



Treatment Escalation Plan (TEP) and Resuscitation Decision Record

This form is for clinical guidance and it does not replace clinical judgement

Surname:
First Name:
Hospital Number:
NHS Number:
DOB:
Address:

Write in black ballpoint pen only

Mental Capacity

Does the patient have the mental capacity to make and communicate decisions about treatment escalation and CPR?

Tick: Yes No

If 'No' you **must** complete the mental capacity assessment overleaf. Mental Capacity Act (2005)

If the patient is currently very unwell or in the event their condition deteriorates

Yes No

	Yes	No		Yes	No
Is admission to an acute hospital appropriate?					
Are IV fluids appropriate?			Acute setting only		
Are IV antibiotics appropriate?			Is ward non-invasive ventilation appropriate?		
Are oral antibiotics appropriate?			Is a referral to critical care appropriate?		
Is artificial feeding appropriate?			Is a referral for dialysis appropriate?		
Is De-activation of Implantable Cardioverter-Defibrillator (ICD) appropriate?					

In the event of a cardiorespiratory arrest this patient is:

FOR RESUSCITATION	Tick <input type="checkbox"/>
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Sign:

Date:

Time:

NOT FOR RESUSCITATION/ ALLOW A NATURAL DEATH	Tick <input type="checkbox"/>
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Name:

Role:

GMC No:

Document Rationale/Best Interest for treatment decisions and resuscitation states (be as specific as possible):

There is a legal requirement that the Treatment Escalation Plan and resuscitation decision are discussed with the patient or their Health and Welfare Attorney. Have the treatment decisions been discussed with the patient's relatives/NOK /carers/Health and Welfare Attorney? Tick: Yes No

If no, document reason

If yes, provide a brief summary of what was discussed and with whom:.....

Healthcare professional recording discussions:

Print name.....GMC/NMC number.....

Review and endorsement by most senior health professional (Consultant or GP):

Print name.....Signature.....GMC number.....

Date and time.....

All treatment decisions above should be reviewed as the patient's clinical condition changes

Have you documented in Medical Notes that TEP form has been completed. Tick: Yes No

If appropriate has the Electronic Palliative Care Coordination System (EPaCCS) register been updated? Tick: Yes No

Date this document was discontinued:

Name:

Signed:

Role:

GMC No:

On discharge if appropriate and the patient and or family have been informed of the decisions then the original form should accompany the patient and a photocopy should remain in the medical notes

Mental Capacity Assessment

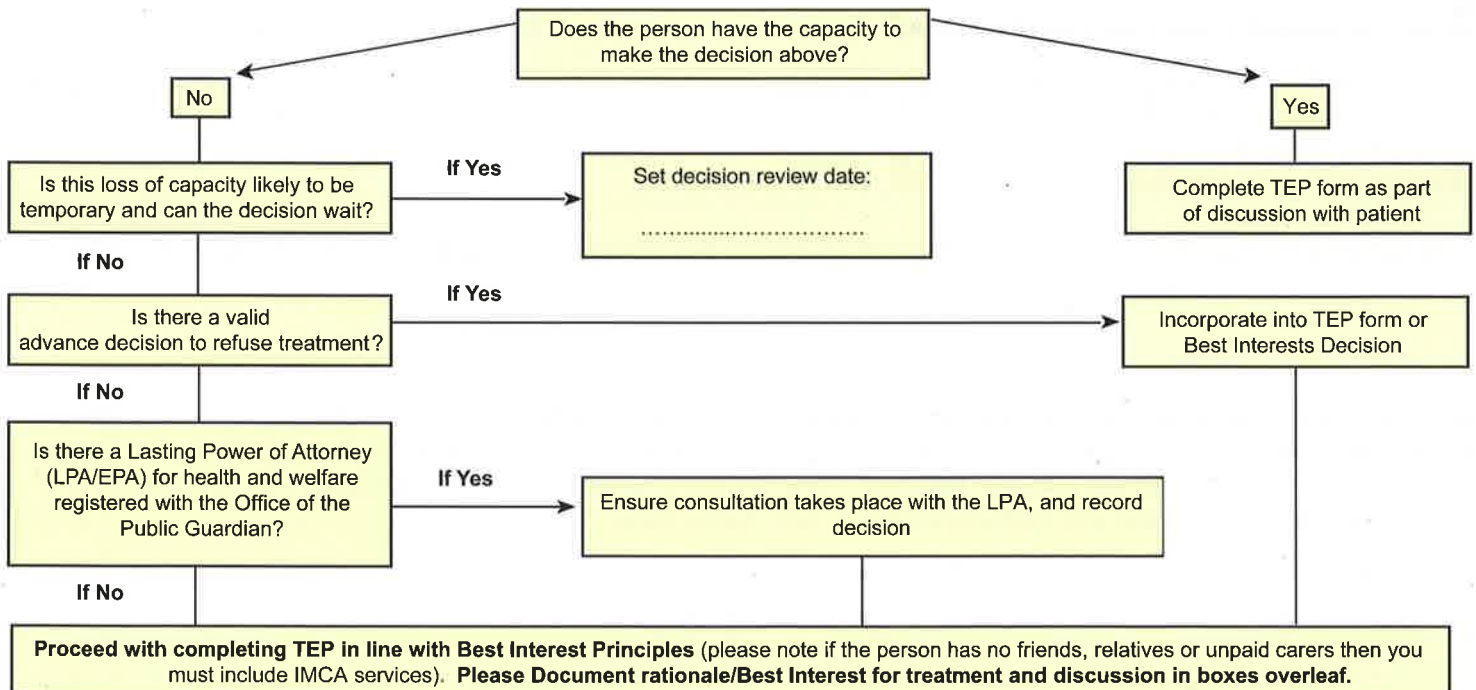
The Mental Capacity Act (2005) requires you to assume that individuals have capacity, unless you suspect the person has an impairment or disturbance of the mind or brain. It also requires any assessment to be time and decision specific. If you suspect someone lacks capacity you are required to complete a Mental Capacity Assessment.

Does the individual have an impairment or disturbance of the functioning of the mind or brain, which may impact on their ability to make the required decision?

Document Details:.....

What is the decision which needs to be made?

4 step assessment - can the patient?	Yes	No	Comment
1. Understand information about the decision to be made?			
2. Retain that information in their mind?			
3. Use or weigh that information as part of the decision making process?			
4. Communicate their decision (by talking, using sign language or any other means?)			



This form should be completed legibly in black ball point ink

- Complete patient details in the top right hand corner
- The date and time of completing TEP should be entered
- This TEP will be regarded as 'INDEFINITE' unless it is clearly cancelled
- The TEP should be reviewed whenever clinically appropriate or whenever the patient is transferred from one healthcare institution to another, and admitted from home or discharged home

If following clinical review, treatment decisions are changed:

- Clearly score through this form, then sign and date the discontinuation
- File at the back of the patient's notes
- Document the change of decision in the patient's notes
- Complete a new form and insert in the patient's notes

On discharge if appropriate and the patient and or family have been informed of the decisions then the original form should accompany the patient and a photocopy should remain in the medical notes