

# Treatment Escalation Plans

This leaflet explains more about Treatment Escalation Plans and is for patients, family, friends and carers who may be involved in discussions about them.

If you have any further questions, please speak to a member of staff caring for you.

This purpose of this leaflet is to provide information about:

- Treatment Escalation Plans (TEPs)
- CPR (Cardiopulmonary Resuscitation)
- Frequently Asked Questions

## Introduction

Thinking about the future and which steps should and should not be taken is an important part of patient care. Our staff will do their best to talk with you sensitively about these decisions, whilst supporting you and those closest to you.

We hope this information will help you to understand the value of making decisions about your treatment ahead of time and the importance of involving you in this process. If you wish to discuss anything in this leaflet further or would like more information, please speak to your healthcare team.

## What is a Treatment Escalation Plan and why should I have one?

### Treatment Escalation Plans (TEPs)

- A TEP records which treatments would and would not be helpful if a patient becomes more unwell whilst in hospital
- It is written by the healthcare team after conversations with the patient and/or family, friends and carers, if the patient would like them to be involved
- The healthcare team will discuss the patient's health and provide information about potential treatments – those which could be helpful if the patient becomes more unwell and those that would not
- Patients have the opportunity to express their wishes regarding treatment and care, which is closely taken into account when making any decisions
- A TEP aims to ensure that patients receive the best possible treatment for their individual situation
- It is not used to request or demand treatments that are not helpful or in a patient's best interests
- The TEP is kept safely with the patient's medical records if s/he moves within the hospital

### Why is it a good idea to have a TEP?

- By following the guidance on your TEP, the team can ensure that you receive the care that is right for you, especially in an unexpected emergency

- It ensures that you receive treatments that may make you better, and avoids treatments that will not help and may cause harm or discomfort, or that you wouldn't want to have.

### **What types of treatment might be considered and put on a TEP?**

- **Cardiopulmonary resuscitation (CPR)** - An attempt to restart the heart if it stops
- **Admission to intensive care**
- **Dialysis - Using** a machine that cleans the blood when the kidneys are not working well
- **Non-invasive ventilation** - When a closely fitting face mask is used to help with breathing in certain situations
- **Antibiotics**

Some people might prefer less invasive medical treatments, while others will want every possible treatment. The team will record which treatments would be appropriate for you based on whether they would help you and your preferences.

### **Is a TEP only about *not* being given certain treatments?**

**No.** A TEP will ensure that it is clear which treatments should be considered if you become more unwell, as well as those which should not. Sometimes it will make it clear that you should be offered all possible treatment. You will continue to receive all treatments that will benefit you and that you accept.

### **Can I use a TEP to insist on having treatment?**

**No.** The decision whether or not to offer any clinical treatment is a medical one and can only be made by your healthcare team. Neither you nor your family, nor friends and carers can demand a treatment that healthcare professionals do not think will benefit you. However, you can make your preferences for treatment clear and your medical team will consider your wishes when making any decisions. If you do not understand why a treatment is not felt to be appropriate, ask your team for further information.

### **Can a TEP be changed or amended?**

**Yes.** If your condition changes your healthcare team may talk to you and/or your family, friends and carers about updating your TEP. If your views regarding your treatment change, please tell the healthcare team.

### **Who should have a TEP?**

Any patient with advanced or complex health problems, or who is at risk of suddenly becoming more unwell, should have a TEP.

## **What is cardiopulmonary resuscitation (CPR)?**

CPR is an emergency medical treatment used when someone suddenly collapses because their heart and/or breathing have stopped (cardiac arrest).

CPR may include:

- Repeatedly pushing down very firmly on the chest (chest compressions)
- Electric shocks to try to restart the heart
- Insertion of a tube into the windpipe to help to breathing, which may later be attached to a machine

When your healthcare team discusses and makes decisions about a TEP with you, they will consider whether or not CPR might be a beneficial treatment for you as well.

### **How successful is CPR?**

Unfortunately, CPR does not often work. After CPR only about one in five people who are in hospital will leave hospital alive. These figures are much lower for people who are very ill or frail. For people who have CPR in the community before being admitted to hospital, only one in 20 will leave hospital.

CPR will not be successful for people naturally approaching the end of their life and is likely to prevent a peaceful and dignified death. In some cases, CPR can prolong dying or suffering and cause harm.

### **Who will decide if CPR should be attempted?**

All patients are given CPR unless their healthcare team considers that CPR is very unlikely to be successful. As CPR is a medical treatment, the decision whether or not to offer CPR is made by your healthcare team.

### **How is a decision about CPR made?**

To decide whether CPR is likely to work, your healthcare team will consider your current medical conditions and overall health. They will talk to you and explain the reasons for a decision about CPR. As with all medical treatments, the team will consider the potential risks and benefits of CPR. With your permission, family, friends and carers can also be involved in this discussion, but they can't make the decision.

### **What happens if a decision is made not to attempt CPR?**

It is important to remember that a decision not to attempt CPR only applies to CPR and does not mean withdrawing or withholding any other treatments. You will continue to receive the best possible care, including other appropriate treatments, as written on your TEP. Your team will inform you of the decision and ensure that you understand why the decision was made. They will speak to your family, friends and carers if you wish. A 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) form will be completed and placed in your medical records alongside your TEP.

