

CPR & Treatment Escalation Plan Examples on Cerner

List of example 'gold-standard' CPR & Treatment Escalation Plan in Adults forms for different clinical scenarios.

FOR TRAINING PURPOSES ONLY

Contents

Dementia.....	2
Oncology - Last weeks to Months.....	3
Oncology - Last hours to days.....	4
COPD.....	5
MI/Heart failure.....	6
CVA.....	7
Multiple morbidities/frailty.....	8
Motor Neurone Disease.....	9

Dementia

ZZZTRAINING, ALEX
NHS: MRN: 40072337

CPR & Treatment Escalation Plan In Adults

Relevant information about the diagnosis, current health status, ability to communicate and reasons for the chosen plan

Segoe UI
9

Alzheimers diagnosed in 2009, bedbound, doubly incontinent, non verbal and very limited ability to communicate. Repeated admissions for aspiration pneumonia. Poor swallow is related to her advanced dementia and is irreversible. Mrs X has a risk-feeding plan agreed with family members and continued aspiration is likely. Mrs X is likely to be in the last 3 months of life due to a non reversible condition. If her heart stops, CPR would have no reasonable chance of success

In the event of clinical deterioration, the following CPR and TREATMENT ESCALATION PLAN has been discussed and agreed. This should be used as a clinical guide and is NOT a substitute for on-going consultation and shared decision-making.

Clinically indicated treatments*

Segoe UI
9

Examples of indicated treatments in any given scenario that need to be considered: analgesia, comfort care, oral antibiotics, oxygen by mask or nasal specs, intravenous antibiotics, intravenous fluids, CPAP/NIV/intubation, inotropes, renal replacement therapy, insertion of nasogastric tube for feeding or medication

Treatments* NOT considered clinically indicated

Segoe UI
9

Inappropriate treatments may include: intravenous antibiotics, intravenous fluids, CPAP/NIV/intubation, inotropes, renal replacement therapy, insertion of nasogastric tube for feeding or medication

*Examples of Treatment options for consideration: CPAP/NIV/ Intubation, inotrope support, invasive monitoring, central vascular access, IV Fluids, Oral/IV antibiotics, NG/PEG feeding, Blood transfusion, renal replacement, blood tests, surgery, palliative care.

In the event of CARDIO PULMONARY Arrest, the patient:

IS for CPR
 IS NOT for CPR

Summary of communication with the patient: This should include expectations and future wishes for treatment and care.

Segoe UI
10

Because of severe dementia patient lacks capacity to discuss.

Summary of communication with patient's relatives, carers, person with legal power of attorney for health or IMCA; this should include expectations and future wishes for treatment and care.

Segoe UI
10

being treated with intravenous antibiotics and fluids. Should she become less well, it would not be in her best interests to give intravenous treatment and we would concentrate on keeping her comfortable and let her die in comfort and dignity. Her family understand the situation and wish her comfort to be prioritised.

Oncology - Last weeks to Months

ZZZTRAINING, ALEX
NHS: MRN: 40072337

CPR & Treatment Escalation Plan In Adults

Relevant information about the diagnosis, current health status, ability to communicate and reasons for the chosen plan

Segoe UI | 9 |

Carcinoma of the oesophagus diagnosed 3 months ago, newly diagnosed liver metastases last week. Awaiting palliative chemotherapy but prognosis short months at best. Mr C fully aware of diagnosis and prognosis. Due to advanced metastatic cancer, CPR would have no reasonable chance of success in event heart stops.

In the event of clinical deterioration, the following CPR and TREATMENT ESCALATION PLAN has been discussed and agreed. This should be used as a clinical guide and is NOT a substitute for on-going consultation and shared decision-making.

Clinically indicated treatments*

Segoe UI | 9 |

Examples of indicated treatments in any given scenario that need to be considered: analgesia, comfort care, oral antibiotics, oxygen by mask or nasal specs, intravenous antibiotics, intravenous fluids, CPAP/NIV/intubation, inotropes, renal replacement therapy, insertion of nasogastric tube for feeding or medication

Treatments* NOT considered clinically indicated

Segoe UI | 9 |

Inappropriate treatments may include: intravenous antibiotics, intravenous fluids, CPAP/NIV/intubation, inotropes, renal replacement therapy, insertion of nasogastric tube for feeding or medication

*Examples of Treatment options for consideration: CPAP/NIV/ Intubation, inotrope support, invasive monitoring, central vascular access, IV Fluids, Oral/IV antibiotics, NG/PEG feeding, Blood transfusion, renal replacement, blood tests, surgery, palliative care.

