



Best Interest Plan

South East Coast Ambulance Service **NHS**
NHS Foundation Trust

Incident Date	Incident Number	Call Sign Letter	Call Sign Number	Date of Birth
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First Name	Surname	Gender	Time of Decision	
			h h : m m	

The final responsibility for determining if a treatment / course of action is in the best interests of a patient, who has been assessed as lacking capacity, lies with the health professional performing the procedure. However there is a duty to consult with those close to the patient, (e.g. spouse / partner, relatives, carers, GP, advocates) unless the urgency of the situation prevents it.

If a lack of capacity is likely to be temporary, e.g. if the patient is unconscious or has fluctuating capacity, please document why the treatment / course of action proposed cannot wait until the patient were to recover capacity:

Is there an attorney (Lasting Power of Attorney) for health and welfare decisions or is there a Court Appointed Deputy. If **Yes** then they may be the decision maker and should be contacted if possible.

Unknown ☐ Yes ☐ No ☐

Are there any suitable alternative options to the proposed treatment / care / transportation?
Please detail all options considered:

Yes ☐ No ☐

Who have you consulted with? (Friends, families, carers, GP etc.)

What is the Best Interest decision that has been made?

What restraint was required? (Secure blanketing, carry straps, stretcher straps, none, etc.)

N.B. Restraint **MUST** only be used if it can be demonstrated as necessary to prevent harm to the patient who lacks capacity **AND** the type and duration of restraint is a proportionate response to the likelihood and seriousness of that harm.

Personnel Number

Attendant Name and Signature