



# Treatment Escalation Plan (TEP) and Resuscitation Decision Record

<b>Surname:</b> Test
<b>First Name:</b> Patient Nine
<b>Hospital Number:</b>
<b>NHS Number:</b>
<b>DOB:</b> 01-Jan-1945

## PART A: Advance Care Planning

**Life Expectancy**  
Would you be surprised if this patient died within the next 6-12 months?

**If No** →

1. Refer to End of Life Guidelines
2. Discuss Preferred Priorities of care and give information on Advance Decisions to Refuse Treatment.
3. Consider treatment options & resuscitation status
4. Update the Electronic Palliative Care Coordination System

Is there a known Advance Decision to Refuse Treatment (ADRT)? Yes  No

Does the patient have Mental Capacity to make decisions regarding Resuscitation and Treatment Escalation?  
Yes  No

**If No** →

Decisions regarding resuscitation and/or treatment escalation MUST be made in accordance with the Mental Capacity Act (2005). Assessment of capacity must be undertaken and decisions taken must follow Best Interests processes as per s4 MCA (2005) and be recorded in the clinical notes.

### In the event of cardiorespiratory arrest this patient is:

**FOR RESUSCITATION**   
Call 222 or (9)999  Tick

**NOT FOR RESUSCITATION**   
 Tick

Sign: \_\_\_\_\_  
Date: 8 January 2018  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
GMC/NMC No: \_\_\_\_\_

### Personal preferences to guide this plan (when the person has capacity)

How would you balance the priorities for your care? (you may mark along the scale if you wish):

Prioritise sustaining life, even at the expense of some comfort		Prioritise comfort measures, Even at the expense of saving life
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Considering the above priorities, what is most important to you? (optional)

If treatment in hospital would be unlikely to improve your health, where would you like to be carer for?

Focus on life-sustaining treatment  
as per guidance below  
Clinician signature

Focus symptom control  
as per guidance below  
Clinician signature

Now provide clinical guidance on specific interventions that may or may not be wanted or clinically appropriate, including being taken or admitted to hospital +/- receiving life support:

Where possible, treatment decisions should be informed by discussion with the multidisciplinary team  
**PART B: If the patient is currently very unwell or in the event their condition deteriorates**

Is admission to an acute district hospital appropriate?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Is admission to a community hospital appropriate?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Is De-activation of Implantable Cardioverter-Debrillator (ICD) appropriate?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

Document rationale for treatment decisions and resuscitation status (be as specific as possible)

**Have the treatment decisions in part A and/or part B been discussed with:**

**Patient**

- Yes** - date:  **No** - document reason below  
 **Patient lacks capacity**  **Other** - please state:

**Relatives:**

- Yes** - date: **No**

Give details (include name of Lasting Power of Attorney if Appointed or IMCA if patient lacks capacity and has no relatives):

Document discussions in medical notes. Date decisions communicated to nursing team:

**All treatment decisions above should be reviewed as the patient's clinical condition changes**

**Part C: If appropriate discuss the patient's wishes regarding organ donation**

For TEP of end of life patients being discharge to their home or another healthcare setting the original of this document should travel with the patient and a photocopy kept in the notes of the current provider.