In the event of CARDIO PULMONARY Arrest, the patient:

IS for CPR IS NOT for CPR

Summary of communication with the patient: This should include expectations and future wishes for treatment and care.

Segoe UI | 10 |

Mr C aware of non-curative disease and prognosis of short months at best. Agreed we will continue to treat him for reversible conditions, including within a level 2 environment if required (e.g inotropes, NIV). Agreed he would not benefit from intubation or treatment which would involve escalation to a level 3 environment (e.g. ICU). If he deteriorates to the point that he is dying, he would like to be transferred to a hospice for end of life care.

Summary of communication with patient's relatives, carers, person with legal power of attorney for health or IMCA; this should include expectations and future wishes for treatment and care.

Segoe UI | 10 |

Son P and 2 daughters M and R, aware of non-curative disease and prognosis of short months at best. Aware we will continue to treat him for reversible conditions, including within a level 2 environment if required (e.g inotropes, NIV). Aware he would not benefit from intubation or treatment which would involve escalation to a level 3 environment (e.g. ICU). Want Mr C to be comfortable and at hospice for end of life if possible.

Oncology - Last hours to days

ZZZTRAINING, ALEX
NHS: MRN: 40072337

CPR & Treatment Escalation Plan In Adults

Relevant information about the diagnosis, current health status, ability to communicate and reasons for the chosen plan

Segoe UI
9
🗑️ ✂️ 📄 📁
B U I S
☰ ☰ ☰

NSCLC diagnosed 2018, with recent disease progression in liver, lung, brain mets (Feb 2020.) Admitted with fits managed with oral Levetiracetam. He is now bed bound, cachectic and remains confused. Prognosis is likely to be days to weeks at best. CPR will have no reasonable chance of success in restarting the heart in this situation due to advanced metastatic cancer.

In the event of clinical deterioration, the following CPR and TREATMENT ESCALATION PLAN has been discussed and agreed. This should be used as a clinical guide and is NOT a substitute for on-going consultation and shared decision-making.

Clinically indicated treatments*

Segoe UI
9
🗑️ ✂️ 📄 📁
B U I S
☰ ☰ ☰

Examples of indicated treatments in any given scenario that need to be considered: analgesia, comfort care, oral antibiotics, oxygen by mask or nasal specs, intravenous antibiotics, intravenous fluids, CPAP/NIV/intubation, inotropes, renal replacement therapy, insertion of nasogastric tube for feeding or medication

Treatments* NOT considered clinically indicated

Segoe UI
9
🗑️ ✂️ 📄 📁
B U I S
☰ ☰ ☰

Inappropriate treatments may include: intravenous antibiotics, intravenous fluids, CPAP/NIV/intubation, inotropes, renal replacement therapy, insertion of nasogastric tube for feeding or medication

*Examples of Treatment options for consideration: CPAP/NIV/ Intubation, inotrope support, invasive monitoring, central vascular access, IV Fluids, Oral/IV antibiotics, NG/PEG feeding, Blood transfusion, renal replacement, blood tests, surgery, palliative care.

In the event of CARDIO PULMONARY Arrest, the patient: IS for CPR IS NOT for CPR

Summary of communication with the patient: This should include expectations and future wishes for treatment and care.

Segoe UI
10
🗑️ ✂️ 📄 📁
B U I S
☰ ☰ ☰

Patient is intermittently confused and agitated and has difficulty retaining information. Attempts to communicate with Mr P about his condition has failed due to his poor cognition.

Summary of communication with patient's relatives, carers, person with legal power of attorney for health or IMCA; this should include expectations and future wishes for treatment and care.

