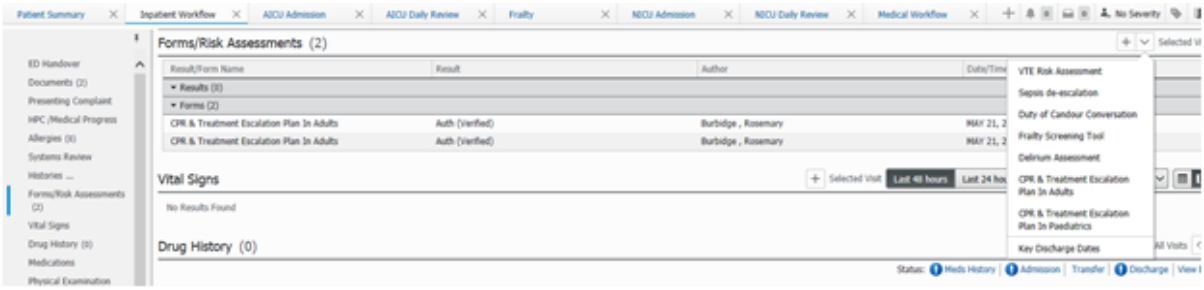
How to create a CPR & Treatment Escalation Plan on Cerner

A new CPR & Treatment Escalation Plan should be created on each new admission and each time it is altered clinically within the same admission.

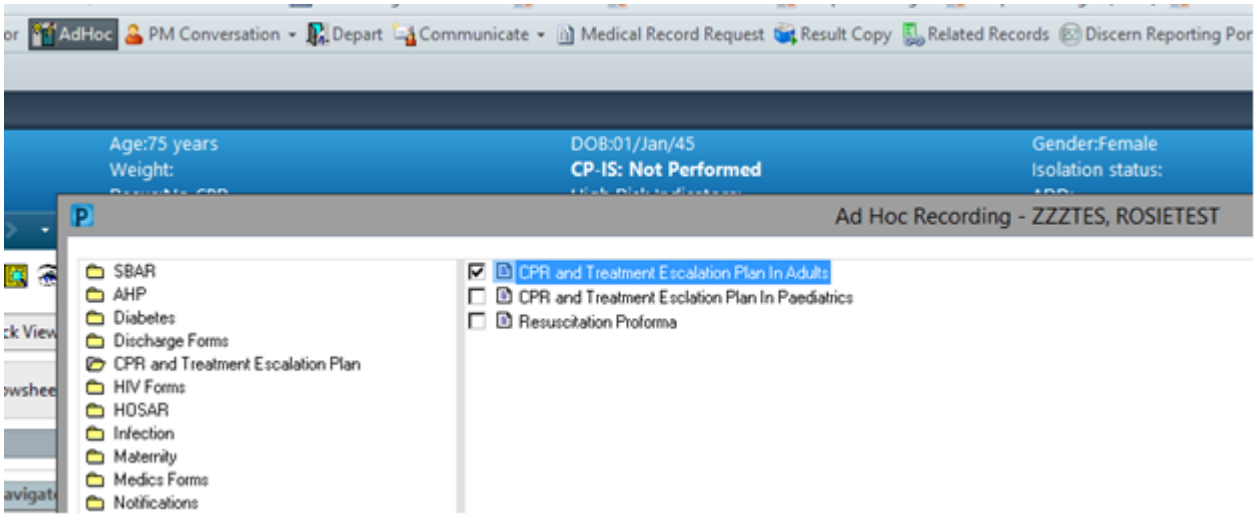
Trust policy requires CPR & Treatment Escalation decisions to be made by a consultant.

Where a consultant is not immediately available but a decision is required urgently, it may be made by a doctor of ST3 or above. Junior doctors below the grade of ST3 **must not** make CPR & treatment escalation decisions.

1) Open the CPR & Treatment Escalation Plan Form from the Forms/Risk Assessment section in the Inpatient Workflow M-Page



