

Guidance for completing Treatment Escalation Plan (TEP)

A TEP form is for clinical guidance and does not replace clinical judgement. Conversations about DNACPR decisions are often difficult for clinicians, patients and those close to them but must not be avoided just because they may cause some unavoidable distress.

Resuscitation should not be offered if felt to be clinically inappropriate.

If there is disagreement around the decision made, seek a second senior clinical opinion.

An electronic or paper version should be available with the patient (if printed version is required, this can be in black and white if colour printer not available).

Healthcare professional completing the TEP

The form can be completed by a suitably experienced, trained and competent registered healthcare professional as defined within an organisation's own resuscitation policy. When completing the form, the date, time, role and professional registration number must be documented.

These clinical decisions must be discussed with the senior responsible medical clinician, and their agreement with the plan documented ideally on the form and in the patient's record. The senior responsible medical clinician will usually be the patient's GP or Consultant.

TEP Review

The form should be reviewed whenever clinically appropriate or whenever the patient is transferred from one healthcare setting to another. A fixed review date is not recommended; the TEP is considered as 'indefinite' unless clearly cancelled.

Mental Capacity Assessment

If there is any reason to doubt the capacity of the patient, a Mental Capacity Assessment must be completed. The 2 stage Mental Capacity Test is on the form. If capacity changes, the form must be reviewed. If the patient lacks capacity their relatives, carers or friends must be consulted to form a best interest decision. Independent Mental Capacity Advocate (IMCA) services should be involved to help form best interest decisions in there is no other person to fulfil the role.

For further information and guidance please refer to the 'Mental Capacity Act 2005 Code of Practice' (2007). If the patient has made a Lasting Power of Attorney (LPA) for health and welfare, ensure that the LPA is valid. Further information can be found at www.gov.uk/power-of-attorney

Summary box

Please include as much clinical information as possible, as this will inform decision making in an emergency. Documentation of the patient and relative discussions is of particular importance.

Summary of communication with patient's relatives/carers/friends

You should actively seek to involve patients and families in decisions around DNA-CPR and treatment plans. Discussions with the patient's relatives or advocate are essential to provide information and support, unless confidentiality restrictions prevent this. In a minority of cases, explaining a DNA-CPR decision will impose an unnecessary burden by causing such distress that the dying person suffers harm. In this situation you must clearly document your reasons for not involving patients in discussions about DNA-CPR.

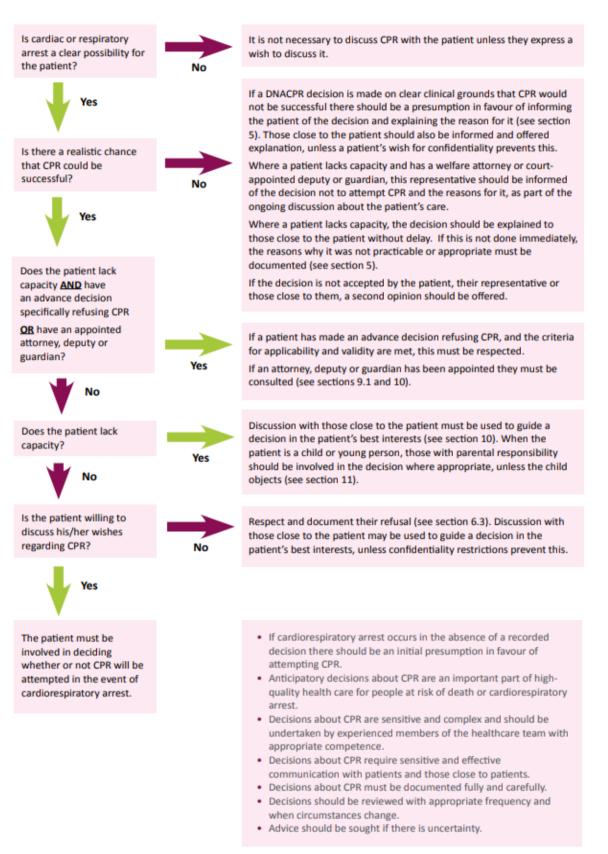
Sharing TEP information across healthcare settings

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. This can be achieved through EPACCS and shared care record and must be included as part of the discharge summary paperwork.

If following clinical review treatment decisions are changed:

- Clearly score through this form, then sign and date the discontinuation.
- For paper copies file at the back of the patient's medical notes.
- Document the change of decision in the patient's medical records.

NHS Devon Decision-making framework



Decisions relating to cardiopulmonary resuscitation. Guidance from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing