

Treatment Escalation Plan

A Guide for Patients

TREATMENT ESCALATION PLAN

| | |
|-----------------|--|
| Full Name | Date of Completion |
| Date of Birth | Preferred Name |
| Address | Primary contact details and relationship |
| Hospital/NHS No | |

Summary of relevant information for this plan
Include diagnoses, communication needs and reasons for preferences and recommendations

COPD Coronary Heart Disease Hypertension Diabetes Malignancy Immunosuppression LVEF (date).....

WHO Performance Status _____ Rockwood Frailty Score _____

Details of other relevant planning documents and where they are kept (eg Advance Care Plan, DNACPR form)

Personal preferences to guide this plan:
What is most important to you?

Clinical recommendations for emergency care and treatment

| All Active Treatment including ITU/ventilation | Hospital but not ventilation/ITU | Treatment of conditions in usual residence | Comfort care in usual residence only |
|--|------------------------------------|--|--------------------------------------|
| <small>Clinician signature</small> | <small>Clinician signature</small> | <small>Clinician signature</small> | <small>Clinician signature</small> |

Clinical guidance for specific events and interventions:
Ceilings of care

Appropriate for Non Invasive Ventilation (NIV) Yes / No

| | |
|--|---------------------------------------|
| CPR Attempts Recommended Yes / No | DNACPR form completed Yes / No |
| <small>Clinician signature</small> | <small>Clinician signature</small> |

Capacity and representation at time of completion

Does the person have sufficient capacity to participate in the recommendations on this plan? Yes / No

Does the person have a legal proxy who can participate on their behalf (document name, and role)? Yes / No

Involvement in making this plan

The clinician(s) signing this plan is/are confirming that (select A or B, OR complete section C below)

A This person has the mental capacity to participate in making these recommendations and has been involved in creating this plan

B This person lacks the mental capacity to participate in making these recommendations. This plan has been made in consultation with their legal proxy or family members/friends

C Where the above have not been achieved, valid reasons must be stated here

Record date, names and roles of those involved in decisions & if further documentation is recorded elsewhere

Clinician signatures

| Name | Organisation | Role | Registration No | Signature | Date & time |
|------|--------------|------|-----------------|-----------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

Patient guidance for specific situations

| Situation | Recommended treatment plan | Who can help? | Contact No |
|-----------------|----------------------------|---------------|------------|
| Suspected COVID | | | |
| | | | |
| | | | |
| | | | |

Confirmation of validity (at review or with change in condition)

| Name | Organisation | Role | Registration No | Signature | Date & time |
|------|--------------|------|-----------------|-----------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

EKHUFT – KCHFT – EKOCGs – SECAMB – Pilgrims Hospice

1. What is a treatment escalation plan?

A treatment escalation plan is used to record information discussed between you and your healthcare professionals about the types of care and treatment for which you would or would not want to be considered in an emergency if you are unwell.

2. What information does the plan include about me?

The plan will include details of any health problems that you have that might have an impact on how well your body may cope if you become unwell. Internationally recommended scales are used to help assess overall wellbeing (e.g. World Health Organisation performance status) and frailty if appropriate (e.g. Rockwood scale, 2005).

Your healthcare professional will ask you about what is important for your health and well-being. Please share any worries or concerns that you may have about your care now or in the future on the plan so that these can be answered for you by your professional or wider team.

3. What areas of care will be discussed?

Your healthcare professional will talk to you about where you would be best looked after if you become unwell.

It is important to understand that a hospital is not always the best place to be looked after, may not be recommended or be what a patient wants. The plan will outline the support you will be given if you are not in a hospital and where and when to seek support.

Similarly, not all treatments are suitable for everyone. Healthcare professionals may recommend that certain treatments, although possible, are not in a patient's best interest.

4. Does the plan include decisions about cardio-pulmonary resuscitation (CPR)?

Your healthcare professional will talk to you about your wishes in the event of your heart stopping and you requiring resuscitation. If you do not wish for resuscitation to be attempted a red form (Do Not Attempt Resuscitation) will be completed. A decision not to resuscitate someone does not mean that they will not get treatment or be looked after. Your healthcare professional can discuss this with you and answer any concerns you have.

5. What if I already have an advance care plan or red form?

If you already have a plan or a red form (Do Not Attempt Resuscitation) this will be referred to – and documented on your Treatment Escalation Plan – along with details of where these are kept in case of an emergency.

6. Who makes the decisions?

If you and your health professional have agreed a plan it will be used to guide your emergency care and treatment. If you haven't, decisions will be made by healthcare professionals trying to act in your best interests and for your benefit. This may involve a lasting power of attorney (legal proxy) or an important person who knows the patient best to ensure that the plan is as close to what the individual would have wanted.

7. What if the person lacks capacity to make a Treatment Escalation Plan?

You may be the person caring for an individual who lacks capacity (the ability to understand information and use it to make informed choices) to make the decisions needed for a treatment escalation plan. However, a plan can be made which is agreed to be in the best interest of the patient (for their overall benefit). This may involve a legal proxy or an important person who knows the patient best to ensure that the plan is as close to what the individual would have wanted.

8. Who will this form be shared with?

This form will be shared with the local hospitals, community teams, hospice, GPs and ambulance staff so that they know how best to look after you.

9. What if my situation or wishes change?

This form can be updated at any time by the healthcare professional looking after you in partnership with you or your representative. It will be reviewed if your condition changes or you move to a different care setting (e.g. hospital).

10. I require additional assistance in completing the plan. Who can help?

If you have difficulty hearing, speaking or understanding the discussion your healthcare professional will offer help and document this. It may be appropriate to involve someone close to you or a legal proxy as needed. Please let your healthcare professional know if you need any help.