or using the ad hoc folder

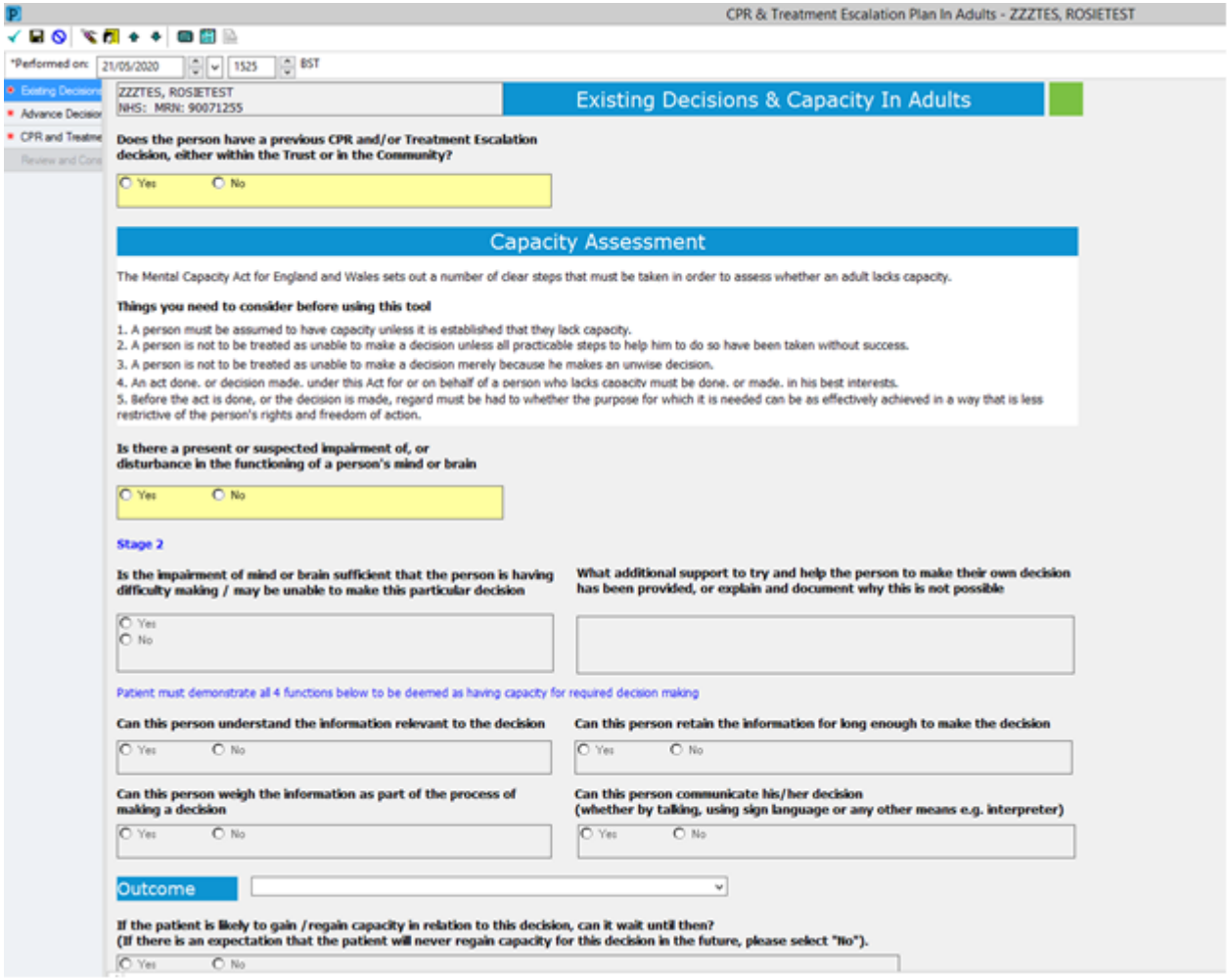


2) **Section 1: Existing decisions and Capacity in Adults**

a. Document a formal mental capacity assessment regarding the patient's ability to be involved in a CPR & Treatment Escalation decision.

