

Patient sticker

Name: _____

DOB: _____



University Hospitals Sussex
NHS Foundation Trust

DO NOT PHOTOCOPY
FOR INPATIENT USE ONLY

Treatment Escalation Plan

This is a recommended plan to guide future clinical interventions
This is not binding and can be reversed if deemed appropriate

Diagnosis:

Relevant Clinical Information & PMH:

CEILINGS OF TREATMENT

- 1. Is patient for cardiopulmonary resuscitation? **Y / N**
- 2. FOR ITU (level 3) opinion if deteriorates: **Y / N**
- 3. FOR HDU (level 2) opinion if deteriorates: **Y / N**
- 4. FOR Ward Based NIV (Guidance as per NIV pathway): **Y / N**

If YES to 1 and 2 your patient is for:

FULL ESCALATION

If NO to 1 &/or 2 you must ensure:

VALID DNACPR

5. WARD BASED LEVEL OF CARE (please select ONE of the following and update if the patient deteriorates):

- A. Active treatment within ward based setting **Y / N**
- B. For trial of active treatment, but at high risk of dying during admission **Y / N**
- C. Identified as dying, for end of life care with individualised care plan **Y / N**

FURTHER DETAILED CLINICAL MANAGEMENT OVERLEAF

PLEASE SUMMARISE RELEVANT DISCUSSION (or provide date of relevant documented discussion in Hospital Notes):

Mental capacity issues have been documented in the Hospital Notes **DATE:**

This TEP has been discussed with the Patient / Family / LPA / Nominated Other: **YES / NOT POSSIBLE**

Name of person contacted:

ST1 or equivalent and above may complete this form, to be discussed with a senior doctor and endorsed by Consultant at the earliest opportunity within 24 hours

Junior name: _____ Grade: _____ Signature: _____ Date: _____

Consultant name: _____ Signature: _____ Date: _____

Is this an indefinite decision? **Y / N** OR review date: _____



Prompts for Clinical Management:

Where appropriate 'reverse the reversible'

- ROUTINE BLOOD TESTS Y/N
ABG ANALYSIS Y/N
IV ACCESS Y/N
IV FLUIDS Y/N
SUBCUTANEOUS FLUIDS Y/N
IV ANTIBIOTICS Y/N
ORAL ANTIBIOTICS Y/N
BLOOD TRANSFUSION Y/N
NIL BY MOUTH Y/N
COMFORT FEED @ Risk Y/N
PROCEDURES / INVESTIGATIONS Y/N [please state]:

RELEVANT INFORMATION:

Management should always include symptom control if the patient is in pain, nauseated, breathless or distressed.

Further Clinical Management Decisions discussed with a senior doctor and endorsed by Consultant:

Doctors Name/Signature:Grade:.....

TEP is for use within the acute hospital to guide future clinical interventions, supporting health care professionals to develop an appropriate and robust Treatment Escalation Plan, FOR ALL PATIENTS.

TEP is not binding and can be reversed at any-time, if deemed appropriate.

The medico-legal requirements of TEP are identical to those that apply to DNACPR.

TEP is designed to minimise harm due to over treatment or under treatment, providing information around interventions that are likely to be of NO BENEFIT &/or BURDENSOME or contrary to the Patients Goals for future care and treatment.

TEP is designed to be used as part of routine patient assessment, clinical ward rounds, safety huddles and Nursing handovers to guide future clinical management and goals of care.

TEP is designed to provide continuity of care and good communication, especially when the responsible clinical team is not present [out of hours].

The TEP is not a replacement for the DNACPR form even though reference to CPR is made. A standard DNACPR form should still be completed if required.

You should consider whether the patient has MENTAL CAPACITY to be involved making decisions. Refer to Mental Capacity Act 2005. Impairment of capacity does not preclude use of the TEP if it is in the patient's best interests to put one in place.

DNACPR discussions in isolation are potentially unhelpful. If a discussion is not possible, the TEP should be completed if it is in the patient's best interests to do so, and it would potentially be harmful not to do so.

Shared decision making and discussion with the patient and their family, LPA or important others regarding this TEP is strongly advised.

The TEP should be reviewed regularly during an admission. Do not make multiple entries on to a plan - replace the existing one with an updated fresh one.

This TEP only applies to the current admission. At the time of any subsequent admission a new TEP should be completed. Any old TEP should have OBSOLETE written across it in block capitals with date and initials.

Information in an existing Advance Care Plan / ReSPECT should be used to inform TEP.

In hours - Mon-Fri 0900-1700:

Contact senior clinician/registrar/consultant of patient's parent team. Use SBAR method requesting support with the TEP.

Senior Member of team to discuss with Consultant

Out of hours:

Contact relevant on-call registrar. Use SBAR method requesting support with the TEP.

On-call Team to discuss with a Consultant if felt necessary

At any stage: If additional support in the decision making process is required consider discussing with: CCOT / ITU SPR or Consultant / Specialist Palliative Care Team.