You can have people with you when you die.



These are the people I want with me when I die.



Name



This is my



Address



Phone number

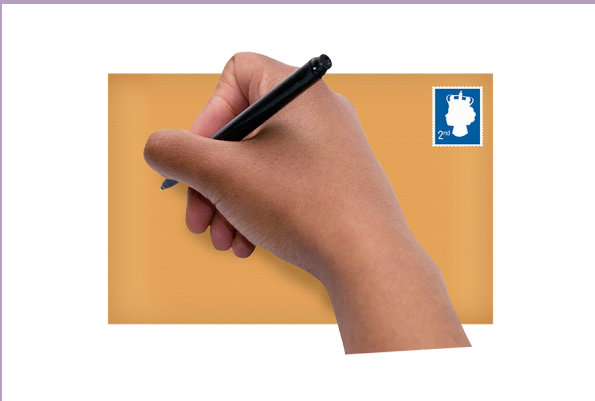




Name



This is my



Address



Phone number







Name



This is my



Address



Phone number



Date completed

Review date



# Decision makers



A **decision maker** is someone you can choose to make decisions for you when you cannot make decisions for yourself.

They will make decisions when you can **not** make decisions for yourself anymore.



Other names for a **decision maker** are:  
**Health and Welfare Lasting Power of Attorney**  
**Property and Financial Affairs Lasting Power of Attorney**



You can have a **health decision maker**. They will make decisions about your health and wellbeing like

- medical care
- moving house
- what to eat
- what to wear



You can have a **money decision maker**. They will make decisions about money and things like

- paying bills
- buying a home
- selling your home
- savings and investments
- trust funds



You can have more than 1 **decision maker** or the same **decision maker** for both.  
 The **decision maker** must be older than 18 years old.



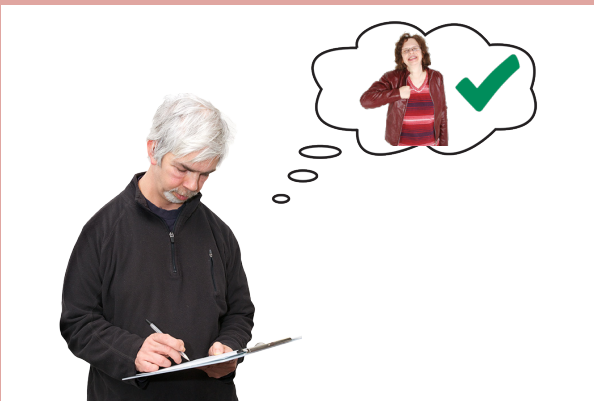
The **decision maker** can be

- a family member
- a friend
- a professional like a lawyer.



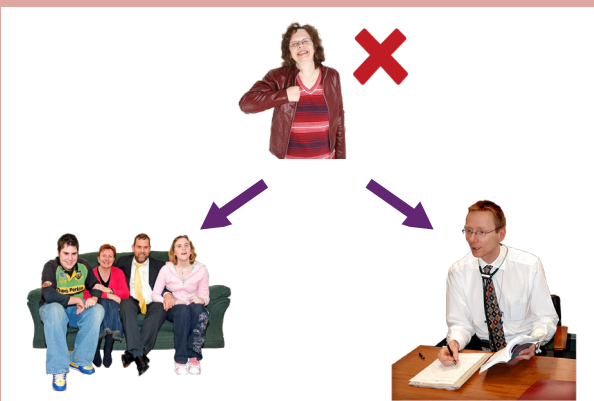
The **decision maker** must be able to make the decisions that you need.

This is called **mental capacity**.



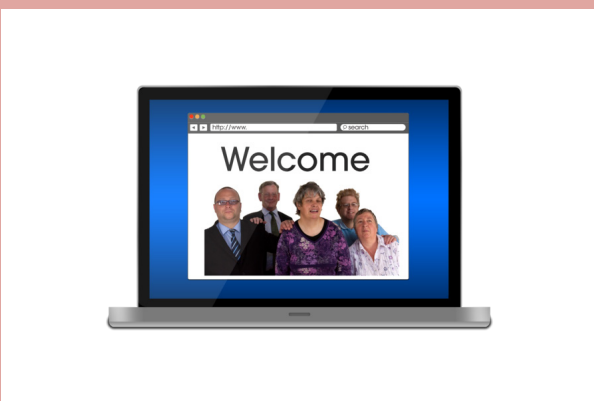
You will sign a form when you ask someone to be a **Life decision maker** and make decisions for you.

The form is called **A Lasting Power of Attorney**.



If you do not have a **decision maker** and if you do not have capacity, then decisions about you will be made by people like your family, or your doctor.

This is called **Best Interest Decisions**.





To find out more go to <https://www.mencaptrust.org.uk/guides-lasting-power-attorney>



I have a **health decision maker** to decide what will happen about my **health**.

