



**DOCUMENT FOR INFORMATION ONLY**

# Treatment Escalation Plan (TEP) and Resuscitation Decision Record

**This form is for clinical guidance and it does not replace clinical judgement**

Surname:  
 First Name:  
 Hospital Number:  
 NHS Number:  
 DOB:  
*Affix patient label here or write patient details*  
 Address:

**Mental Capacity**  
 Do you have reason to doubt the capacity of the individual to be involved in making these decisions?  
 Circle: **Yes/No**

Yes →

If Yes you **must** complete the 2 stage Mental Capacity Assessment overleaf. Mental Capacity Act (2005)

**If the patient is currently very unwell or in the event their condition deteriorates**

Is admission to an acute hospital appropriate?	Yes	No	<b>Acute setting only</b>		
Are IV fluids appropriate?	Yes	No	Is ward non-invasive ventilation appropriate?	Yes	No
Are antibiotics appropriate?	Yes	No	Is a referral to critical care appropriate?	Yes	No
Is artificial feeding appropriate?	Yes	No	Is a referral for dialysis appropriate?	Yes	No
Is deactivation of Implantable Cardioverter Defibrillator (ICD) appropriate?	Yes	No			

**In the event of a cardiorespiratory arrest this patient is:**

**FOR RESUSCITATION**  Tick

Sign: .....

Date: ..... Time: .....

**DO NOT ATTEMPT RESUSCITATION (DNACPR)**  Tick

Name: .....

Role: ..... GMC No: .....

**Document rationale/ Best Interest for treatment decisions and resuscitation status (be as specific as possible).**

Has the Treatment Escalation Plan and resuscitation decision been discussed with the patient? Circle: **Yes/ No**  
 If no, document reason: .....

Have the treatment decisions been discussed with the patient's relatives/ NOK / carers? Circle: **Yes/ No**  
 If no, document reason: .....

Provide a brief summary of what was discussed and with whom:  
 .....

Date: ..... Time: .....

**All treatment decisions above should be reviewed as the patient's clinical condition changes**

Documentation that TEP form has been completed in medical notes. Circle: **Yes/ No**

If appropriate, has the Electronic Palliative Care Coordination System (EPaCCS) register been updated? Circle: **Yes/ No**

Date this document was discontinued: .....

Signed: .....

Role: ..... GMC No: .....

**"On discharge, if appropriate and the patient and or family have been informed of the decisions, then the original form should accompany the patient and a photocopy should remain in the patient's medical notes"**

## Mental Capacity Assessment

The Mental Capacity Act ( 2005) requires you to assume that individuals have capacity, unless you suspect the person has an impairment or disturbance of the mind or brain. It also requires any assessment to be decision specific. If you suspect someone lacks capacity you are required to complete the 2 stage Mental Capacity Assessment.

