

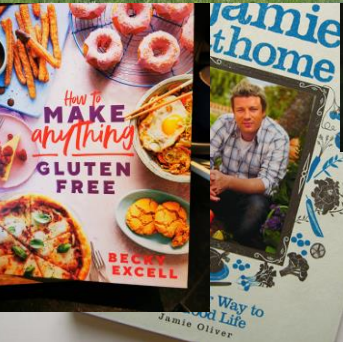
# What Matters Conversations

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## Planning Ahead

What matters most to you?

Provided by hospice<sup>uk</sup>

Welcome to our 'Planning Ahead' tool.

All our lives we prefer to make choices about the way we live, and we make these choices based on what matters most to us. Everyone is different, and their choices are different, too.

If we meet health problems in the future, we will want to make choices about how we are treated. Sometimes there are lots of options and sometimes options are limited, but we will still make our decisions based on what matters most to us.

Sometimes, people don't feel well enough to choose at the time when important health-care decisions need to be made. This tool is about thinking ahead about some of those choices, so you can decide what matters most to you and consider some of those choices ahead of time.

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What are your personal priorities?

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Who can use this tool?

## When CPR is undesirable

For someone who is already clearly dying, CPR will not help.

If someone is so sick that they are close to death, then a series of things will happen.

In this situation, we are talking about dying. The heart stops last. Everything else has stopped. The heart can't be re-started. CPR will not change anything. It will not rescue someone from anticipated dying. CPR is not a treatment for them now.

If someone is otherwise well, has relatively healthy organs and their heart stops suddenly and unexpectedly, then CPR may save their life. The healthiest people have around a 10% chance of surviving (slightly higher if they are already in hospital), although many won't ever be well again.

- I would prefer my medical advisers to tell me if they believe CPR would not be an effective treatment for me.
- I would prefer my medical advisers NOT to tell me if they believe CPR would not be an effective treatment for me.

Surname:

First Name:

Hospital Number:

NHS Number:

Address:

DOB:

### Treatment Escalation Plan (TEP)

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

<p><b>Mental Capacity</b></p> <p>Do you believe the patient has capacity to be involved in making these decisions?</p>	<p><b>No</b> →</p>	<p>If No you <b>must</b> complete the 2 stage Mental Capacity Assessment on page 2. Mental Capacity Act (2005).</p>
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**If the patient is currently very unwell or in the event their condition deteriorates:**

For full active treatment (including hospital admission) if required	Yes	No	<b>Acute setting only</b>		
Focus of care is at home but hospital admission may be required for management of symptoms	Yes	No	For consideration of full intervention (including critical care/ICU support) if required	Yes	No
For home-based care focusing on management of symptoms and comfort measures	Yes	No	For active ward-based care but not for ICU admission	Yes	No
			For ward-based care focusing on management of symptoms and comfort measures	Yes	No
Are there any other Advance Care Planning documents in place? <b>If yes, what?</b>					

**In the event of a cardiopulmonary arrest:**

<b>ATTEMPT CARDIOPULMONARY RESUSCITATION</b>	Tick	Date: <input type="text"/>	Time: <input type="text"/>
<b>ALLOW A NATURAL DEATH</b> <small>(DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION)</small>	Tick	Name: <input type="text"/>	Role: <input type="text"/>
		GMC/NMC No: <input type="text"/>	

Provide a summary of how you and the patient/advocate have come to these decisions **(be as specific as possible)**:

Has the treatment escalation plan and resuscitation decision been discussed with the patient/patient's relatives/next of kin/carers? Yes No

If no, document reason:

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. Yes No

On discharge, if appropriate and the patient 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.

Date this document was reviewed (if required):

Name of reviewer/signature:

Role:  GMC/NMC No:

**yes** ↓

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