



# Treatment Escalation Plans

Making the right decisions when  
you are ill in hospital.

Information for people over the age of 18  
receiving healthcare, their families and carers.



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This leaflet tells you about what can happen if you get ill in hospital.

Some things in this leaflet may make you feel upset.



When people become ill, they may go into hospital.

Doctors and nurses try to make them better.



It can be very hard to think about getting ill. It's ok to be worried or upset.

Doctors, nurses, your carers and family can help you.



Sometimes people become so ill that they will never get better.

If you are really ill, doctors or other people who are caring for you, like nurses, will talk to you about what they can do to help you.

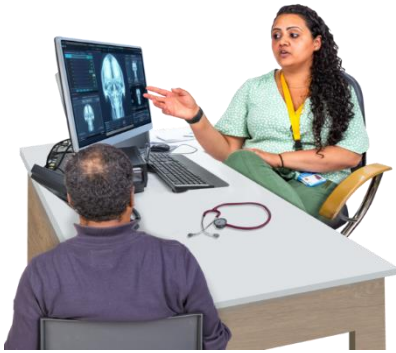
The Hospital has a form called a Treatment Escalation Plan. This is sometimes called a TEP for short.



This form helps the doctor or people who are caring for you, to talk to you about what treatment may help and what will not help if you become very ill when you are in hospital.



You can say yes or no to the treatment the doctor or other people talk to you about.



Talking about your care and treatment will help you to try and understand the decisions the doctors and nurses think will be best for you.

Your family and carers can be with you if you want them to be.



The doctor or other people caring for you, will talk to you about whether they can make you better and what treatment would be best for you.

You can ask questions about the treatment, like will it work.



They will ask you questions and fill in the form.

You can tell them if you do not understand anything, and they will explain things to you.



If you want to have the treatment the doctor or other people caring for you talk to you about, you can say yes and if you do not want it, you can say no.



The doctor or other people caring for you will talk to you about taking medicine and whether you want to keep taking this to try and make you better.

They might tell you that the medicine is (or is not) making you better anymore.



Doctors or other people caring for you may talk to you about whether they think it's a good idea for you to have tubes in your arm. Tubes are fitted to a needle that goes into your arm. This is called a cannula.

This video shows you what happens if you have a cannula in hospital.



Sometimes these tubes can make it easier to give you medicines or water, but they can be uncomfortable.

You can say yes or no.



If you are finding it hard to breathe, the doctor or other people caring for you will talk to you about what may make you feel better.

Some medicines may help.



Sometimes, when people are really ill, they may have something called ventilation to help them breathe.

This could mean having to wear a face mask that is connected to a machine called a ventilator. Some people find this uncomfortable.



Sometimes, when people are very ill, their heart may stop beating. The doctor or other people caring for you will talk to you and your family about trying to restart your heart. This is called CPR.

CPR means Cardio Pulmonary Resuscitation.



CPR does not always work and sometimes, it may not help people who are very ill.

The doctor or other people caring for you will talk to you and your family about this.



It is really important that you, your family and your carers are involved in the discussions about what would help you. You can say yes or no. The doctor or other people caring for you will write what would help you and what you think about it on the form.



You can discuss whatever you want with the doctor or other people caring for you, and you can ask questions if you do not understand anything.



If you are very ill and cannot say what you want, people who know you and you trust can talk to the doctor or other people caring for you about what they think you would want.

Dignity and Compassion in Care

**NO LONGER VALID AFTER DISCHARGE FROM HOSPITAL**

Admission date: \_\_\_\_\_  
 Discharge date: \_\_\_\_\_

**Treatment Escalation Plan**  
*(To be used for all current, adult A&E/HD inpatients)*

This is not a legally binding document but a guide/handover and does not replace clinical judgement. It should be taken into account within the specific clinical context.

Please affix patient label:  
 Name: \_\_\_\_\_  
 CRN: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_

For CPR and full treatment escalation

**Not for CPR**  (Completes All Wards DNACPR) Please indicate the ceiling of treatment by marking a tick across the top row that is to be offered and the bottom row that is not to be offered.

**Co-Morbidity Burden/Function** Clinical Frailty Scale (1-5) (refer to CPR page NICE guidance on page 4)

Discussion with critical care	Doctor's signature	Date
CCU admission/ Ward based NIV		
Transfer to GUH		
Transfer to ELGH		
Active ward based care		
Symptomatic care		

**Rationale for decision:** Treatment above this ceiling would cause harm to patient not be successful. The patient has capacity and has declined treatment above this level. The treatment is not in keeping with an existing advance decision to refuse treatment or Risk Care Plan. The patient lacks capacity and an appointed decision maker of evidence based guidance above this level.

Nursing staff informed: Name of nursing staff: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor completing form: Name: \_\_\_\_\_ GMC no: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_  
 Consultant endorsing form: Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_  
 Review of escalation plan / Second consultant opinion: Signature: \_\_\_\_\_ GMC no: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

New complete page 2 of this form.

Once you have a TEP that you agree with, the doctor or other people caring for you will put this plan at the front of your hospital notes.

This will help other doctors and nurses give you the right care and treatment.



You and your family can ask to discuss your plan if you get better or if you get more ill.



If you or your family are not happy with the decisions, you can talk to the doctor or other people caring for you.




If you are still not happy, you or your family can speak to someone else about this.

This can be someone you trust or an advocate or third party.


You or your family can also ask for a second opinion from another doctor.



You can also contact the Patient Advice and Liaison Team who will help you to solve your concerns.

 01633 493753



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