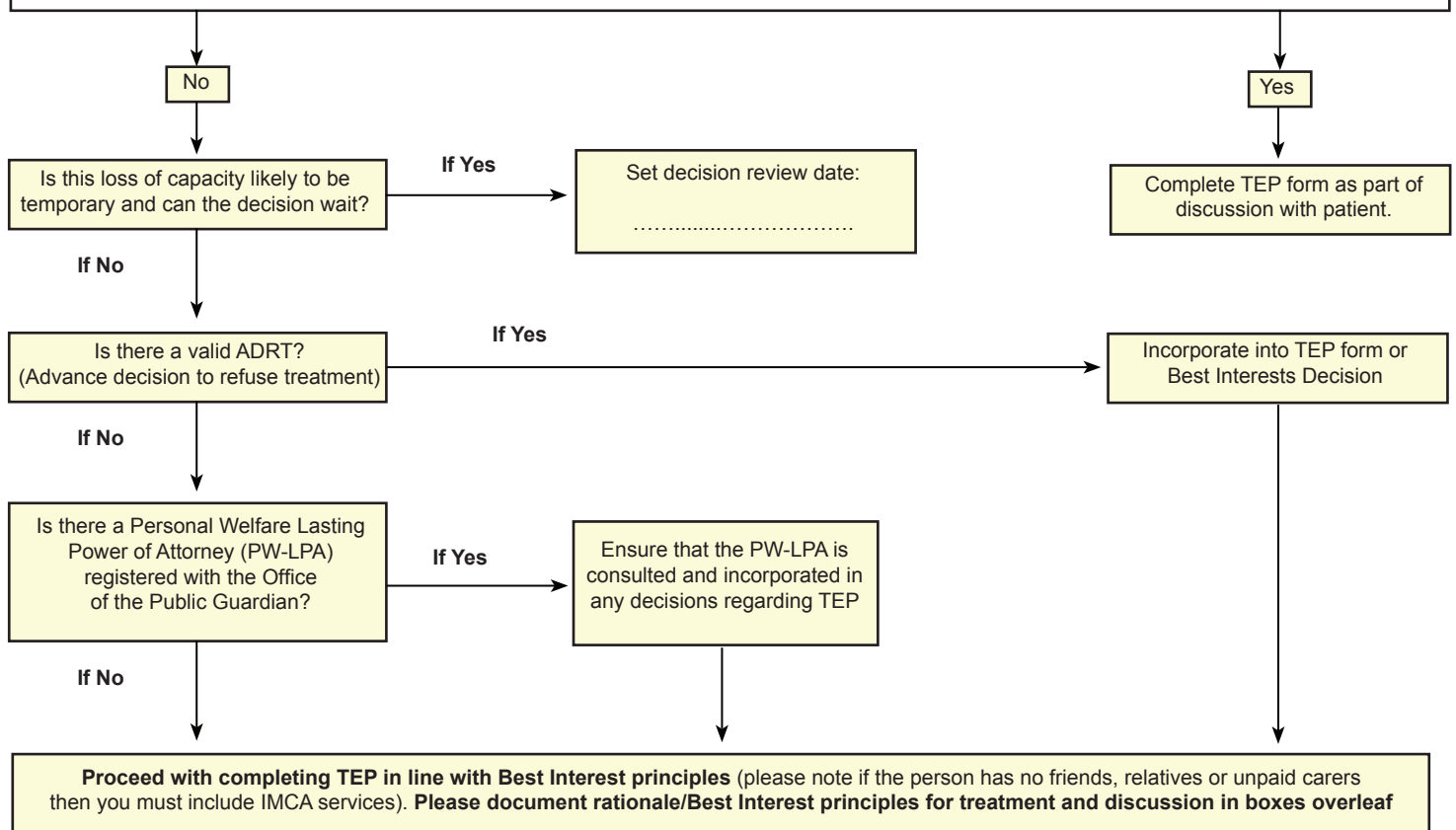
### Stage 1:

Document the reason you believe the individual has an impairment or disturbance of the functioning of the mind or brain.

Reason;.....

Stage 2: Can the individual:	Yes	No
1. Understand information about the decision to be made?		
2. Retain that information in their mind?		
3. Use or weigh that information as part of the decision making process?		
4. Communicate their decision (by talking, using sign language or any other means)?		

### Is the response yes to all four Stage 2 questions?



### This form should be completed legibly in black ball point ink

- Complete patient details or affix the patient's identification label to the top right hand corner
- The date and time of writing the form should be entered
- This form will be regarded as 'INDEFINITE' unless it is clearly cancelled
- The form should be reviewed whenever clinically appropriate or whenever the patient is transferred from one healthcare setting to another, and admitted from home or discharged home
- The TEP V10 Guidance can be found on the Devon TEP website ([www.devontep.co.uk](http://www.devontep.co.uk))

### If following clinical review, treatment decisions are changed:

- Clearly score through this form, then sign and date the discontinuation box overleaf
- File at the back of the patient's medical notes
- Document the change of decision in the patient's medical notes
- Complete a new form and insert in the patient's medical notes

**“On discharge, if appropriate and the patient and or family have been informed of the decisions, then the original form should accompany the patient and a photocopy should remain in the patient's medical notes”**