

**Can I change my mind about the contents of my TEP?**

Yes, at any time. If you do change your mind, please tell your doctor or nurse and they will discuss this with you.

**Can I ask for more information?**

Yes, please do so. We recommend you talk this over with your doctor or nurse as every case is individual.

**Advance Decisions/Living Wills**

You may have completed an Advance Decision to Refuse Treatment (ADRT or Living Will). It is important that if you have done so you send a copy to your General Practitioner, a copy to your hospital consultant so that it can be placed on your notes and keep a copy for your own records. These directives are respected by medical staff.

**Who looks after the TEP form? Where is it kept?**

The TEP form is kept by you and a copy is filed in your medical notes. The TEP contains personal information about you so you may want to keep it somewhere private. However the TEP needs to be easily found if there is a sudden or unexpected worsening of your health so tell others (friend, neighbour or relative) where it can be found.

If a Paramedic or Ambulance crew come to your home they should be shown the TEP. If you have to go to hospital please take the TEP with you and show it to the doctors and nurses dealing with you.

Remember the TEP form can be changed at any time. If you are unhappy about its contents at any stage please discuss this with a doctor.

**Where can I get more information about TEP?**

Talk to your Doctor, Nurse or anyone providing your care, or visit our website: [www.wiltshireccg.nhs.uk](http://www.wiltshireccg.nhs.uk)

# Information about the Treatment Escalation Plan (TEP) and Resuscitation Decisions



This leaflet aims to help you use the TEP form to make important decisions about how you want to be treated if your health suddenly got worse. It will explain some of the medical words used around resuscitation. It gives answers to common questions that a lot of people have and aims to help you to think about these important decisions for yourself and your relatives.

The general rule used by doctors is that everyone should be actively treated no matter what their age, as long as the treatments have a chance of being successful. Doctors will not offer treatments that have no chance of being effective and understand that not everyone will want to be given all possible treatments.

The following information is to help you and your relatives understand what is involved in resuscitation and how decisions are made by you and your doctor.

### **What is resuscitation?**

The term "resuscitation" covers a lot of different treatments for someone who has had an unexpected and severe worsening in their condition. This includes treatments for cardiac arrest. The aim is to prolong the person's life but not at the expense of the quality of life or to prolong the dying process.

### **How is resuscitation given?**

This depends on which of the important organs e.g. heart, lungs or kidneys, has stopped working, but will often include giving oxygen by a face mask and fluid through a drip.

If the lungs are not working resuscitation may mean going to the critical care unit and being put on a ventilator (breathing machine) – this will usually require sedation.

If the kidneys are failing this may mean going to the critical care unit and being attached to a dialysis machine which cleans the blood.

If the heart stops (cardiac arrest) basic life support needs to be started immediately. It is a combination of artificial breathing, using a facemask or tube placed in the mouth to give extra oxygen to the lungs, and heart compression, done by pressing firmly on the breastbone to help pump blood around the body. This may be followed by electrical shock (defibrillation) to the heart to try to make it start beating again.

### **Is everyone actively resuscitated if required?**

Generally all people, for whom it may be effective, should be actively resuscitated if required and wanted. Exactly the same decision making process applies to the younger and older person. Active resuscitation is most likely to be successful and have good outcomes in terms of quality of life in previously fit healthy individuals.

People with long term chronic illness will generally have worse outcomes both in terms of preventing death and quality of life if successful. For some people it may not be in their best interests to be put through what can be very distressing resuscitation treatments when there is very little chance of success. This is typically when the treatment has very little chance of restoring a quality of life that would be acceptable to that person, or will fail.

Following discussion with health care professionals about the likelihood of a successful outcome people may personally choose, in advance and whilst they are still able to, not to have some or all of the active resuscitation measures if there is a sudden and unexpected worsening of their health.

### **What is the Treatment Escalation Plan (TEP)?**

You may have heard of "DNR" or "DNAR" (Do Not Attempt Resuscitation). These discussions between you, your relatives and the doctors and nurses are only about the issues surrounding resuscitation in the event of a cardiac arrest. In Wiltshire we have now included the DNAR in the TEP which records your informed wishes about your treatment.

The aim is to discuss potential treatment options and the realistic chances of the treatments success, with those who are at risk of a sudden worsening of their health. The Plan is made with the doctor or nurse, in consultation with the individual at risk and their relatives. The discussion is documented as the Treatment Escalation Plan (TEP).

### **Must I discuss resuscitation with the doctor?**

We understand that some people find these kind of discussions distressing or even frightening. If you do not wish to discuss these matters the doctors will respect this. They will always act in your best interests and make these decisions for you if the need arises. The more your doctor knows about your wishes the more they are able to support you and make the right decisions for you. Doctors will not offer treatments when there is no or very little chance of success.

Do let your doctor or nurse know if you do not wish to talk about this. Similarly inform your doctor or nurse if you do not wish these issues to be discussed with your relatives or next of kin.