Please tick



	Yes		No

	Yes
	

If you answered yes, please tell us about your **health decision maker** for your **health**.



Their name



Their address



Their telephone number







I have a **money decision maker** to decide what will happen about the things I own and **money**.

Please tick



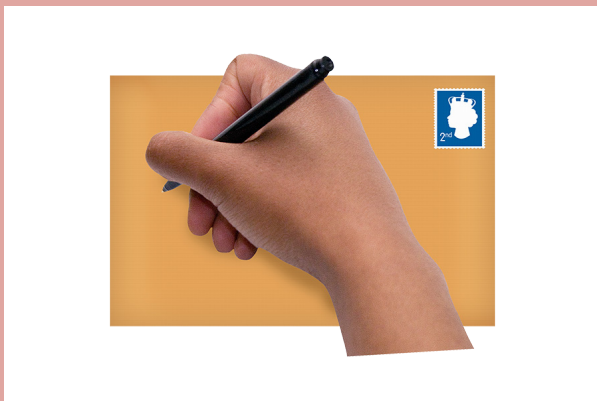
	Yes		No

	Yes
	

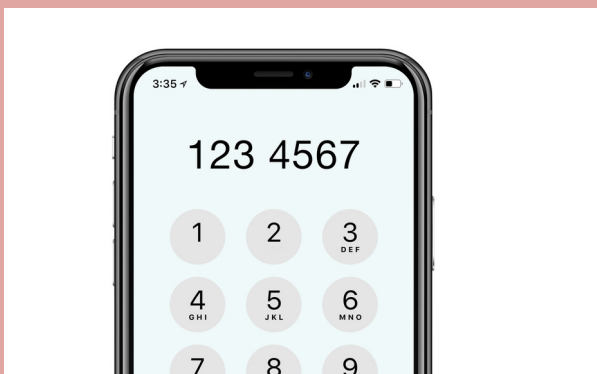
If you answered yes, please tell us about your **money decision maker** for the things you own and **money**.



Their name



Their address



Their telephone number



Date completed

Review date





## Advance decision to refuse treatment (ADRT)



An ADRT is a written plan that lets you say what medical treatment you would say no to when different things happen to you.



This plan will be used if you are ill and no longer have **mental capacity** to say yes or no to medical treatment. **Mental capacity** means you can make decisions for yourself.



An ADRT is a legally binding document. This means that what it says in it has to be followed.



Before you write your ADRT you should get advice from someone who knows about ADRTs, like your doctor or a solicitor.



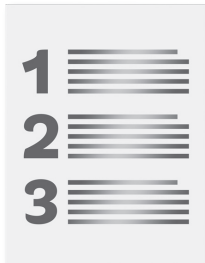
## Who can write an ADRT?



You can write an ADRT if you are older than 18.



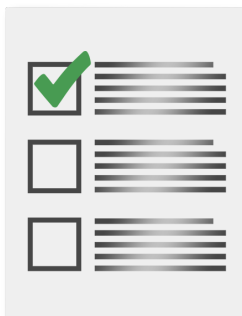
You can write an ADRT if you have **mental capacity** to make decisions for yourself.



## What is in the ADRT



An ADRT needs to be in writing.



An ADRT must say **exactly** what medical treatment you are saying no to. It needs to be very clear.



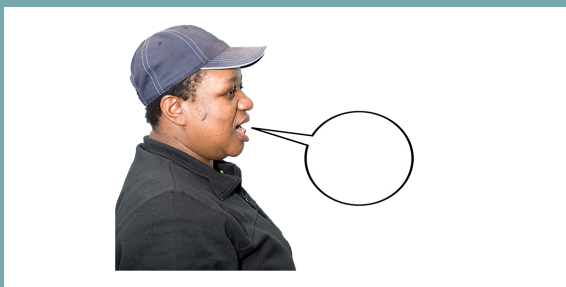
It must say in what conditions you will say no to the medical treatment.



For example you might say 'If I have a stroke and it gives me swallowing problems I would not wish to be fed through a tube or a drip'.



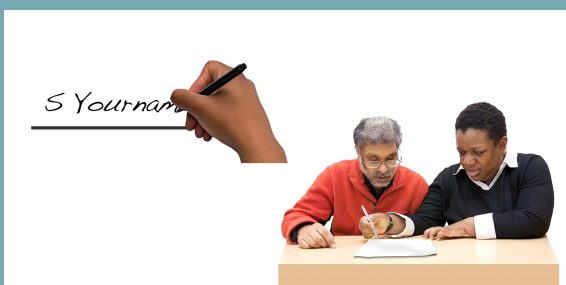
This means that if you had swallowing problems that were not from a stroke, you would still be fed through a tube or a drip.



