**Treatment Escalation Plan (TEP) FAQs**

**Why are we changing to TEP?**

The Second Annual Report of the End of Life Care Strategy (DH, 2010) (Ref 24) recognised the challenge of identifying who is approaching end of life, and acknowledged that we need to do more to improve the present situation. The previous DNACPR form (purple-edged form) commented only on resuscitation decisions, and did nothing to address the end of life care planning which is incredibly important for those who are at risk of deterioration up to and including the point of death. TEP is being introduced to help support more proactive planning for end of life care, in conjunction with the Conversation Project, and the Trust End of Life Strategy.

**What is TEP?**

The TEP form is a document that can be used to record the advanced treatment plans, including resuscitation decisions, for our patients. It will replace the current purple-edged (acute Trust) or red-edged (community Trust)forms (which only comment on resuscitation decisions) and will be rolled out across all Great Western Hospital NHS Foundation Trust sites and Swindon CCG from the 27th August 2015. Wiltshire CCG have been using TEP since December 2014, so this means that TEP will be recognised by almost all the health care providers in Wiltshire (excluding Salisbury area) including SWAST.

**How is it different from the current DNACPR form?**

TEP is designed to be a more proactive, patient centred document than our current DNACPR form. It encourages Clinicians to recognise when their patients are at risk of approaching the end of their natural life by prompting them to ask themselves “Would I be surprised if my patient was to die in the next 6-12 months?”. If the answer is “No”, or if the patient chooses to initiate a discussion about end of life provision, then the TEP form guides the Clinician through which questions to consider, in discussion with the patient, with regard to planning for the patient’s future care. A TEP form can also be filled out if the patient initiates a conversation about end of life care.

TEP covers treatment options from “Is admission to an acute hospital appropriate?” right through to “Is referral for dialysis appropriate?”, allowing the Clinician, the patient and the patient’s relatives/representatives (as appropriate) to have in-depth, frank discussions about what to expect in the future and how any deterioration in condition would be treated.

**What happens if the patient isn’t able to be part of the discussion?**

If the patient is unable to be part of the discussion because they lack capacity, TEP requires the Clinician to document their Mental Capacity Assessment of the patient on the back of the form, and provides the necessary information/flow chart to guide them through this. This may include gathering opinions from friends and family, next of kin, an appointed Health and Welfare Lasting Power of Attorney (HWLPA) or an Independent Mental Capacity Advocate (IMCA).

In the event that the patient is too critically unwell to be part of the discussion, there aren’t any relatives/NOK available to provide guidance, and the TEP/resuscitation decision(s) can’t be postponed until the patient’s condition improves then the Clinician should always act in the patient’s Best Interest and document those decisions on the TEP form and in the medical notes. As with the previous DNACPR document, the TEP form is a guidance document and shouldn’t replace clinical judgement; it is the responsibility of the most senior Clinician in charge of the patient’s care to decide what treatment is appropriate for any given episode/presentation i.e. if a patient who is currently not for resuscitation on their TEP chokes on a mint and goes into arrest as a result of the hypoxia; it would be entirely appropriate to resuscitate this patient as the TEP decision is based on health specific criteria which would not include choking.

**Who can fill it out?**

The TEP should be completed by the most senior clinician available who is in charge of the patient’s care. If this isn’t the Consultant or GP, they should countersign it as soon as possible. It should be filled out completely and legibly in black ball point pen (to make it easy to photocopy clearly). All of the sections on the front need to be completed for every form but the back of the form will only need completing for those patients who require a capacity assessment. Please remember that the patient owns the completed document and it will be given to them on discharge, so ensure you are documenting the decisions and discussions completely and accurately, whilst still being sensitive to how that information may be received by anyone who reads the form.

There will be certain Specialist Nurses who will be able to complete the TEP form, but this will be done under supervision of the appropriate GP/Consultant and countersigned by them.

Once a TEP form is completed a Medway alert should be made using the [TEP.ResusDecisions@gwh.nhs.uk](mailto:TEP.ResusDecisions@gwh.nhs.uk) address.

On discharge, the Electronic Discharge Summary TEP prompt must be completed to ensure the patient’s GP is aware that TEP discussions and decisions have been made and follow it up once the patient is home.

