

## PATIENT INFORMATION

# Devon TEP - Treatment Escalation Plan

## Information about Resuscitation

It is the policy at Torbay Hospital that all patients, no matter what their age, should be actively resuscitated in the event of a sudden deterioration. This includes treatments for “Cardiac Arrest”. We recognise, however, that some people will not want to be given all possible treatments, and for others some treatments may not be appropriate. The following information is to help you understand what is involved in resuscitation and how decisions are made.

## What is Resuscitation?

The term “resuscitation” covers a host of treatments aimed at dealing with a patient in hospital who has had an unexpected and severe deterioration in their condition. This includes treatments for “Cardiac Arrest”. The aim is to save the patient’s life.

## How common is a sudden and unexpected deterioration?

Fortunately, this is unusual. It is more likely in patients with major illness or those undergoing major surgery. It may occur as a result of any of a patient’s organ “systems” failing - for example heart, lungs or kidneys. When the heart stops this is a “Cardiac Arrest”

## How is resuscitation given?

This depends on which organ system is failing, but will often involve giving oxygen and fluid through a drip.

If the **lungs** are failing resuscitation may mean transfer to the critical care unit and being put on a ventilator (Breathing Machine) – this may require an anaesthetic.

If the **kidneys** are failing again this may mean transfer to the critical care unit and being attached to a “dialysis” machine.

If the **heart stops** (“Cardiac Arrest”) basic life support is started immediately, usually by the nurses. It is a combination of artificial respiration, using a special facemask 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 to the heart to try to make it start beating again.

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

The policy at Torbay Hospital is that all patients, for whom it is judged appropriate, should be given active resuscitation if required. The exact same decision making process applies to the younger and older person.

In some patients, however, it may not be in their best interests to be put through what can be traumatic and potentially unsuccessful resuscitation interventions. As an example, after cardiac arrest only 10– 20% of patients survive to leave hospital. 1- 2% of these are left in a persistent vegetative state; that is, they are not able to think, talk or move normally.

Patients may also personally choose, in advance, to forego some or all of the active resuscitation measures in the event of their having a sudden, unexpected deterioration.

At Torbay Hospital our aim is to discuss the different forms of active resuscitation with those patients we think are at potential risk of a sudden, unexpected deterioration. This may also mean discussions with relatives and next of kin. We aim to make a plan, in consultation with the patient and their family, which encapsulates their informed wishes. This plan is documented as a “Treatment Escalation Plan” (TEP) and is filed in the notes.

We also understand that some people find these kind of discussions distressing or even frightening. If you do **not** wish to discuss these matters the medical staff will always act in your best interests and make these decisions for you.

You may have heard of “DNR” or “DNAR” (Do-Not- (Attempt to) Resuscitate). These discussions between patient and relative and clinical staff focused only on the issues surrounding Cardiac Arrest. At Torbay Hospital we have replaced DNR by broadening out the discussions into the TEP process outlined here.

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

**You do not have** to talk about this. The medical team will make decisions about resuscitation in the best interests of the individual patient. This plan is documented as the TEP.

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

Yes, at any time. If you do change your mind, please tell a member of the medical team and they will discuss this with you.

**Can I ask for more information?**

Yes, please do so. We hope this information is of some help but please talk to any doctor in the hospital if you have further questions.

**Advanced Directives/Living Wills**

You may have completed an Advanced Directive/Living Will. It is important that if you have done so you send a copy to your General Practitioner and a copy to us here at Torbay Hospital so that it can be placed on your notes. These Directives are respected by medical staff.

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For further assistance or to receive this information in a different format, please contact the department which created this leaflet.