

# Treatment escalation plans, cardiopulmonary resuscitation decisions and talking to your doctor about treatments

A guide for patients



## Who is this leaflet for?

This leaflet has been written as a guide for all patients to explain how you and your doctor make decisions about what treatment(s) are best for you. While you are in hospital, doctors need to consider and discuss with you what treatments you would or would not like to receive. In Royal Cornwall Hospitals NHS Trust, the outcome of any such discussion is recorded on the Treatment Escalation Plan (TEP).

You may have already thought about particular treatments you would or would not like in the event of you needing them. For example, some patients do not want blood transfusions, while others would not want to be resuscitated if their heart stopped beating.

If you want to talk to your doctor about your treatment plan please let them know. A good time for you to do this is during the ward round.

You can find more information inside this booklet. You should write down any questions you have so your doctor can speak to you about them when they next see you. There is space at the back of this booklet where you can write your questions.

## What types of treatment may be discussed?

Doctors have many treatments to choose from when they are looking after you in hospital.

- Some treatments are quite **simple**, such as antibiotics. In most cases there is little risk from these treatments.
- Some treatments are more **complex**, such as dialysis to support your kidneys (having blood filtered through a machine to 'clean' it when the kidneys can't do this job).
- Some treatments are more **intensive** such as using a machine in the intensive care unit to help a patient breathe **or** trying to restart a patient's heart if it stops. It is harder for doctors to know how well these more intensive treatments will work for you.

Doctors have to find out which treatments are right for you. Normally, doctors **will assume** that you will want to have all the treatments that could help you but you may have strong views about treatments you don't want. For example:

- You may not want to have a **blood transfusion** (when a patient is given blood from another person to help make them better); or
- You may not want doctors or nurses to try to restart your heart if it stops (using a treatment called **cardiopulmonary resuscitation** or **CPR**).

It is helpful for you to talk to the doctors about any treatments you do not want to have. If you can't talk to a doctor it is helpful for doctors to talk to your relatives to find out what they think you would want. If you know you are coming into hospital it may be worth sharing your views with your family before you come in.

### **Will doctors talk to me about my treatment?**

The doctor will not always talk to you in detail about all treatments. Your doctor will probably ask you if you want to be given all the treatments that they think would help you. This is your chance to tell your doctor what is most important to you when you are treated in hospital.

- You may want the doctor to do everything they can to help you, even if the treatments might have side effects.

Or

- You may want doctors to focus on making sure you are always comfortable.
- You may only want treatments if you have a good chance of being able to get back to how you were before you went into hospital.

Or

- You may not see this as important.

You will have your own idea of what quality of life would be acceptable for you and what you would not want to risk. Telling the doctor these things will help them to choose treatments that you will most benefit from. In addition, if a doctor considers that resuscitation would not be the right treatment for you, they will always talk to you about it.

## **What If I am too ill or confused to have a conversation?**

If you are confused or too ill to talk about treatments, a doctor will decide how to treat you based on your medical history. The doctor may speak to your relatives to find out what they think you want. If you have written a valid advanced decision to refuse treatment, that will be respected. If you have named someone to make choices for you (for example under a Power of Attorney for health and welfare) the doctor will talk to that person.

## **What will happen after I have spoken to the doctor about treatments?**

The doctors at Royal Cornwall Hospitals NHS Trust use a form called a TEP to write down what they have talked about with you, and which treatments they think are right for you. **TEP** stands for **Treatment Escalation Plan**. The TEP records details of your condition, and any discussion that has been had, as well as treatment decisions, including the resuscitation decision.

Doctors don't fill in a TEP for every patient who are admitted, only those who are poorly and who are at risk of deterioration. If a resuscitation decision is made then a TEP will be completed. We hope the TEP will help doctors talk with you or your relatives to find out what treatments are best for you.

## **Who decides which treatments I will have?**

Your doctors need to work out which treatments are possible and medically best for you. When they make these decisions, the doctor will always consider what you want.

The doctor will also think about:

- the chances of the treatments working well; and
- the chances of the treatments causing you short-term or long-term harm (for example brain damage or not being able to walk).

If you want them to, doctors can also talk with your family and close friends. Your family and friends can give their views but can't decide which treatments are best for you.

The doctors and nurses decide about the best care for you and do **not** make choices based on your age or a disability.

## **Can I refuse or demand treatments?**

In this country, by law, you have **the right to refuse treatment** but **not the right to demand** a treatment. Your doctor may decide that a treatment is not right for you. Doctors do this when they think that you would have little chance of surviving the treatment or that the risks of harm from the treatment are greater than the possible benefits. If you (or your relative) don't think the doctor has made the right choice about a treatment they can ask for a second doctor to assess this (this is called a **second opinion**).

## **You have mentioned cardiopulmonary resuscitation (CPR). Tell me more about this.**

When a person's heart stops, it is called a **cardiac arrest**. (This is **not** the same as a heart attack.) When a person's heart stops in hospital, it is possible to try to restart it. The emergency treatment used to try to restart a patient's heart and breathing if they stop is called **CPR**.

It may include some or all of:

- forcefully pushing down on the chest
- using electric shocks to start the heart
- putting a tube into the windpipe and inflating the lungs
- giving specialist medication.

## **Do patients fully recover after CPR?**

Each person has a different chance of CPR working. Only about 2 out of 10 patients who have CPR survive and go home from hospital. The figures are much lower for patients with other serious conditions. Patients who are successfully resuscitated are almost always still very sick and need more treatment. This treatment is often in the intensive care unit. Some patients never get fully better and suffer with mental or physical disabilities.

## **What if I want to document something in my notes?**

If you would like your advanced decision or statement to be filed in your health record, and a marker placed upon your electronic record, please contact the Records Management Team who will be only too pleased to help with this request. Contact details: 01872 254500.

## Summary

- The TEP (Treatment Escalation Plan) is filled in for all patients who are poorly and who are at risk of deterioration.
- The TEP will record which treatments are best for you.
- You can talk with your doctors about treatments if you want to.

## I have more questions, who can I ask?

- If you want to talk about treatments, please ask one of the doctors or nurses. You can write your questions on the page opposite.
- You can talk to your GP.
- You can speak to the hospital Chaplain on 01872 250000 (ask switchboard if you can speak to the hospital chaplain).
- If you have further questions about CPR, please call a Resuscitation Officer on 01872 250000 (ask switchboard to bleep 3506) – Mon-Fri (8am – 4.30pm).
- If you want to speak to someone not involved in your care, please contact PALS (Patients Advice Liaison Service) on 01872 252793 – Mon –Fri (9am - 5pm).

**This is a space for you to write anything you want to ask or tell your doctor.**

This leaflet has been adapted from Cambridge University Hospitals NHS Foundation Trust UFTO patient information leaflet, with their kind permission.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

