



Treatment Escalation Planning Conversations

Dr Janet Gillett
30 March 2020



Getting started

- TEP pt may not be known to you, but may be known to your team
- Patient may have health issues that even without COVID infection would be life limiting.
- Patient- would you be surprised if they died within the next 12 months. If not then under normal circumstances they would have a TEP discussion and probable DNACPR decision.
- This TEP conversation is intended to guide clinical decisions and not result in a definitive triage decision – unless the patient is clear about limits of treatment OR the clinical situation is such that hospital admission (other than for unmanageable symptoms in the community) would not be clinically helpful.
- Conversations may be with a patient or relative (if pt unable /lacks capacity)- adapt the language depending on who you are talking to

Be prepared

Medical history

Previous conversations

Rockwood frailty emis

Social circumstances

- ?living alone

- ? Providing care for someone else

Telephone challenges

PAY ATTENTION TO CUES AND YOUR EMPATHIC RESPONSE THROUGHOUT

Listen for:

- Non verbal cues - Sighing, silence, irritation/anger
- Verbal cues: My family is worried about me, How am I going to manage on my own
- Demonstrate empathy/kindness throughout

This is so difficult. Tell me how you are feeling

I sense that you feel angry/scared

I wish things were different

It's normal to be concerned, these are worrying times

Introduction

- My name is.....I'm from the XXX team
- I've called because I'm concerned about you and especially how this COVID infection might affect you
- It would be helpful to talk about this now if that's OK
- Do you have a speaker phone/ is there someone you would like to be part of this conversation

Patient's understanding of their health issues

- What do you remember about the conversation we had before, about your treatment (if this has happened)
- What do you understand about your health and the problems that you have
- What are your concerns/fears about what is happening at the moment

(You may need to help the patient understand the reality of their health condition before continuing)

Give further information

- Unfortunately you are in group of people who may not do so well if you get infected. I am worried that if this should happen to you there is a possibility that you might be seriously ill or you may even die
- Due to your underlying medical condition/s, we need to think about how you might be looked after if you get less well with your underlying problem/s or if you should get infected with the virus
- Its important we focus on what's important to you, and think about what may or may not make a difference

3 scenarios to consider

- COVID infection - unlikely to survive due to frailty/pre-existing conditions
- NON COVID problem - unlikely to survive- as above
- COVID/NON COVID – may survive with treatment- either some risk or fit and well but >70

Questions:

1. If you were to become infected with the virus and you get more sick, what are your thoughts about how you would like to be looked after and what would be important to you
2. If you should become less well for a different reason, what are your thoughts about how you would like be looked after and what would be important to you

Response may be from

- I want everything done for me including hospital
to
- Just keep me comfortable and let me 'go' in peace at home (if possible)

COVID- (unlikely to survive)

‘I want everything doing including hospital’

- I’m hearing that the thought of dying is too difficult to think about? Am I right?
- Explore death fears.....what are you most frightened about
- We wish that things were different and I’m sorry, but we are seeing that treatments are not successful for people with existing medical conditions like yours and that intensive treatment does not work
- I am suggesting that you would go to hospital if we were unable to manage your symptoms here. Otherwise you would stay here and we would make sure you have drugs available, should you need them, to help with troublesome symptoms.
- If your heart should suddenly stop, this would be because something very serious had happened, and we would not try and restart it again. The results of attempting resuscitation for someone with your problems are extremely poor.

TEP



St Margaret's
Hospice Care

Somerset Health and
Social Care Community



NHS No:
Surname:
First Name(s):
D.O.B: / / Gender: M / F
Address:

Somerset Treatment Escalation Plan & Resuscitation Decision

This form represents clinical decisions regarding appropriate medical treatments which have been made with patient/carer involvement as far as possible.

'What is important to me?'

If I am unable to speak for myself please contact

name:

who is my:

on phone number:

Do not attempt CPR
For a natural and dignified death



**Do attempt cardiopulmonary
resuscitation (CPR)**

If this person is not to have CPR attempted please document rationale:

If a treatment decision is unclear at the time the form is being completed, please tick unclear (see below)

For hospital transfer

☐

Life prolonging treatment

Referral to critical care is appropriate

☐

Non-invasive
Ventilation

Yes ☐
No ☒
Unclear ☐

Consider hospital transfer

Please state conditions
overleaf

☐

Life prolonging treatment

without referral to critical care

☐

IV fluids

Yes ☐
No ☒
Unclear ☐

Not for hospital transfer

unless unmanageable
symptoms or emergency
e.g. fall, fracture

☒

**May be for life
prolonging treatment**

☐

IV antibiotics

Yes ☐
No ☒
Unclear ☐

Not for life prolonging treatment

Focus on quality of life

☒

Oral antibiotics
for treatment

Yes ☒
No ☐
Unclear ☐

Likely to be in the last days of life

☐

Symptom control

☐

Names and roles/relationships
of those involved in discussions.

