**Care Plan Number**: No 26 Spiritual Care Plan

**Problem**: ………………………… requires an assessment to identify their wishes, beliefs, feelings, faith and values and/or their relatives/carers.

**Goal(s)**: The patient is given the opportunity to discuss what is important to them and/or relatives/carers.

**Consider** - does the patient understand and retain the instructions being given. If not, adopt different approaches to meet their individualised needs prior to nursing interventions.

Every patient has the right to self-determine what care and/or treatment they receive, as long as they have the capacity to do so. In the absence of capacity for a decision (which needs to be evidenced) care and or treatment needs to be delivered following the best interest principle of the Mental Capacity Act (2005)

**Plan of Nursing Care**:

Patients and/or relatives/carers should be given the opportunity to discuss issues such as:

- What helps him/her cope with difficult situations
- What can be done to help him/her at this time
- Is there anything from his/her cultural or faith background that would help (eg: significant people, rituals/rites, scriptures/prayers, music, photographs)

Please document any specific religious/spiritual traditions or requirements.

Patients and/or relatives/carers are offered the support of the chaplaincy team or their own faith leader.

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<tr>
<th>Chaplaincy team called</th>
<th>Yes</th>
<th>No</th>
<th>Already Involved</th>
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<tr>
<td>Own faith leader called</td>
<td>Yes</td>
<td>No</td>
<td>Already Involved</td>
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Date and Time of contact with chaplain/faith leader: …………………

Assessment agreed and discussed with: *(Please Circle)* patient/relative/carers:

Name……………………….. Signature………………

**Additional interventions required**:

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<tr>
<th>Start Date</th>
<th>Designation &amp; Name</th>
<th>Signature</th>
<th>NMC No.</th>
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Countersignature