# Advance Care Planning Cue Card

## 1. Introducing ACP and how to proceed

I'd like to talk to you about advance care planning. This is something we are doing now with all of our clients. It is important that I and others who care for you know your wishes in the event something happens to you and you can't guide your own care. Would it be ok if I talk about this a bit with you now?

(IF NO: Could we plan to do this the next time we meet?
Or When would be a good time to do this with you?)

To begin, I would like to ask you a few questions. This will help me learn how best to help you do what's needed to have your wishes known and honored in the event of a crisis.

Have you thought about who you would want to speak for you and guide your health care if you can't do that yourself? Say you had an accident or a stroke or . . . . and you couldn't speak. It is important that your trusted advocates(s) and health care team know what you would want done. Who would you want to speak for you to help guide the treatment and care you would receive? Does anyone come to mind?

Do they know that you would like them to do this for you?

Do they know what treatment and care you prefer if you are in a crisis?

Are you familiar with Advance Health Care Directives (AHCD)?

## 2. Have you completed an AHCD?

If YES: Great, it is important that Advanced Health Care Directives are current, take into consideration your health concerns, values, and truly represents your wishes and what matters most to you. It is also important that doctors and other people who help you have copies and understand your wishes. I would like to help you make sure you have one up to date and in place.

If NO **AND** you have access to a computer, you might like to show the person a brief video from hotlinks in the "ACP Video Resource Handout". In that case, consider the following to help the person feel less cornered and assist you to feel less intruding:

I'd like to show you a brief Advanced Health Care Directives video on YouTube, and talk further about this. How does that sound? Show AHCD overview video on YouTube and then say the above, after Great . . .

EITHER WAY – YES or NO –

If it is ok to proceed, I would like to work with you over our next few visits to:
- review and update your advance health care directive, if one exists.

OR - to help you to complete an advance health care directive so your health care wishes can be known and honored by OAT and others serving as your health care team or trusted advocates.

# Advance Care Planning Cue Card

## 2. Values and Preference (Need to write narrative lead in to values tools.

I'd like to talk now about what matters to you most if you can't speak for yourself and care is needed, to find out would you like to happen, who you would want to help and what you would like the focus of care to be. To help think this through, I have some tools that can help to explore and express your values.

Clinicians Note: Proceed working with the "value assessment" tool(s)* that you feel would be most appropriate and complete related forms if possible and document results. Or offer to have the person take home the values assessment tool you choose, review and come prepared to do this next visit. *e.g. Go Wish cards, Values Checklist, What's Important to Me Checklist.

## 3. Other Communications Phrases To Consider – Excerpts from CAPC Toolkit

### Advance Care Planning

- I'd like to talk with you about possible health care decisions in the future. This is something we do now with everyone we serve. This way we can be sure that we know your wishes and assist to have your wishes followed should you be unable to guide your own care. Have you ever completed an Advance Directive?
- What do you understand about your health situation?
- If you were unable to make your own medical decisions, who would like to make them for you? Have you spoken to this person?
- When you think about dying, have you thought about what the end would be like or how you would like it to be?
- Have you discussed your wishes with anyone?

### Understanding and Decision Making

- Is this a good time to talk about this with you?
- Is there a better time that we could talk about this?
- Could you tell me a bit more about the choices you are making and what they mean to you?
- Is there anything that is confusing to you that you would like me to go over again with you?
- Do you understand what we've been talking about?

### Talking with Surrogate Decision Makers

- These decisions can be very difficult; if (patients name) were sitting with us today, what do you think he/she would say?
- Can you tell me why you feel that way?
- How will the decision affect you and other family members.
- I believe that (patients name) is dying. Is there anything I could do to help you?

**Sources Used to develop this Cue Card Include:**

Community Network Journey Project ACP Cue Card 2016
Center to Advance Palliative Care, NY CAPC Toolkit www.CAPC.org/Toolkit