Please specify if any of these
people hold lasting power
of attorney

Doctor, practitioner or senior nurse
endorsing form signature

Full name

Grade

Date

/ / 20

Sept 2019 v2

COVID- unlikely to survive

‘I would like to stay where I am if that’s possible’

- I’m hearing that you would rather not go to hospital if you became unwell. Is this right?
- This would mean you would stay where you are now and that we would provide drugs to help you be comfortable and try to support those you care about.
- If your heart should suddenly stop we would not be trying to restart it

TEP

Somerset Health and
Social Care Community



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Life prolonging treatment

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Non-invasive
Ventilation

Yes ☐
No ☒
Unclear ☐

Life prolonging treatment

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IV fluids

Yes ☐
No ☒
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Consider hospital transfer

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IV antibiotics

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Focus on quality of life



Oral antibiotics
for treatment

Yes ☒
No ☐
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Not likely to be in the last days of life



Symptom control

For
all

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NON-COVID- unlikely to survive

'I want everything doing including hospital'

- I'm hearing again that this is very difficult for you to think that you may not survive your illness. I'm sorry this is so hard to talk about.
- We wish that things were different but we know that more treatment for your condition isn't going to make you any better, and that going to hospital for intensive treatment, as we've already discussed does not make any difference
- I am suggesting that you would only go to hospital if we were unable to manage your symptoms here, as we've already discussed. We would make sure you have drugs available, should you need them, to help with troublesome symptoms
- And again if your heart should suddenly stop, this would be because something very serious had happened, and we would not try and restart it again. The results of attempting resuscitation for someone with your health problems are very poor

TEP

Somerset Health and Social Care Community

NHS

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'What is important to me?'

If I am unable to speak for myself please contact
who is my: name:
on phone number:

Do not attempt CPR
For a natural and dignified death ☒

Do attempt cardiopulmonary resuscitation (CPR) ☐

If this person is not to have CPR attempted please document rationale:

If a treatment decision is unclear at the time the form is being completed, please tick unclear (see below)

For hospital transfer <input type="checkbox"/>	Life prolonging treatment Referral to critical care is appropriate <input type="checkbox"/>	Non-invasive Ventilation Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unclear <input type="checkbox"/>
Consider hospital transfer Please state conditions overleaf <input type="checkbox"/>	Life prolonging treatment without referral to critical care <input type="checkbox"/>	IV fluids Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unclear <input type="checkbox"/>
Not for hospital transfer unless unmanageable symptoms or emergency e.g. fall, fracture <input checked="" type="checkbox"/>	May be for life prolonging treatment <input type="checkbox"/>	IV antibiotics Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unclear <input type="checkbox"/>
	Not for life prolonging treatment Focus on quality of life <input checked="" type="checkbox"/>	Oral antibiotics for treatment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unclear <input type="checkbox"/>
	Not likely to be in the last days of life <input type="checkbox"/>	Symptom control For all <input type="checkbox"/>

Names and roles/relationships of those involved in discussions.
Please specify if any of these people hold lasting power of attorney

Doctor, practitioner or senior nurse endorsing form signature

Full name Grade Date / / 20

Sept 2019 v2

NON-COVID- unlikely to survive
'I would like to stay where I am if
that's possible'

- As we've already discussed than you would stay where you are now and we'd do what we could to support you at home so that you were comfortable.
- We would also not be trying to restart your heart if it should suddenly stop
- TEP – as previously noted

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	Likely to be in the last days of life <input type="checkbox"/>	Symptom control <input type="checkbox"/> all

Names and roles/relationships of those involved in discussions.
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Doctor, practitioner or senior nurse endorsing form signature

Full name	Grade	Date	/ / 20

Sept 2019 v2

COVID or NON-COVID- may survive

- Given that with treatment you may improve, if it is possible in these present circumstances we would try and get you to hospital
- There are no guarantees that you will get better, and you may get the infection by being in hospital- I hope you understand that.
- At present there are visiting restrictions in the hospital that means that no visitors are allowed. This may influence the decisions we make today
- There are some things that can be done to improve how you are but this doesn't include trying to restart your heart if that should suddenly stop.

TEP

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'What is important to me?'

If I am unable to speak for myself please contact name:
who is my: on phone number:

Do not attempt CPR For a natural and dignified death ☒ **Do attempt cardiopulmonary resuscitation (CPR)** ☐

If this person is not to have CPR attempted please document rationale:

If a treatment decision is unclear at the time the form is being completed, please tick unclear (see below)

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Full name Grade Date / / 20

Sept 2019 v2

COVID/NON-COVID- may survive
'I would like to stay where I am if
that's possible'

- You've been clear today that your wish is to stay at home. We've already talked about what we can do to support you in that decision
- TEP as previously noted – not for hospital transfer or life prolonging treatment

Other person to contact

- Who in your family have you talked with about your thoughts about the future and how you would wish to be cared for
- If you should be unable to speak for yourself, who would you like us to talk to
- Have you got a LPA (for health and welfare), Advance decision to refuse treatment

Spiritual needs

- *Acknowledge that they may be frightened, that the reality of dying has suddenly become a possibility. They question everyone/God/health service/themselves for past deeds. May try to make sense of what it means to be human/asking who am I, what is life all about.*
- *Allow space for this and acknowledge their psychological and spiritual 'pain'*
- When things have been difficult in the past where have you drawn strength
- What's been important for you in your life
- What has given you hope

Summary

- In order for you to be looked after as we have agreed, we need to write this on a piece of paper, called a treatment escalation plan, and make sure that those looking after you can see what we have discussed.
- You need to have this paper in your home, and I will get it to you. Put it somewhere where someone can find it. Maybe on your fridge. Your GP will also have a copy on your medical record.

email scanned copy to: Tep.somerset@nhs.net This will go to pt's GP

Emis is the source for all HCW to view TEP information in Somerset during COVID

Allow for questions

- Is there something else you would like to talk about
(Think about their social support)