If you want to say no to a treatment that could save your life you need to be very clear about this for example, 'I do not want this treatment, even if this decision means I might die.'



You can read more about life saving medical treatments on p35



Your ADRT needs to be signed by you and witnessed by someone else.



You should tell professionals like your doctor, nurse, hospital or locality manager about your ADRT form. You can give them a copy of it.



## What an ADRT does not do



ADRT does **not** allow you to have your life ended.



You **cannot** use an ADRT to ask for particular medical treatments.



## Changing your ADRT



You can change your mind about your ADRT and cancel it at any time.



You can cancel it by telling someone or in writing.



If you cancel your ADRT, tell everyone who knows about it that it has been cancelled.



You can make changes to your ADRT by telling someone or in writing.



If your changes are about life saving treatment you need to be make the change in writing and it will need to be witnessed.



You can find out more about the ADRT form here:  
[www.nhs.uk/Planners/end-of-life-care-/Pages/advance-decisions-to-refuse-treatment.aspx](http://www.nhs.uk/Planners/end-of-life-care-/Pages/advance-decisions-to-refuse-treatment.aspx)

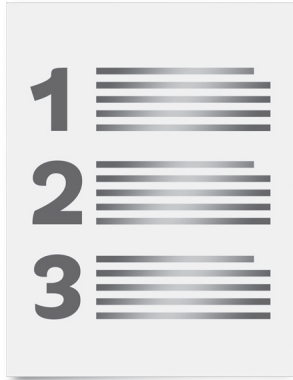


You can find out more about the Mental Capacity Act here: [www.justice.gov.uk/protecting-the-vulnerable/mental-capacity-act](http://www.justice.gov.uk/protecting-the-vulnerable/mental-capacity-act)





## Life saving treatments



These are the life saving treatments and **resuscitation** you can have.



Tablets or medicine.



Injections. This can be medicine that starts your heart again if it has stopped beating.



Being fed through a tube or a drip. The drips can also be used to give you medicine.



Having an operation or being cut open.



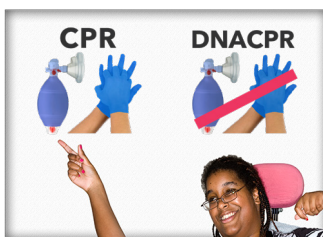
Being put on a **ventilator**. This is a machine that helps you breathe.

You might not be able to talk when you are on a **ventilator**.

## CPR



**CPR**. This is done to you when your hearts stops and you stop breathing.



You can choose if you want to be **resuscitated** if your heart stops and you stop breathing.



You should talk about your decision with a doctor and they should fill in a form.

# DNACPR



If you choose to not be **resuscitated** you need to ask your doctor to fill in a form called the **DNACPR form**.



The **DNACPR form** tells healthcare workers not to **resuscitate** you if your heart stops and you stop breathing.



You can decide now what your medical treatment you would refuse if you cannot make a decision at the time.



This is a hard thing to understand and make decisions about.



We advise you get another person to look this over with you. This could be a family member or someone you know well.



If I really needed life saving treatment, these are the life saving treatments I do not want even if this means I will die



If you have to have life saving medical treatment and there is some choice about how to have it, which of these would you choose?



## Tablets or medicine



I will only take tablets if:

they are with water



they are crushed



I have help



Not at all - even if this means I will die



## Injections



I will only have an injection if:

I have support



I am given extra time



Not at all - even if this means I will die



## Tubes and drips to help me eat, drink or take medicines



I will not have a tube or drip to help me eat, drink or take medicines, even if this means I will die



I will only have tubes put into me to help me eat or drink or take medicines if:



## Operation or be cut open



I will not have an operation or be cut open, even if this means I will die



I will only have an operation or be cut open if:







## Medicines or a machine to help you breathe



I will not have medicines or machine to help me breathe, even if this means I will die.



I will only have medicines or a machine to help me breathe if:



### CPR



### CPR



I will not have **CPR**, even if this means I will die.



I will only have **CPR** if:



This is how I feel about being in hospital instead of at home.



Date completed

Review date



# What needs to happen next



This page is for planning:  
What do I want to know more about?  
How will staff help me with this?

We will



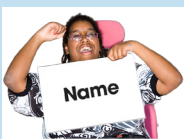
We will



We will



We will



Your name



Support team member's name



Date completed

Review date



# Proving life can get better

Dimensions provides evidence-based outcomes-focused support for people with learning disabilities, autism and complex needs. We help people to be actively engaged in their communities.



## Find out more about Dimensions

Website: [www.dimensions-uk.org](http://www.dimensions-uk.org)

Phone: 0300 303 9001

Email: [enquiries@dimensions-uk.org](mailto:enquiries@dimensions-uk.org)

Twitter: @DimensionsUK

Facebook: DimensionsUK

### Dimensions

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