### **I do not want CPR if my heart or breathing stops. What should I do?**

If you don't want CPR, please speak to your healthcare team. You can refuse CPR even if there is a chance that it may help you. They will explore, document and share your wishes (with your consent). If you want to make your wish not to have CPR legally binding, you should make an Advance Decision to Refuse Treatment (ADRT). Please speak to your healthcare team if you would like more information.

### **What if I want CPR but I am told it won't work?**

No doctor will refuse your wish for CPR if it is considered to be an effective treatment option for you. If your team believes that CPR would not be effective, you or those close to you can't demand CPR. If your team believes that CPR might restart your heart and breathing if you had a cardiac arrest, but would be likely to leave you severely ill or disabled, your doctor will talk to you and ask you about your views. You can also ask your family, friends and carers to support you and give their opinion. If you are unhappy with a CPR decision, St George's Hospital is happy to arrange for a second medical opinion from another senior doctor. Your doctor can tell you about this process.

## Frequently Asked Questions

### **What if I don't want to talk about any of this?**

Your healthcare team will always offer you the opportunity to be involved in decisions about your treatment and encourage your loved ones to be present if you agree. However, if you don't want to be involved in these discussions, then with your consent, those close to you can speak to your healthcare team. If you don't want others to know the decisions about your treatment, please inform your healthcare team so they can respect your wishes and confidentiality. Your medical team is legally obliged to inform you or your family, friends and carers of a DNACPR decision, unless you specify that you don't want to be involved in the decision.

### **What if I am too unwell to talk about this?**

If you are too unwell or are unable (lack mental capacity) to discuss the decisions for a TEP and CPR, your healthcare team will talk to your family, friends and carers to understand what you would have wanted. Your family, friends and carers cannot legally make decisions on your behalf, unless they have legal authority to do so, such as Lasting Power of Attorney for Health and Welfare. If those close to you are not available and it is an emergency, the healthcare team will make decisions in your best interests.

### **When will the decisions about TEPs or CPR be made?**

Guidance recommends that these discussions take place soon after an admission to hospital. Sometimes your clinical condition will require decisions to be made more urgently than at other times. We will always try to involve you and/or your family, friends and carers in these discussions.

### **What if I change my mind or my situation changes?**

Your thoughts about treatments that you do and do not want may change over time. This is normal, but make sure you inform your healthcare team and your family, friends and carers. Decisions about treatment, including CPR, are reviewed regularly by your healthcare team, taking into account your health and your wishes.

### **What happens to a TEP and DNACPR form after I am discharged from hospital?**

Your hospital discharge letter will inform your GP of decisions made in hospital about your treatment. After a discussion with you, sometimes patients are discharged home with a community DNACPR form, to be kept in your home, which can be completed by your GP. It's important to tell your family, friends and carers where to find your DNACPR form in case a healthcare professional needs to see it.

### **Is a TEP or DNACPR decision legally binding?**

**No.** The decisions recorded on these documents are used by healthcare professionals to guide treatment when you are very unwell, but are not legally binding. The information will be used to ensure that you receive the most appropriate treatment in the situation at the time. In England and Wales, to legally refuse treatments you need to make an ADRT (Advance Decision to Refuse Treatment).

### **Who else can I talk to about this?**

In addition to your healthcare team, you may want to talk to other people about the decisions made in relation to your treatment. Possible people to talk to include:

- Family, friends and carers
- Your GP
- Patient support groups e.g. Macmillan Cancer Support, Age UK
- Spiritual advisers, such as a chaplain

- Independent advocacy services

## Making plans and decisions about the future

It is a good idea to think about and plan for the future, in case you become too unwell to make decisions about your care. That way, you can still have your say about your treatment. Talking to your healthcare team about your TEP will provide you with a better understanding about the treatments that are likely to be helpful for you in the future and those which are not.

Some additional things that you may wish to consider:

- If you become sicker, how much would you be willing to go through for the possibility of gaining more time?
- Is there a point in your illness when you would want to be treated at home and would not want to return to hospital?
- Where would you prefer to be cared for towards the end of your life?
- Do those close to you know your priorities and wishes?

Talking about this can be difficult, but if you feel ready, speak with your healthcare team and your family, friends and carers.

### How will other people know what I want?

Share your wishes with your family, friends and carers, so that they can tell healthcare professionals what you want if they are asked. If you have an ADRT, make sure that your healthcare team knows about it and puts a copy in your medical records.

## Useful sources of information

For more information about **lasting power of attorney** (LPA):

<https://www.gov.uk/power-of-attorney/overview>

**Office of the Public Guardian** Tel: 0300 456 0300

For more information about **Advance Decisions to Refuse Treatment** (ADRT):

<https://www.nhs.uk/conditions/end-of-life-care/advance-decision-to-refuse-treatment/>

## Contact us

If you have any questions or concerns about TEPs, please raise these with the nurse in charge of the ward or with your ward doctor.

**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

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## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough Wing (near the lift foyer).

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

## **NHS 111**

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111



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## References

Resuscitation Council (UK) Guidelines and guidance: Prevention of cardiac arrest and decisions about CPR

Decisions relating to cardiopulmonary resuscitation: Guidance from the British Medical Association the Resuscitation Council (UK) and the Royal College of Nursing (previously known as the 'Joint Statement') 3rd Edition (1st Edition) 2016

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