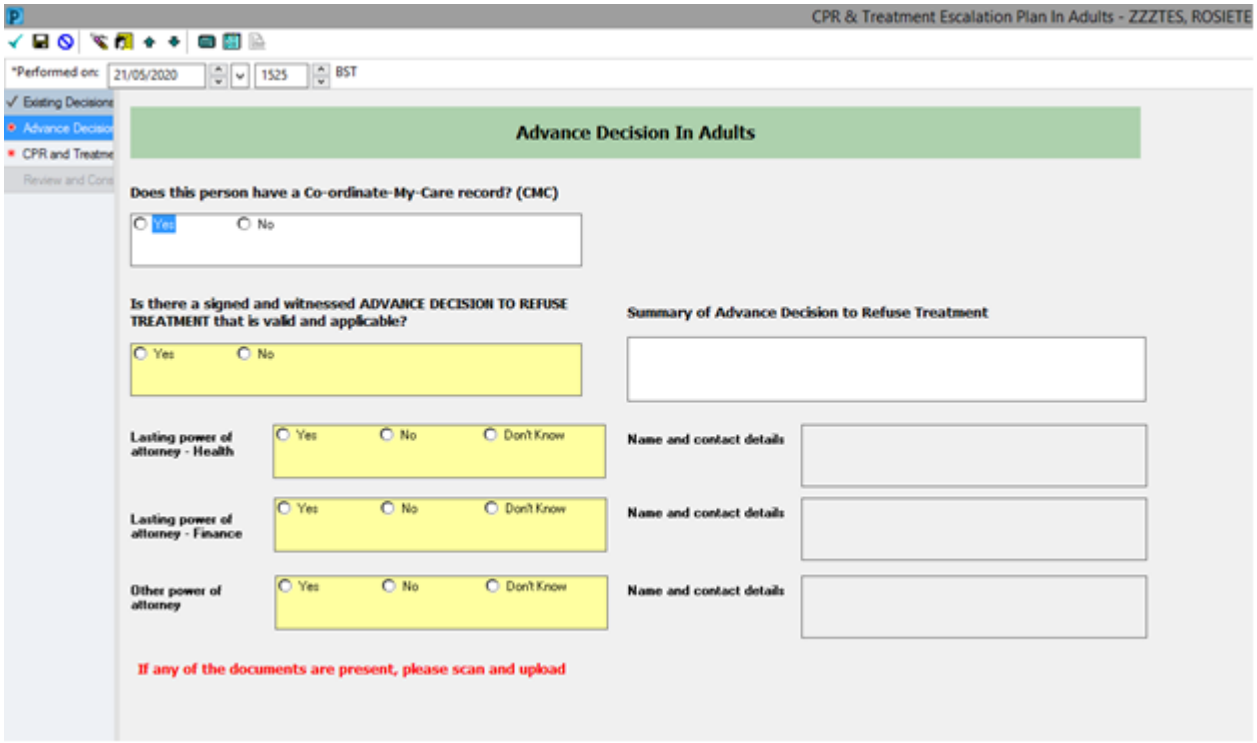
b. It is a legal requirement following Tracey 2014, that all competent patients are involved, where possible, in CPR & Treatment Escalation decisions.

c. Winspear (2015) laid down the legal requirement for family members/NOK to be involved in CPR & Treatment Escalation discussions where patient's themselves lack the mental capacity to do so.



3) **Section 2: Advance decisions**

a. Document any valid and applicable Advanced Decision to Refuse Treatment(ADRT) and lasting power of attorney or if the patient has a CMC record.



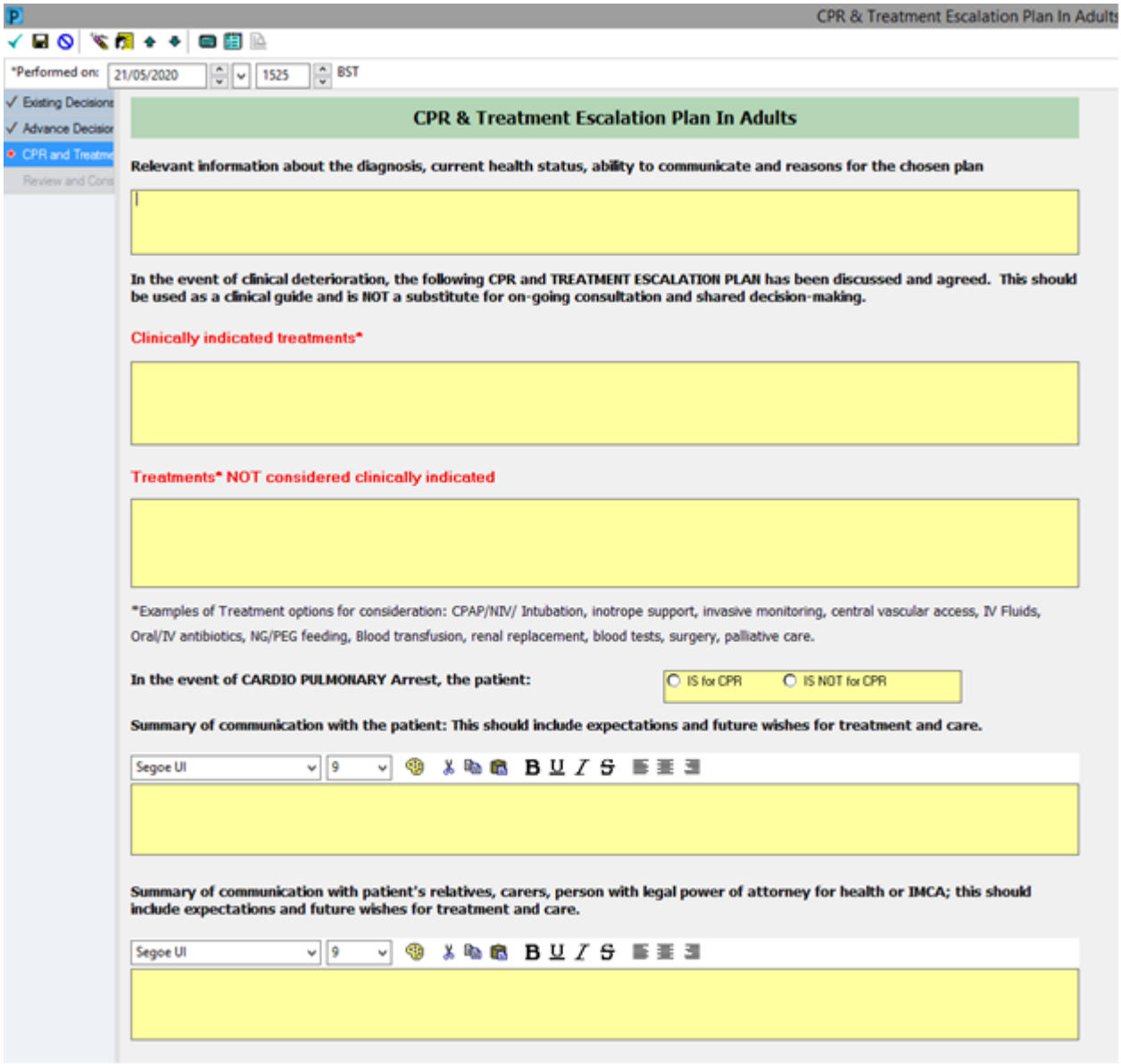
4) **Section 3: CPR & Treatment Escalation Plan**:

a. Complete all sections giving as much detail as possible.

b. CQC requires the detail of the CPR & Treatment Escalation decision and discussion to be documented on the CPR & Treatment Escalation Plan itself where it is easily accessible and in a standardised format.

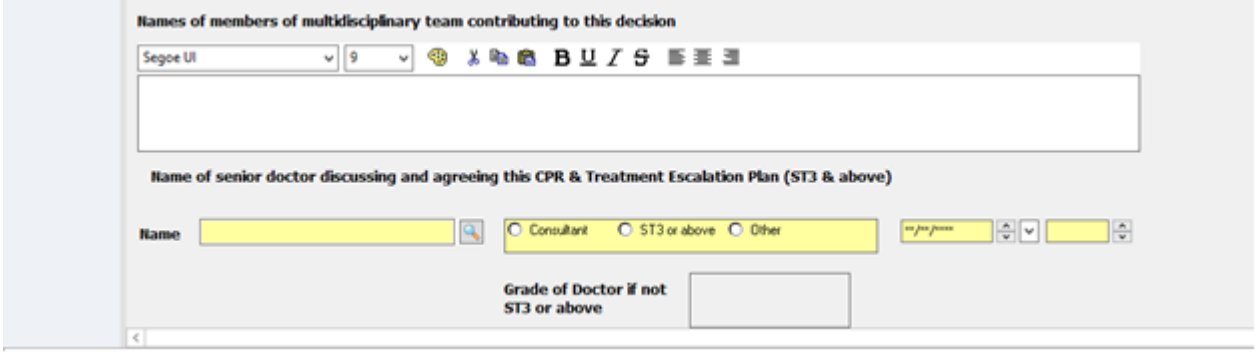
c. Please include the names and relationships of people other than the patient who are involved in the discussion. Remember involving others is a legal requirement where patients are assessed not to have capacity.

d. Examples of completed CPR & Treatment Escalation Plans are available on the intranet for training purposes.



5) **Documentation of contributors to decision-making process**:

- **a.** Please list name and role of all members of the MDT involved in the decision-making process.
- **b.** The involvement of multiple professional roles demonstrates good practice.
- **c.** A junior doctor or appropriately authorised member of staff may record a CPR & Treatment Escalation decision on behalf of a consultant or doctor of ST3 or above. The person documenting the decision must be careful to record accurately the name and role of the person making the decision rather than themselves in the box shown.



6) **Consultant endorsement**:

- a. Trust policy requires CPR & Treatment Escalation decisions to be made by a consultant.
- b. Where a consultant is not immediately available but a decision is required urgently, it may be made by a doctor of ST3 or above.
- c. In this situation it is the responsibility of the doctor making the decision to ensure their decision is reviewed and endorsed by a consultant within 48 hours.
- d. This review and endorsement must be documented on the CPR & Treatment Escalation Plan form to ensure continued validity of the decision after the 48 hour period has passed.