



Treatment Escalation Plan

A guide for patients, families, and carers

This leaflet explains what information is considered in a Treatment Escalation Plan, how it is completed, and what happens next. If after reading this leaflet, you or your family / carer have any questions or concerns, please speak to the healthcare professional overseeing your care. This could be your GP, or a doctor or nurse within the hospital.

1. What is a Treatment Escalation Plan?

A Treatment Escalation Plan is used to record information discussed between you and your healthcare professionals. The Plan creates a personalised recommendation for your clinical care in emergency situations, where you are not able to make decisions or express your wishes yourself.

Treatment Escalation Plans can be used at any time to plan treatment and make recommendations for your care. However, they are especially important if you have a medical condition that might change quickly or you are approaching the end of your life. At these times, knowing your wishes is very important. If a Plan has been agreed between you and your healthcare professional this will be used to guide the emergency care and treatment you receive. If there is no Plan in place decisions would be made by healthcare professionals acting in your best interest and for your benefit.

2. What information does the Plan include about me?

The Plan will include details of any health problems that you have, that might have an impact on how well your body may cope if you become unwell. Your Plan will be completed in partnership with your healthcare professional; your relatives or carers can be involved if this is important to you. Your healthcare professional will ask you about what is important for your health and wellbeing, for example your quality of life and where you would want to receive care. Please share any worries or concerns that you may have about your ongoing or future care, so that these can be answered for you by your healthcare professional or the wider team.

3. What areas of care will be discussed?

Your healthcare professional will talk to you about where you would be best looked after if you become unwell, for example your own home, a care home, or the hospital.

It is important to understand that a hospital is not always the best place to be looked after, it may not be recommended, or this may be what you want. Your Plan will outline the support you will be given if you are not in hospital, and where and when you can ask for that support.

Similarly, not all treatments are suitable for everyone. Your Plan will be personalised and tailored to you. Healthcare professionals may recommend that certain treatments, although possible, are not in your best interest.

4. Will my Plan include decisions about cardio-pulmonary resuscitation (CPR)?

Your healthcare professional will talk to you about your wishes should your heart or breathing stop. If you do not wish for resuscitation to be attempted a red form (Do Not Attempt Resuscitation) will be completed. A decision not to resuscitate someone does not mean that they will not get treatment or be looked after. Your healthcare professional can discuss this with you and answer any concerns you may have.

5. What if I already have an Advance Care Plan or red form?

If you already have an Advance Care Plan or a red form (Do Not Attempt Resuscitation) this will be referred to and documented on your Treatment Escalation Plan, along with details of where these documents are kept in case of an emergency.

6. Who makes the decisions?

If you and your healthcare professional have agreed a Plan it will be used to guide your emergency care and treatment. If you have not agreed a Plan, decisions will be made by healthcare professionals acting in your best interests. As part of the decision making process your healthcare professional may speak with the person who is your Lasting Power of Attorney (legal proxy), if you have one. If you do not have one then your healthcare professional will speak to your next-of-kin or carer. With the help of these people it is hoped a Plan can be created that is in your best interest and for your benefit.

You should consider involving your relatives or carer when agreeing your Plan, or give them a chance to read the document. The Plan is a live document and can be changed at any time if your wishes or your clinical situation change. You will be supported to discuss any changes with your healthcare professional at the time.

7. What if a Treatment Escalation Plan is for somebody I care for?

You may be the person caring for an individual who lacks capacity (the ability to understand information and use it to make informed choices) to make the decisions needed to complete a Treatment Escalation Plan. However, a Plan can still be made which is agreed to be in the best interest of the patient (for their overall benefit). This may involve a legal proxy, or an important person who knows the patient best. This will make sure that the Plan is as respectful as possible of what the individual would want.

8. What happens after my Plan has been completed?

You will be given a copy of your Plan. Like an Advance Care Plan or red form (Do Not Attempt Resuscitation) you should keep your Plan in a visible place at home and bring it to future appointments, or if you need to go to hospital.

If you are receiving care in hospital, a copy of your Plan will go on your patient notes and it will also be added to your electronic record. This will make sure it can be viewed by healthcare professionals who are involved in your care, both inside and outside the hospital.

9. Who will my Plan be shared with?

Your Plan will be accessible electronically by your local hospitals, community teams, hospice, GP, and ambulance staff, so that they know how best to look after you. Please also keep your Plan in a visible place at home and make any healthcare professionals involved in your care aware of it.

10. What if my situation or wishes change?

Your Plan can be updated at any time by the healthcare professional looking after you, in partnership with you or your representative. It will be reviewed if your condition changes, your wishes change, or if you move to a different care setting (for example if you move from home to a hospital).

11. If I need additional help to complete my plan, who can help?

If you have difficulty hearing, speaking, or understanding the discussion about your Plan, your healthcare professional will offer help and will note this in your Plan. It may be appropriate to involve someone close to you, your legal proxy, or an interpreter as needed. Please let your healthcare professional know if you need any help with this.

Acknowledgments

The Treatment Escalation Plan is used by the following partner organisations.

- East Kent Hospitals University NHS Foundation Trust
- Kent Community Health NHS Foundation Trust
- NHS Kent and Medway Clinical Commissioning Group
- South East Coast Ambulance Service NHS Foundation Trust
- Pilgrims Hospice

This leaflet has been produced with and for patients.

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 783145 (tel://+441227783145), or email ekh-tr.pals@nhs.net (ekh-tr.pals@nhs.net)

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals website (<https://www.ekhuft.nhs.uk/information-for-patients/patient-information/>).

Reference number: EKH951

First published:
July 2021

Last reviewed:
July 2021

Next review date:
November 2024

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