
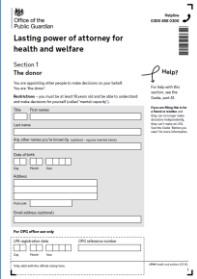
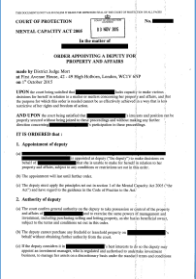
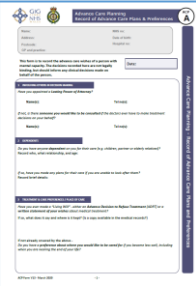
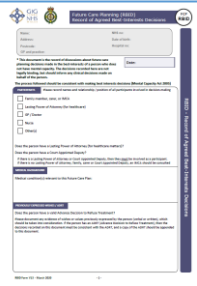

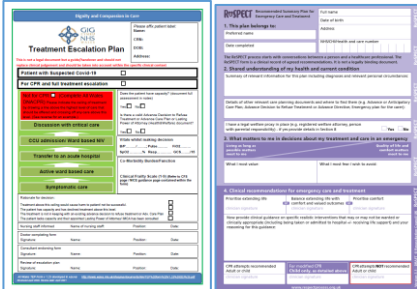


## Documentary evidence used when making a best-interests decision on behalf of a patient who lacks decisional capacity.

<p><b>Level 1</b> <u>Must act on</u> - if valid and applicable. N.B. Any of these can refuse life-sustaining treatment, but none can demand a treatment which is not clinically appropriate.</p>	<p><b>ADRT</b></p>  <p><b>Advance Decision to Refuse Treatment</b> Criteria to determine validity and applicability are specified in Mental Capacity Act 2005. Use of the All-Wales form is recommended, but others acceptable.</p>	<p><b>LPA</b></p>  <p><b>Lasting Power of Attorney (For Health &amp; Welfare)</b> Needs to be registered by Office of the Public Guardian, and Section 5 signed if for life-sustaining treatments.</p>	<p><b>CAD</b></p>  <p><b>Court Appointed Deputy</b> Evidenced by an official court order from the Court of Protection. The court order details the scope of the deputy's authority.</p>
<p><b>Level 2</b> <u>Can act on</u> as sole basis of decision if required, but should still consult whenever possible.</p>	<p><b>ACP</b></p>  <p><b>Advance Care Plan</b> An ACP which meets the criteria below* will constitute Level 2 evidence. Otherwise, consider as below for Level 3. Use All-Wales form.</p>	<p><b>RBID</b></p>  <p><b>Future Care Plan made on behalf of people without decisional capacity</b> An RBID FCP which is consistent with the All-Wales policy will constitute Level 2 evidence. Otherwise, consider as below for Level 3. Use All-Wales form.</p>	<p><b>DNACPR form</b></p>  <p><b>Do Not Attempt Cardio-pulmonary Resuscitation</b> See All-Wales policy</p>
<p><b>Level 3</b> <u>Should inform</u> decisions. Need to consider especially:</p> <ul style="list-style-type: none"> <li>The context in which the document was made;</li> <li>Is this the most up to date version?</li> <li>Have ALL appropriate people been consulted? (if family discussion)</li> <li>Is there evidence of how the patient's wishes or best interests were taken into account? (if clinical recommendation)</li> </ul>	<ul style="list-style-type: none"> <li>Any other documented conversations with patient</li> <li>Any other documented discussion with family</li> <li>Documented clinical recommendations by clinicians</li> </ul> <p>Includes: Advance care plans, statements of wishes, Treatment Escalation Plans (TEP/TEG), ReSPECT forms etc.</p> <div data-bbox="1137 1026 1552 1315">  </div>		

\* ACP criteria for Level 2 – Document should include: patient identification including full name, date of birth and NHS number; signed and dated by clinician, together with professional registration number (GMC/NMC); shared in a standardised and reliable way to ensure that access is always to the most up-to-date version.