# Treatment Escalation Plan/Resuscitation Decision Making Framework

Would I be surprised if the patient were to die in the next 6-12 months?

Yes

No

Do they have a long term chronic disease? Should TEP/ EOL wishes be considered?

Does the patient have the mental capacity to make this decision for themselves?

Yes

Yes

No

No

Yes

Is there an Advanced Decision to Refuse Treatment (ADRT)?

Treat as required. If, however, the patient wishes to discuss End of Life / resuscitation decisions, this should be respected and facilitated.

No

Does the patient have anyone who should be consulted about their “best interest” treatment i.e PA/next of kin?

Yes

No

IMCA contacted? Are BEST INTEREST PRINCIPLES being adhered to?

Yes

Have all required discussions taken place? (Patient, Relatives, LPA, IMCA)

Treatment Escalation Plan

* Decisions about CPR are sensitive and complex and should be undertaken by experienced members of the healthcare team and documented carefully.
* Any staff member may recognise an end of life conversation is appropriate and should inform senior medical staff.
* BEST INTEREST PRINCIPLES are paramount at all times.

TEP Alert raised from clinical / GP / Community Matron

Conversation Project Alert raised

IT Action

Check TEP alert on system, if not please raise request. Email: [TEP.ResusDecision@gwh.nhs.uk](mailto:TEP.ResusDecision@gwh.nhs.uk)

TEP Alert raised from clinical area/ G.P / Community Matron. Email: [TEP.ResusDecision@gwh.nhs.uk](mailto:TEP.ResusDecision@gwh.nhs.uk)

Procedure for patients arriving at hospital with current TEP