

Making shared decisions about treatment as end of life approaches

Development, *implementation* and evaluation of Treatment Escalation Plans (TEPs) as a mechanism for communication

Many patients whose condition becomes worse during their stay in hospital face uncertainty about the likelihood of recovery. For patients, families and healthcare professionals deciding on the best thing to do can be hard.

We are carrying out a project to develop a tool to help patients, their families, and health professionals talk about and record the treatment decisions that may have to be made in these circumstances. The tool is called a Treatment Escalation Plan, referred to here as a TEP. TEPs are developed by the most senior medical clinician looking after the patient in discussion with the patient and family and helps set out what care the medical team feel is appropriate if a patient deteriorates and allows it to be clearly recorded. They can be used to discuss with patients and their next of kin what course of action clinicians think would or would not be appropriate, and set limits on medical treatment for those who are very unwell and/or in the event they might deteriorate. They are about judging what could be done and on occasion what should not be done, for example whether to start a new course of antibiotics, put someone on a ventilator or perform dialysis. It also usually includes an indication of whether someone should be transferred to intensive care.

We believe a TEP will provide clarity of instruction in the event of deterioration and will improve how these types of decisions are approached, discussed and communicated, making conversations between patients, those close to them, and health professionals easier. They provide a way in which these decisions can be documented and shared with other health professionals involved in looking after the patient.



Through this project we will:

- Talk with health professionals, patients, and families to find out the type of tool needed, who needs to use it, and what it should look like.
- Use this information to develop a sample tool or 'prototype' which we will then test out in with different clinical teams and people who might use the tool
- Ask people in these teams to tell us what they think about the tool, including if they experienced any problems using it.
- Include the feedback from those using it to make changes to the tool and make it more workable.
- Work with patients, families, and health professionals to find the best way of putting the tool into practice so it can be used in different hospital settings and investigate its transferability to other settings

NIHR CLAHRC Wessex project team

[Alison Richardson](#)^{1,2,3}, [Michelle Myall](#)^{1,2}, [Tom Monks](#)^{1,2}, [Marion Penn](#)^{1,2}, [Catherine Pope](#)^{1,2}, [Carl May](#)^{1,2,3}

NHS Partners

[Carol Davis](#)³, [Neil Pearce](#)³, [Susi Lund](#)^{1,4}

¹Faculty of Health Sciences, University of Southampton, UK

²NIHR CLAHRC Wessex, University of Southampton, UK

³University Hospital Southampton NHS Foundation Trust, Southampton, UK

⁴Royal Berkshire NHS Foundation Trust, Reading, UK