

Below are some examples of questions or phrases that can be used to support your conversations and aid communication. They are prompts only and are not designed to all be used during a single conversation or necessarily in the order in which they have been presented. Other guidance can be found in the Kirkwood Toolkit under Advance Care Planning (ACP), and links to ACP in general in “Sources of information”.

### Before you start

- Advance Care Planning is a voluntary process which may be instigated at any time, but may be due to a trigger event e.g. cessation of active cancer treatment, stopping dialysis, COVID-19
- ACP is often not easy or straightforward – allocate plenty of time for these conversations, speak slowly, share information in small sections and don't forget to pause and listen
- Consider the method of communication – traditionally this would be face to face. Video consultation is preferable to contact via telephone as this will aid non-verbal communication
- Preparation is key, make sure you are up to date with the person's history and current developments
- It is important to remember that plans for a deterioration in a pre-existing medical condition and a deterioration due to COVID-19 may be different. Check any existing plans and update if necessary
- If the person's family/next of kin cannot be present during the ACP discussion they must be informed of the outcome
- This guidance assumes the person has mental capacity. Should they lack capacity to make decisions regarding their future care, refer to the guidance of the Mental Capacity Act
- Document everything in the person's record (not forgetting out of hours handover forms, etc)

### Opening questions

- I imagine you have heard a lot about Coronavirus. I was hoping that we could talk about how we can give you with the best care possible during these difficult times. Would now be a good time to do this?
- Can we talk about how Coronavirus might affect you?
- Would it be helpful for anyone else to be involved in these conversations?
- How are you feeling about what's happening with Coronavirus? Do you have any questions?
- Do you have any questions or worries about how Coronavirus might affect you and your health/care?
- Can I ask what you know about your health problems and how you are now?
- Has anyone talked to you about the future in terms of your health?

### Establishing priorities

- If you were to become unwell with an infection like Coronavirus what would be important to you in terms of the care you receive?
- Is there anything you would specifically wish to happen in terms of your care? More importantly, is there anything that you would not want?
- Have you thought about where you would like to be cared for if you became less well?
- Who should we talk to if you were to become more unwell and can't make decisions with us? Does anyone have lasting power of attorney for you?

### **Specific decisions – hospital admission**

These examples assume that hospital admission would not be appropriate. For some patients, even those with a life-limiting illness, hospital admission under certain circumstances even during the COVID-19 pandemic may be appropriate e.g. suspected neutropaenic sepsis with chemotherapy.

- We are working really hard to provide the best possible care for you at home.
- If you were to become less well, we would do everything possible to ensure that you can be cared for in your own home.
- We're aiming to keep caring for you at home rather than you being admitted to hospital.
- A lot of people are concerned about being admitted to hospital at present, is this something that has been worrying you?

### **Specific decisions - DNACPR**

Remember this is a clinical decision. One of the most common pitfalls we see is that this decision is presented to a patient or relative as their choice/preference.

- Has anyone talked about resuscitation with you before?
- Do you know what I mean by resuscitation?
- We want to ensure that you receive the best care possible. This means thinking about ways that we can help you but also looking to protect you from treatments that will not help you. If you were to become less well there are lots of things that we can do to help for example, medicines that we can use to treat any symptoms you have. However, if you were to become so unwell that your heart was to stop beating naturally, we would not try to restart it as this would not work.
- Based on our conversation today, I am going to fill in a form to tell other health professionals that we have had this conversation and made the decision that resuscitation would not be helpful. Do you have any questions or concerns about me doing this?

### **Specific decisions – anticipatory medications**

- We will arrange for some medicines to be delivered to your home which can be given by injection, to have just in case at some point you're not able to take your usual tablet/liquid medicines. These are to be kept in a safe place and are only to be given following input by a healthcare professional. Do you have any concerns about me arranging for these medicines to be delivered?

### **Ending the conversation**

- Before I say goodbye, do you have any other questions that you would like to ask?
- Do you need any further support or information?

### **Troubleshooting**

Most problems during difficult conversations arise when the person does not feel heard or understood.

Remember ACP is often not a one-off conversation, if you're not making progress consider revisiting the topic at a later date. Decisions regarding ACP may change over time and should be updated accordingly. The team at Kirkwood Hospice is available for further advice and support if needed.