

A colorful speech bubble graphic with a gradient from blue to red, containing the text 'Patient Information' in white.

**Patient
Information**

Treatment Escalation Plan (TEP)

This leaflet explains:

- What is a Treatment Escalation Plan (TEP)
- What Cardiopulmonary resuscitation is (CPR)
- How decisions are made about Cardiopulmonary Resuscitation

It is a general leaflet for all patients but it may be useful to your relatives, friends and carers. This leaflet may not answer all your questions about TEP, but it should help you to think about the issues. If you have any other questions, please talk to one of the health care professionals, Doctors, Nurses and others, caring for you.

What is a Treatment Escalation Plan?

A Treatment Escalation Plan (TEP) is a plan of care that you and your health care team can make regarding your medical care in the event that you become more unwell. Different people may choose different levels of care. This decision may change over time and is not a legal document so changes can be made by your health care team to act in your best interest. The TEP form discusses the level of care that is right for you; for example:

- Do you want to be admitted to hospital or ideally stay at home?
- What type of medicines would you like?



Treatment Escalation Plan (TEP)

- Would you like sips of fluid or a needle put in your arm to give you fluids (IV)?
- Would you like to be admitted to intensive care?
- Would you like to be resuscitated (CPR)?

Your health care team will advise you on what the appropriate treatment would be for you. We understand that different patients want different levels of involvement in such decisions.

We will work in partnership with you and do our utmost to tailor our conversation with you to your specific needs. We will be happy to review the decision with you and provide you with all the information that you need.

With your consent we will also have the discussion with your family. If you are too unwell to have such discussions we will still try to offer your family the opportunity to talk about the decision, unless this is against your previously discussed wishes. You, or your family, will not be asked to sign this document as it is a medical guide and so will be completed and signed by your health care team.

This gives the health care team a guide as to what treatment you would like, if your healthcare team feel it needs to be changed if your condition changes then they will make those decisions at that time.



Treatment Escalation Plan (TEP)

What levels of treatments are discussed?

Admission to acute hospital:

Your health care team will discuss with you the treatments that can only be offered in hospital. Occasionally some treatments can only be provided in hospital, your health care team will advise you about these. Where possible, and especially if you have expressed a wish to stay out of hospital, you may not need to be admitted to hospital and care can be delivered at home, care home or hospice.

Medications and fluids:

Medications, such as antibiotics and fluids, can be given orally or via a needle in your arm or hand. Your health care team can talk through with you the treatments that would be better for your circumstances.

Specialist treatment:

Specialist treatment can include:

- Admission to an intensive care unit
- Being put onto a machine to help you breath
- Going onto a kidney dialysis machine

There may be other specialist treatments that your doctor may discuss with you.



Treatment Escalation Plan (TEP)

What is CPR?

CPR is an attempt to restart the heart including:

- Repeatedly pushing down very firmly in the centre of the chest
- Using electric shocks to restart the heart
- Inflating the lungs with a mask or with a tube inserted into the windpipe
- Use of drugs and fluids

As people approach the end of their life, it is very common for some parts of the body to stop working for example, lungs, liver, kidneys. In these circumstances the last thing to stop working is your heart. When this happens CPR is not likely to be successful.

However, if your heart is the first thing to stop working and all the other parts of your body are working well CPR has a much better chance of success. It is important that you discuss your chances of success with your health care team as this may influence your decisions around CPR.

Do people get back to normal after CPR?

Patients who are revived following CPR are often still very unwell and need more treatment, usually in a Coronary Care or Intensive Care Unit. Some patients never get back to the level of physical or mental health they enjoyed before the cardiac arrest. Some patients have brain damage or go into a coma. Patients with many medical problems are less likely to make a full recovery. The



Treatment Escalation Plan (TEP)

techniques used to restart the heart and breathing sometimes cause side effects, for example bruising, broken ribs and punctured lungs.

Will my age or disability influence the decision whether CPR is attempted?

No. What is important is:

- Your state of health
- The likelihood of recovery
- Your wishes

Your age alone does not affect the decision, nor does the fact you have a disability.

Will I be asked about treatment discussed on the TEP form?

Your wishes are very important in deciding the right level of treatment for you at the end of your life. The health care team will want to know what you think. If you want, your close friends and family can be involved in discussions.

The health care team looking after you will look at all the medical issues on the TEP form and help make decisions that are appropriate for you.

What if I don't want to be involved in the decision?

You don't have to talk about any of the treatment options if you don't want to. You can put the decision off if you feel you are being



Treatment Escalation Plan (TEP)

asked to decide too much too quickly. Your family, close friends and carers might be able to help you make decisions that you are comfortable with. The health care professional in charge of your care will decide what is in your best interest, taking account of your wishes.

If you are under 18, your parents can decide for you or this can be discussed with you, your parents and your healthcare providers.

What if I am unable to decide for myself?

It is possible to designate a person to make these decisions for you in advance. This needs to be done as a part of a lasting power of attorney for health and welfare.

If this has not been completed your family and friends are not allowed to make decisions for you but the health care team will make every effort to talk to them about the care that is in your best interest. If there are people you do (or do not) want to be asked about your care, you should let your health care team know.

If you are unable to make these decisions and have no one that can help you, you are protected under the Mental Capacity Act 2005. This will involve your health care team making a decision that will be in your best interest.



Treatment Escalation Plan (TEP)

We sometimes involve an Independent Mental Capacity Advocate (IMCA). The advocate can work with you and the health care team to ensure that you are involved as much as possible and all decisions made are in your best interests.

Advanced decision to refuse treatment

You may have thought about care you wish to refuse and have it formally documented on an Advanced Directive to Refuse Treatment (ADRT). It is important that if you have done so you send a copy to your General Practitioner and a copy to your hospital consultant so that it can be placed in your notes. If you are coming into hospital then you must bring it with you.

Who looks after the TEP form once it has been completed?

The TEP form is your property and therefore is kept by you. If it has been completed by your General Practitioner they should keep a copy. If it has been completed by a hospital Doctor they will take a copy for your notes. The information on the form is personal information and so you may wish to store the form somewhere private.

However, in situations where there is a sudden or unexpected change in your health, the form needs to be easily found so it is a good idea to tell others (family, friends or neighbours) where it is.



Treatment Escalation Plan (TEP)

If you have to go into hospital (inpatient or outpatient) please take the TEP with you and show it to your health care team.

What if I change my mind or my situation changes?

The TEP form can be changed at any time. If you are unsure or unhappy about the contents discuss this with one of your health care team or General Practitioner.

For Further Information Contact:

- You're General Practitioner
- Resuscitation Officers: 01793 604535
- Chaplaincy Department: 01793 604228

From 1st January 2019 smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds.

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

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