

Guidance for completing Treatment Escalation Plan and Resuscitation Decisions

- This form should be completed legibly in black ball point pen
- Complete patient details (including address) or affix patient's identification sticker

THIS IS A DRAFT DOCUMENT
FOR INFORMATION ONLY

Life Expectancy

The Second Annual Report of the End of Life Care Strategy (DH, 2010) recognised the challenge of identifying patients approaching end of life, and acknowledged that we need to do more to improve the present situation. One of its recommendations was the adoption of the 'surprise question', where a health professional asks themselves, 'Would I be surprised if this patient were to die within the next 6 – 12 months?' If the answer is 'no' it should lead the professional to consider completing the TEP and RD form.

When completing this form it is important that the healthcare professional has knowledge of end of life procedures and documents. If in doubt, refer to your organisation's End of Life Policy.

Healthcare professional making the Treatment Escalation Plan (TEP) and resuscitation decision

Ideally the TEP and resuscitation decision should be made by the most senior medical clinician looking after the patient. However, if a more junior member of staff is completing the form it must be in consultation with their registrar or consultant and documented in the medical notes.

TEP and resuscitation decision review

A fixed review date is not recommended, the TEP is considered as 'indefinite' unless clearly cancelled. The order 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.

Capacity/advance decisions

If there is any reason to doubt capacity of the patient, a Mental Capacity Assessment must be completed. The 2 stage Mental Capacity Test is on the back of the form. The assessment of mental capacity is only in relation to the decisions made in relation to this form at the time of the assessment. If capacity changes the form (including capacity) must be reviewed and documented. Clearly document any best interest decision in relation to the Treatment Escalation Plan and resuscitation decision. For further information and guidance please refer to your local multiagency safeguarding policy and procedure and the 'Mental Capacity Act 2005 Code of Practice' (2007)

Summary of communication with patient

State clearly what was discussed and agreed. If this decision was not discussed with the patient state the reason why. It is good and recommended practice to discuss treatment decisions with every patient but if this would cause distress without any likelihood of benefit for the patient or if the patient lacks capacity this should be recorded.

Summary of communication with patient's relatives or friends

If the patient does not have capacity their relatives, friends or an IMCA must be consulted and may be able to help by indicating what the patient would decide if able to do so. If the patient has made a Lasting Power of Attorney (LPA) for health and welfare to make health-related decisions on their behalf, the doctor must ensure that the LPA is valid before consulting the Welfare Attorney (WA). A WA may be able to refuse life-sustaining treatment on behalf of the patient if this power is included in the original LPA. That person will make decisions as if they are the patient themselves. All their decisions must be in the patient's best interest. If it is felt the WA is not acting in the patient's best interest the Office of the Public Guardian must be informed along with the local Safeguarding Team. Ensure that discussion with others does not breach confidentiality. State the names and relationships of relatives or friends or other representatives with whom this decision has been discussed.

More detailed description of such discussion should be recorded in the clinical notes. For further guidance on Best Interests Principles, see overleaf.

Members of multidisciplinary team

Ensure that the TEP decisions have been communicated to all relevant members of the multidisciplinary health and social care teams involved in caring for the patient.

Communication across other healthcare settings

For TEP or End of Life patients, the original of this form should accompany the patient on transfer if appropriate. This document remains valid until reviewed / endorsed by the receiving healthcare professional.

Discharge and TEP / DNACPR

Prior to discharge the content of the form should be reviewed and if the patient and / or family are informed about its contents, and it is relevant to the clinical situation, the original form should accompany the patient. Ensure conversations regarding this with the patient and family are documented. Ensure a photocopy of the form remains in the notes and it is communicated to the GP in the discharge letter.

Ambulance and TEP

In the community the most recent TEP form should be placed at the front of the patient's record.

Organ donation

Patient and family wishes regarding organ / tissue donation after death should be ascertained and documented. It is essential for staff to establish if the patient has previously expressed the wish to be a donor; and if the patient is on the NHS Organ Donor register or carries a Donor Card. Please refer to your organisation's guidelines relating to organ donation.

If following clinical review treatment decisions are changed:

- Clearly score through this form, then sign & 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