Segoe UI
10
🗑️ ✂️ 📄 📁
B U I S
☰ ☰ ☰

Wife, Mrs P, has been told that the patient has advanced cancer, with lung, liver, bone and brain mets. He is nearing the end of his life and we are aiming to keep him comfortable and pain free. If he becomes unable to swallow, we will give him medications via a continuous subcutaneous infusion (syringe driver) to prevent him from fitting and to ensure he remains pain free. When his heart stops we will allow him to die with dignity and in comfort. Attempts to restart his heart will not work and therefore we will not attempt them. She is in full agreement and wishes him to be

COPD

ZZZTRAINING, ALEX
NHS: MRN: 40072337

CPR & Treatment Escalation Plan In Adults

Relevant information about the diagnosis, current health status, ability to communicate and reasons for the chosen plan

Segue UI | 9 | | **B U I S**

Long history severe COPD. Multiple admissions to hospital over past 9 months with infective exacerbations, responding initially to antibiotics, but gradual continuous decline in health and function. Prognosis now likely short months at best. CPR unlikely to be successful if heart stops given severity of lung disease.

In the event of clinical deterioration, the following CPR and TREATMENT ESCALATION PLAN has been discussed and agreed. This should be used as a clinical guide and is NOT a substitute for on-going consultation and shared decision-making.

Clinically indicated treatments*

Segue UI | 9 | | **B U I S**

Examples of indicated treatments in any given scenario that need to be considered: analgesia, comfort care, oral antibiotics, oxygen by mask or nasal specs, intravenous antibiotics, intravenous fluids, CPAP/NIV/intubation, inotropes, renal replacement therapy, insertion of nasogastric tube for feeding or medication

Treatments* NOT considered clinically indicated

Segue UI | 9 | | **B U I S**

Inappropriate treatments may include: intravenous antibiotics, intravenous fluids, CPAP/NIV/intubation, inotropes, renal replacement therapy, insertion of nasogastric tube for feeding or medication

*Examples of Treatment options for consideration: CPAP/NIV/ Intubation, inotrope support, invasive monitoring, central vascular access, IV Fluids, Oral/IV antibiotics, NG/PEG feeding, Blood transfusion, renal replacement, blood tests, surgery, palliative care.

In the event of CARDIO PULMONARY Arrest, the patient:

IS for CPR IS NOT for CPR

Summary of communication with the patient: This should include expectations and future wishes for treatment and care.

Segue UI | 10 | | **B U I S**

Patient has severe respiratory disease and is no longer benefiting from treatment . After each infective exacerbation in the last few months, she has not been able to get back to her normal function, and we would anticipate this decline to continue. She would not benefit from intubation as she would be unlikely to breathe unaided again. We will give antibiotics if there is a reversible element to her condition, and will give her other palliative treatments to help her breathing for example opnioids and nebulisers. She understands her current position and wishes to avoid

Summary of communication with patient's relatives, carers, person with legal power of attorney for health or IMCA; this should include expectations and future wishes for treatment and care.

Segue UI | 10 | | **B U I S**

Mr S involved in conversation as documented with his wife. He understands and agrees with the documented plan. He wishes his wife to be comfortable.

MI/Heart failure

ZZZTRAINING, ALEX
NHS: MRN: 40072337

CPR & Treatment Escalation Plan In Adults

Relevant information about the diagnosis, current health status, ability to communicate and reasons for the chosen plan

Segue UI **B** U / *I* ~~S~~

Heart failure NYHA 4. LVEF 20%. CKD EGFR 25. Multiple recent admissions with heart failure in recent months, challenging balance between heart failure and kidney failure. Mr T hates being in hospital and wishes to stay at home. He understands that CPR will have no reasonable chance of success if his heart stops.

In the event of clinical deterioration, the following CPR and TREATMENT ESCALATION PLAN has been discussed and agreed. This should be used as a clinical guide and is NOT a substitute for on-going consultation and shared decision-making.

Clinically indicated treatments*

Segue UI **B** U / *I* ~~S~~

Examples of indicated treatments in any given scenario that need to be considered: analgesia, comfort care, oral antibiotics, oxygen by mask or nasal specs, intravenous antibiotics, intravenous fluids, CPAP/NIV/intubation, inotropes, renal replacement therapy, insertion of nasogastric tube for feeding or medication

Treatments* NOT considered clinically indicated

Segue UI **B** U / *I* ~~S~~

Inappropriate treatments may include: intravenous antibiotics, intravenous fluids, CPAP/NIV/intubation, inotropes, renal replacement therapy, insertion of nasogastric tube for feeding or medication

*Examples of Treatment options for consideration: CPAP/NIV/ Intubation, inotrope support, invasive monitoring, central vascular access, IV Fluids, Oral/IV antibiotics, NG/PEG feeding, Blood transfusion, renal replacement, blood tests, surgery, palliative care.

