

# Supporting conversations about your health

In case you become more unwell



Explaining Treatment Escalation Plans (TEP)  
and Cardiopulmonary Resuscitation (CPR) decisions



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# Supporting conversations about your health

## In case you become more unwell

Explaining Treatment Escalation Plans (TEP) and Cardiopulmonary Resuscitation (CPR) decisions.

### What matters to you?

Your priorities, the things that matter to you, should be considered when you talk about your ongoing healthcare.

Sharing your personal views will go some way to ensuring your wishes regarding your treatment and care are met as far as possible.

This information can be used to help weigh up the pros and cons of the medical treatments health staff may wish to talk about with you.

### Having the conversation

Don't be alarmed if health staff ask to discuss with you certain medical treatments that do not appear necessary at this point in time but may become relevant in the future.

The health staff might not be expecting you to become seriously ill or to experience a cardiorespiratory arrest. In some situations, such as when people are admitted to hospital, health staff are expected to offer a discussion regarding decisions relating to certain treatments or procedures that could become necessary in the future.

Medical treatments are intended to be beneficial but some can cause significant side effects or harm.

Health staff may feel that certain treatments would be inappropriate if there is the possibility they could be harmful, unsuccessful or prolong suffering.

There may be some types of treatments that you personally do not wish to undergo.

Having early discussions regarding potential treatment options can help to avoid decisions being made at a time of crisis, possibly by medical professionals who do not know you.

You do not have to talk about these things if you do not wish to. Many people find the discussion is useful for themselves, their loved ones and for other health and care staff.

You may wish to involve other people such as your family, carer(s) or friend(s) in the discussions or to arrange a different time for the discussion when you have had the opportunity to think things through.

## Treatment Escalation Plans (TEP)

This simply means putting a plan in place that considers a progression of treatment options, with differing levels of intensity, that would be appropriate if your medical condition changes.

Health staff will discuss with you what treatments may be appropriate if you were to become seriously unwell. In considering this, they will take into account your current medical condition, your personal circumstances and your own wishes. They will advise whether admission to hospital at this time would be beneficial.

Examples of treatments that may be discussed include:

- intravenous fluids or antibiotics
- a feeding tube
- kidney dialysis
- endoscopy (looking inside your body with a camera)
- artificial ventilation (known as a life-support machine)

In England you legally cannot insist upon receiving a treatment that health staff believes to be inappropriate. But they will listen to your wishes and if necessary arrange a second opinion if an agreement cannot be reached.

# Cardiopulmonary resuscitation (CPR)

Cardiorespiratory arrest has happened when a person's heartbeat and breathing have stopped. It is sometimes possible to try to restart the heartbeat and breathing with emergency treatment known as cardiopulmonary resuscitation (CPR). This may include:

- Repeatedly pushing down very firmly on the chest
- Using electric shocks to try to correct the rhythm of the heart
- Inflating the lungs by pushing air and oxygen into them through a mask on the face or tube placed in the windpipe

CPR would ordinarily be performed on everyone in whom

- there is a chance that it would work
- where the person has not refused an attempt at CPR

If people are already very seriously ill and near the end of their lives there may be no benefit in trying to reverse what is part of the natural and expected process of dying. In these cases, to attempt CPR may do more harm than good by prolonging pain or suffering.

**Remember that decisions regarding TEP or CPR will not affect any other aspects of your medical care; you will still receive all the other care that you need.**

**Remember these decisions and plans can be reviewed and changed at any time. Speak with your healthcare advisors if you would like to rethink your plan.**

## Frequently asked questions

### **How will the outcome of these TEP and CPR discussions and decisions be recorded?**

Health staff will consider recording the outcome of these discussions:

- in your medical notes
- in hospital correspondence
- on a Treatment Escalation Plan (TEP) form

You might like to think about writing down your preferences:

- in an advance statement to record your wishes in writing
- in an Advanced Decision to Refuse Treatment (ADRT) document, which in order to be legally binding requires a witness signature and should be regularly reviewed
- or, instead of writing it down, some people audio-record their preferences

### **How will the outcome of these discussions and decisions be shared?**

It is recommended the details of the decisions and discussions should be shared with people who are important to you and with anyone supporting you, such as your GP, family, friends or carers. You and your health staff may consider:

- distribution of paper hardcopy letters, plans and forms
- digital or electronic sharing options (computer, email etc)
- ensuring that you tell the relevant people verbally what has been discussed

### **What side effects or complications associated with CPR should I know about?**

- CPR can sometimes cause bones of the ribcage to be broken or cause internal bleeding
- If people survive after CPR, there is a possibility that they may be left with additional medical complications such as brain damage.

### **What are the chances of CPR being successful?**

The chance of CPR reviving a patient will depend on why the heartbeat or breathing stopped and the presence of any underlying health problems.

The health staff looking after you will be able to advise you regarding your own particular chances.

### **What if someone is not able to take part in a decision about medical treatment or CPR?**

If it is felt that you do not have capacity to make a decision about your medical care, and you do not have a lasting power of attorney (LPA) for health and welfare, health staff will seek information from those closest to you to help determine what treatment would be in your best interest. Remember that no-one is able to demand that you receive a particular treatment if the health staff do not recommend it. A second opinion could be asked for if your close friends or relatives feel that the suggested plan of care is not what you would have wished. Any plans that you have made previously (written or otherwise) would be taken into account.

## **Where else can I get information?**

Speak to your health staff if you have any questions relating to TEP or CPR decisions.

Visit [somerset.eolcare.uk](http://somerset.eolcare.uk) and in the 'Member of the public' area find more information under 'Planning ahead'.

The Advance Decisions to Refuse Treatment (ADRT) website ([www.adrt.nhs.uk](http://www.adrt.nhs.uk)) provides useful information regarding advance care planning and refusal of specific treatments.

The Somerset End of Life Care  
and Bereavement Support website

[someset.eolcare.uk](https://someset.eolcare.uk)

May 2022