

Name:

CHI Number:

*Patient Information
Label here*

Treatment Escalation Plan (TEP)

ACUTE DETERIORATION MANAGEMENT

(Check TEP valid dates on reverse of page. This form only applies during the current admission)

Patients who may benefit from a TEP when admitted to hospital include those with:

- Risk of deterioration or instability
- Very severe frailty, completely dependent for ADLs
- Progressive organ failure with or without multiple co-morbidities
- Advanced cancer (not receiving potentially curative treatment)
- Progressive incurable illness e.g. Dementia, MS, MND in the final stages
- At request of patient/ welfare attorney or guardian/ nearest relative or carers

Date and time of TEP	Initiating Clinician - Name & Signature	Position	Department

Patient aware of plan Main carer aware of plan

CLINICAL SITUATION AND GOALS OF TREATMENT

Indicate appropriate escalation of treatment if required; select one of the four boxes below:

ITU referral and possibility of mechanical ventilation (If DNACPR in place d/w ITU before selecting)	
HDU referral – possible inotropes / advanced treatment	
Ward based care including consideration of appropriate investigations and interventions below	
Comfort: relief of symptoms (see 'GAEL' guide on Palliative care icon on Staffnet)	

INVESTIGATIONS & INTERVENTIONS: Consider and indicate the most appropriate options below. Changes can be made at any time later if necessary – please date and sign changes.

Invasive Procedures e.g surgery, drain insertion, endoscopic and interventional radiology procedures, central lines (Please state)

Intravenous Access	YES <input type="checkbox"/> NO <input type="checkbox"/>	NG, TPN, PEG feeding (circle)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Intravenous Fluids	YES <input type="checkbox"/> NO <input type="checkbox"/>	Blood sampling	YES <input type="checkbox"/> NO <input type="checkbox"/>
Subcutaneous Fluids	YES <input type="checkbox"/> NO <input type="checkbox"/>	Clinical Observations	YES <input type="checkbox"/> NO <input type="checkbox"/>
Intravenous Medication	YES <input type="checkbox"/> NO <input type="checkbox"/>	NIV	YES <input type="checkbox"/> NO <input type="checkbox"/>
Antibiotics IV / oral (circle)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Oral feeding appropriate with accepted aspiration risk	YES <input type="checkbox"/> NO <input type="checkbox"/>
Blood transfusion	YES <input type="checkbox"/> NO <input type="checkbox"/>		

*Other relevant investigations / interventions / treatments can be detailed below.

Other Comments/Instructions

Has a DNACPR order been completed: YES NO

Communication with the patient and their family regarding this plan is important. If it is not possible to have the discussion at the time of completion, then it must be planned for the first available time. You must ensure that the patient has mental capacity if you are asking the patient to make choices about which treatments they would elect to have. Where the patient does not have capacity, decisions will be made by any existing welfare attorney/guardian with relevant powers and an agreed care plan documented in the patients AWI treatment plan. In communication, please note who had the discussion and when (date/time), also documenting any support offered to patient / carer / family member (Chaplaincy / Support & Information Service / Carers Support Service).

Please check whether there is an existing Anticipatory Care Plan (ACP) e.g Community ACP, ACP in 'Patient preferences' on Clinical Portal or ReSPECT form and ensure that this information is considered and reviewed with the patient and family for each new admission or change of care setting.

MUST BE COMPLETED IN ALL CASES:

Has been discussed with the patient: YES NO

If no state reason (e.g. Lack of capacity):

Section 47 AWI and Treatment plan completed? YES NO

Is there a PoA / Welfare Guardian in place? YES NO

Name of patient/welfare attorney or guardian/nearest relative or designated other & relationship to patient whom this has been communicated with:

.....

Patient's understanding of condition and issues and their preferences for care (including goals, spiritual needs and place of care): where this discussion has been documented in the clinical record, please state where this is recorded.

Family / carer understanding of patient's condition and issues:

On discharge or transfer, please add or update an ACP summary to Clinical Portal (using Forms and Pathways) and request update to Community ACP / KIS via Discharge Summary

<p style="text-align: center;">Responsible senior clinician</p> <p>Signed: _____</p> <p>Print Name: _____</p> <p>Date: _____</p> <p>TEP VALID UNTIL: _____</p> <p><small>* If significant changes are made to TEP please use a new document (and score through existing document) to ensure instructions are clear.</small></p> <p><small>* 'Indefinite' can be added to the valid until box if no further review required.</small></p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">Date Reviewed</th> <th style="padding: 5px;">Signed / Print</th> <th style="padding: 5px;">Valid Until</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td></tr> </tbody> </table> <p>On completion this form should be filed at the front of the Clinical Record. On discharge it should be invalidated and scanned and filed with in-patient clinical notes</p>	Date Reviewed	Signed / Print	Valid Until												
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