In the event of CARDIO PULMONARY Arrest, the patient:

IS for CPR IS NOT for CPR

Summary of communication with the patient: This should include expectations and future wishes for treatment and care.

Segue UI **B** U / *I* ~~S~~

Pt fully informed of current situation. He has fluctuating level of understanding and insight but is consistent with his wishes to stay at home.

Summary of communication with patient's relatives, carers, person with legal power of attorney for health or IMCA; this should include expectations and future wishes for treatment and care.

Segue UI **B** U / *I* ~~S~~

Family understand that he has severe damage to heart muscle and that his heart is unable to pump adequately. We will support him as much as we can but both his heart and kidneys have been affected and the outlook is very poor. He is too unwell to benefit from CPR or intubation. They are keen to support his wish to die at home

CVA

ZZZTRAINING, ALEX
NHS: MRN: 40072337

CPR & Treatment Escalation Plan In Adults

Relevant information about the diagnosis, current health status, ability to communicate and reasons for the chosen plan

Segoe UI | 9 | **B** U / I / S

Large MCA bleed May 2020. Dense hemiparesis. Dysphagia. Fluctuating level of consciousness. Unable to communicate clearly. Very unlikely to ever regain a level of functioning above where he is now. CPR is therefore unlikely to be in his best interests.

In the event of clinical deterioration, the following CPR and TREATMENT ESCALATION PLAN has been discussed and agreed. This should be used as a clinical guide and is NOT a substitute for on-going consultation and shared decision-making.

Clinically indicated treatments*

Segoe UI | 9 | **B** U / I / S

Examples of indicated treatments in any given scenario that need to be considered: analgaesia, comfort care, oral antibiotics, oxygen by mask or nasal specs, intravenous antibiotics, intravenous fluids, CPAP/NIV/intubation, inotropes, renal replacement therapy, insertion of nasogastric tube for feeding or medication

Treatments* NOT considered clinically indicated

Segoe UI | 9 | **B** U / I / S

Inappropriate treatments may include: intravenous antibiotics, intravenous fluids, CPAP/NIV/intubation, inotropes, renal replacement therapy, insertion of nasogastric tube for feeding or medication

*Examples of Treatment options for consideration: CPAP/NIV/ Intubation, inotrope support, invasive monitoring, central vascular access, IV Fluids, Oral/IV antibiotics, NG/PEG feeding, Blood transfusion, renal replacement, blood tests, surgery, palliative care.

In the event of **CARDIO PULMONARY Arrest**, the patient:

IS for CPR IS NOT for CPR

Summary of communication with the patient: This should include expectations and future wishes for treatment and care.

Segoe UI | 10 | **B** U / I / S

Pt lacks capacity to discuss.

Summary of communication with patient's relatives, carers, person with legal power of attorney for health or IMCA; this should include expectations and future wishes for treatment and care.

Segoe UI | 10 | **B** U / I / S

Family have been told that patient has had a large stroke. His condition is unlikely to improve and he will not return to his previous level of function. It is likely he will deteriorate further. Family agreed that he would not want to live with the level of disability that he now has, and if there is no chance of recovery they would like him to die in peace and comfort.

Multiple morbidities/frailty

ZZZTRAINING, ALEX
NHS: MRN: 40072337

CPR & Treatment Escalation Plan In Adults

Relevant information about the diagnosis, current health status, ability to communicate and reasons for the chosen plan

Segoe UI **B U I S**

90 year old lady, hypertension, mild cognitive impairment, diabetes, COPD, hypothyroidism, chronic venous leg ulcers, admitted in March 2020 from care home, vomiting and decreased mobility. COVID positive but no respiratory symptoms. Gradual improvement and able to transfer with two, eating small amounts, but remains below baseline. Given multiple conditions and frailty CPR unlikely to be successful if heart were to stop.

In the event of clinical deterioration, the following CPR and TREATMENT ESCALATION PLAN has been discussed and agreed. This should be used as a clinical guide and is NOT a substitute for on-going consultation and shared decision-making.