**Where should it be kept?**

The TEP form belongs to the patient and, ideally, should be given to them to keep.

If a new TEP form is completed for an inpatient, a photocopy should be placed in the front of the admission notes and the form returned to the patient for safe keeping.

If a patient is admitted and has a TEP form already in place a photocopy should be placed in the front of the admission notes and the original returned to the patient for safe keeping. If there is an up-to-date and correct photocopy already in the notes there is no need to take another copy.

When the patient goes home we are encouraging them to make use of the “Message in a Bottle” initiative by the Lions Club which enables them to store emergency information safely in an identified container. For more information see: <http://lionsclubs.co/lions-message-in-a-bottle/>

**What happens if the patient isn’t able to take ownership of the TEP form?**

If the patient is unable to take ownership of the form due to lack of capacity, it should be given to the most appropriate individual for safe keeping. This may be a relative, next of kin or carer for those who are in their own home; or it may be appropriate to give the form to the management of the care facility where the patient lives if they are in care.

If the patient does not wish to take the form home, or refuses to be part of this process, the TEP form should be stored in their medical notes.

**How long does the TEP decision last?**

The TEP form is designed to last for as long as it remains appropriate to the patient’s condition. There is no set period for review, but the TEP form should be reviewed:

* Every time the patient is admitted.
* Every time the patient’s care is transferred from one Consultant/GPs care to another.
* Every time the patient moves to a different care setting/ward/unit.
* Every time there is a change in their clinical condition.
* Every time the patient is discharged from hospital.

TEP is designed to be a flexible document which is adapted for each individual and should change with them as their situation/health status changes.

For example:

1. Mr Mann has early stage dementia and initiates an end of life planning discussion with his GP. After discussion with his GP and his wife Mr Mann decides that he would not like to be resuscitated should he go into arrest, but would like full and active treatment up to that point. A TEP form is completed to reflect that. As Mr Mann’s disease progresses his TEP decision is reviewed with him regularly until he no longer has the capacity to make the decisions, at which point the reviews happen with the input of his wife and GP. At his final admission the Consultant in charge of his care, following discussion with his wife, amends his TEP form to include the decisions that admission to a critical care or dialysis setting would not be appropriate.
2. Mrs Miggins is admitted with severe sepsis. She normally lives in a residential home, has type 2 diabetes, chronic renal failure and heart failure but is self caring with all of her activities of daily living. The ED Consultant, in the absence of any relatives/NoK/HWLPA, makes the decision based on the clinical evidence that Mrs Miggins should be for IV antibiotics and ward based NIV but not for escalation to critical care/dialysis and not for CPR should she go into arrest. Mrs Miggins responds well to her treatment and, by the time she is ready for discharge, she has been able to have a discussion with her Consultant and her family and the decision to reverse the TEP decisions is made, making Mrs Miggins for full active treatment once again.
3. Ms Person has MS. She has been cared for in a nursing home for most of her adult life as she has no family, requires all help with her activities of daily living including parenteral feeding, and is no longer able to communicate effectively with her carers. When she was able to communicate she had stated on several occasions that, should she fall ill, she did not want to be admitted to hospital. The GP, in conjunction with her carers and the local IMCA services , reviews her condition and fills in a TEP form that states that Ms Person should not be admitted to an acute hospital and should be allowed to die a natural death, but that the artificial feeding remains appropriate.

**Where will we store the TEP forms in my area?**

TEP forms will be delivered to all inpatient areas in the run up to the roll out on 27th August 2015. Where they get stored will be up to the team who run the individual areas. It will then be the responsibility of each area to ensure they order further copies as they would normally. The order code is GWH0283 (this is the same number previously used for the purple-edged DNACPR).

**Where can I find out more?**

First of all, have a word with your local TEP champion, they will have been given training to answer most of your questions. If that isn’t possible, or you’ve got more in depth questions you can contact the Resuscitation Team on 01793 604535 who will be able to help.

Our TEP form has been adapted from the form in use in North Devon Healthcare Trust, where they have been successfully using it for a number of years. They have a website which may be able to provide you with some extra information, which you can find here:

<http://www.devontep.co.uk/>

For more information about mental capacity please see the “Mental health, mental capacity and learning disability” section of the Trust intranet.