Devon Treatment Escalation Plan & Resuscitation Decision Record (TEP)

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**Purpose**

*Aid for communication between professionals*

*As a guide to clinical care*

*Aid continuity of care approach across settings*

**Challenges**

* Application and completion of forms was variable.

* Although anecdotal evidence of benefits in clinical practice, also examples of problems e.g. missing identifying data, scant clinical rationale and lack of reference to capacity decisions and best interest discussions.

* Assumptions about level of understanding of these issues in advance of launch of TEP form.

* Some have misinterpreted the TEP form as a means to reduce unscheduled admissions. This should be a consequence of broader advance care planning with TEP forms as part of that planning.

* Confusion of dual role of form for recording resuscitation decision and TEP.

**Next steps...**

*Development of county wide multiple health setting development group, including OOH and ambulance, mental capacity and safeguarding teams.

*Development of a new form to replace all versions (there were many) of DNR forms and extend remit to include Treatment Escalation Plan.

*Agreement across all health settings to use this form (4 DGH, multiple community hospitals, care homes, and in the community).

**Lessons learned**

Application of the form has posed some problems but the form itself is a very useful tool. Without a structured education to support the introduction of this tool, there have been different interpretations of its application. A formal evaluation would inform next steps.

Issues that have been uncovered and now need to be addressed include → → →

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**TEP form is part of a range of tools to enhance delivery of excellent end of life care in Devon.** Others include:

* Countywide Advance Care Planning booklet incorporating patient wishes

* Advance decision to refuse treatment and related advice

* Early use of EPaCSS using Adastra and anticipatory prescribing (Just in Case bags).

**It was built on existing collaborative working across all sectors involved in the delivery of end of life care.**

With a broad acceptance of the approach by professionals:

* Care home staff provided enthusiastic response, felt empowered by appropriate application of TEP

* Ambulance trust staff supported the change as they value uniformity of approach

**Treatment escalation plan and resuscitation form is a means to facilitate an appropriate conversation and record that clinical guidance to enhance patient care.**

“It’s not about the form, it’s about the conversation.”

→ Education about purpose and use of tool across all care settings

→ Clarity of capacity decision making process and best interest discussions

→ Recording of those discussions and decisions in accessible format

→ Appropriate use of IT to support use of TEP form