

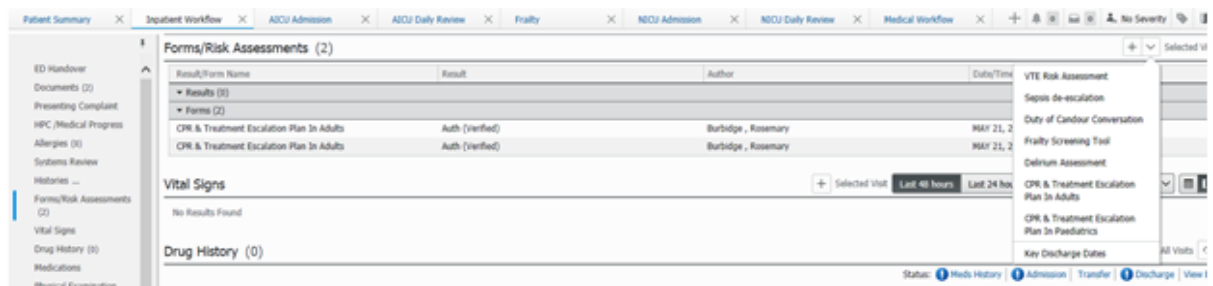
## How to create a CPR & Treatment Escalation Plan on Cerner

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

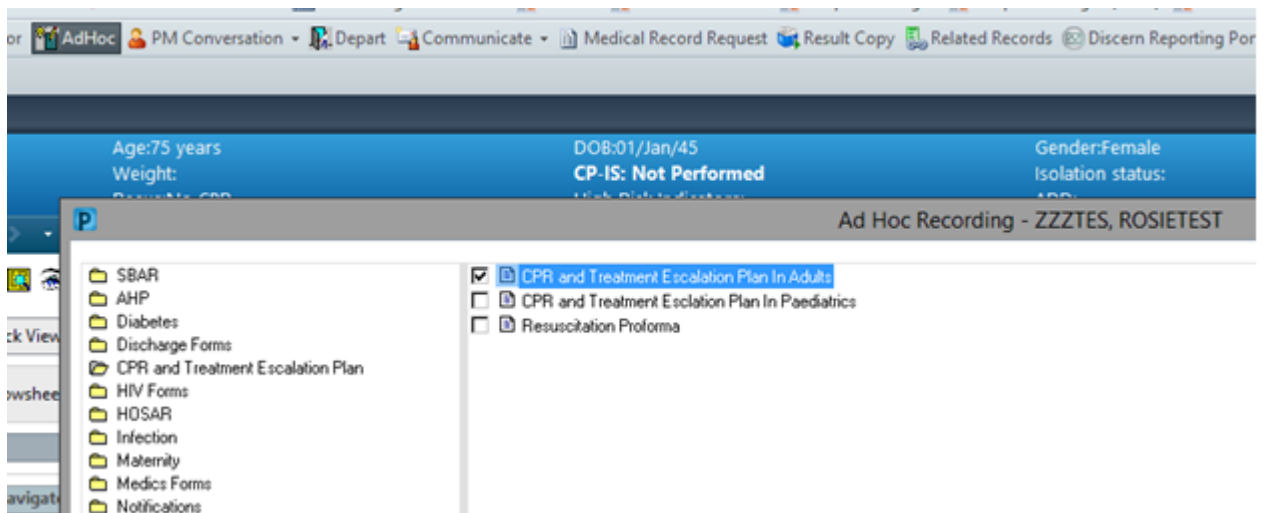
Trust policy requires CPR & Treatment Escalation decisions to be made by a consultant.

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.

CPR & Treatment Escalation Plan In Adults - ZZZTES, ROSIETEST

\*Performed on: 21/05/2020 1525 BST

Existing Decision: ZZZTES, ROSIETEST  
 NHS: MRN: 90071255

### Existing Decisions & Capacity In Adults

Does the person have a previous CPR and/or Treatment Escalation decision, either within the Trust or in the Community?

Yes  No

### Capacity Assessment

The Mental Capacity Act for England and Wales sets out a number of clear steps that must be taken in order to assess whether an adult lacks capacity.

**Things you need to consider before using this tool**

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

**Is there a present or suspected impairment of, or disturbance in the functioning of a person's mind or brain**

Yes  No

**Stage 2**

**Is the impairment of mind or brain sufficient that the person is having difficulty making / may be unable to make this particular decision**

Yes  No

**What additional support to try and help the person to make their own decision has been provided, or explain and document why this is not possible**

\_\_\_\_\_

Patient must demonstrate all 4 functions below to be deemed as having capacity for required decision making

<p><b>Can this person understand the information relevant to the decision</b></p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><b>Can this person retain the information for long enough to make the decision</b></p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p><b>Can this person weigh the information as part of the process of making a decision</b></p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><b>Can this person communicate his/her decision (whether by talking, using sign language or any other means e.g. interpreter)</b></p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

**Outcome** \_\_\_\_\_

**If the patient is likely to gain / regain capacity in relation to this decision, can it wait until then? (If there is an expectation that the patient will never regain capacity for this decision in the future, please select "No").**

Yes  No

### 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.

CPR & Treatment Escalation Plan In Adults - ZZZTES, ROSIETE

\*Performed on: 21/05/2020 1525 BST

Advance Decision In Adults

**Does this person have a Co-ordinate-My-Care record? (CMC)**

Yes  No

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**Is there a signed and witnessed ADVANCE DECISION TO REFUSE TREATMENT that is valid and applicable?**

Yes  No

**Lasting power of attorney - Health**

Yes  No  Don't Know

**Lasting power of attorney - Finance**

Yes  No  Don't Know

**Dishes power of attorney**

Yes  No  Don't Know

**Summary of Advance Decision to Refuse Treatment**

**Name and contact details**

**Name and contact details**

**Name and contact details**

If any of the documents are present, please scan and upload

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.

CPR & Treatment Escalation Plan In Adults

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Existing Decisions  
 Advance Decision  
 CPR and Treatment Escalation Plan  
 Review and Consent

### CPR & Treatment Escalation Plan In Adults

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

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\***

**Treatments\* NOT considered clinically indicated**

\*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 9

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 9

**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.