Clinically indicated treatments*

Segoe UI **B U I S**

Examples of indicated treatments in any given scenario that need to be considered: analgesia, comfort care, oral antibiotics, oxygen by mask or nasal specs, intravenous antibiotics, intravenous fluids, CPAP/NIV/intubation, inotropes, renal replacement therapy, insertion of nasogastric tube for feeding or medication

Treatments* NOT considered clinically indicated

Segoe UI **B U I S**

Inappropriate treatments may include: intravenous antibiotics, intravenous fluids, CPAP/NIV/intubation, inotropes, renal replacement therapy, insertion of nasogastric tube for feeding or medication

*Examples of Treatment options for consideration: CPAP/NIV/ Intubation, inotrope support, invasive monitoring, central vascular access, IV Fluids, Oral/IV antibiotics, NG/PEG feeding, Blood transfusion, renal replacement, blood tests, surgery, palliative care.

In the event of CARDIO PULMONARY Arrest, the patient:

IS for CPR IS NOT for CPR

Summary of communication with the patient: This should include expectations and future wishes for treatment and care.

Segoe UI **B U I S**

Discussion as per family box below happened with Mrs H present, but very unclear how much she understood despite assistance given to support this.

Summary of communication with patient's relatives, carers, person with legal power of attorney for health or IMCA; this should include expectations and future wishes for treatment and care.

Segoe UI **B U I S**

Daughter K, informed that patient has multiple co-morbidities and has recently been very unwell. Because of her underlying frail state and recent severe infection, she has only made a limited recovery. In addition, a small deterioration in one of her other health issues could easily cause a very significant overall deterioration. As she is so frail, active aggressive treatment will not benefit her. She is therefore for ward based care only with oral antibiotics if necessary. Venous access is very difficult and will cause her unnecessary suffering. The main aim of our care is to ensure

Motor Neurone Disease

ZZZTRAINING, ALEX
NHS: MRN: 40072337

CPR & Treatment Escalation Plan In Adults

Relevant information about the diagnosis, current health status, ability to communicate and reasons for the chosen plan

Segoe UI | 9 | **B U I S**

MND diagnosed late 2019. Rapidly progressive disease. Now bed bound. Urinary catheter. Incontinent of faeces. PEG fed. On home NIV. Admitted because family no longer able to look after him at home. Able to verbally communicate with difficulty. In last week has stated consistently that he wants to die and does not want any treatment to prolong his life. Has been using NIV at home and wants to continue with this as *relieves his breathlessness. He does not wish CPR nor would it be successful if his heart were to stop.*

In the event of clinical deterioration, the following CPR and TREATMENT ESCALATION PLAN has been discussed and agreed. This should be used as a clinical guide and is NOT a substitute for on-going consultation and shared decision-making.

Clinically indicated treatments*

Segoe UI | 9 | **B U I S**

Examples of indicated treatments in any given scenario that need to be considered: analgaesia, comfort care, oral antibiotics, oxygen by mask or nasal specs, intravenous antibiotics, intravenous fluids, CPAP/NIV/intubation, inotropes, renal replacement therapy, insertion of nasogastric tube for feeding or medication

Treatments* NOT considered clinically indicated

Segoe UI | 9 | **B U I S**

Inappropriate treatments may include: intravenous antibiotics, intravenous fluids, CPAP/NIV/intubation, inotropes, renal replacement therapy, insertion of nasogastric tube for feeding or medication

*Examples of Treatment options for consideration: CPAP/NIV/ Intubation, inotrope support, invasive monitoring, central vascular access, IV Fluids, Oral/IV antibiotics, NG/PEG feeding, Blood transfusion, renal replacement, blood tests, surgery, palliative care.

In the event of CARDIO PULMONARY Arrest, the patient:

IS for CPR IS NOT for CPR

Summary of communication with the patient: This should include expectations and future wishes for treatment and care.

Segoe UI | 10 | **B U I S**

Mr Z in agreement that the aim of treatment should be to make him comfortable and that he does not want any antibiotics or any other treatment that would prolong his life.

Summary of communication with patient's relatives, carers, person with legal power of attorney for health or IMCA; this should include expectations and future wishes for treatment and care.

Segoe UI | 10 | **B U I S**

Mrs Z and daughter C, has been told that we will concentrate on keeping the patient comfortable and will not give him any treatment that might prolong his life, in accordance with his stated wishes. They are in full agreement with this but iterated that they cannot support him at home.