

Surname:

First Name:

Hospital Number:

NHS Number:

Address:

DOB:

Treatment Escalation Plan (TEP)

This form is for clinical guidance and it does not replace clinical judgement.



Yes ↓

If the patient is currently very unwell or in the event their condition deteriorates:

	Yes	No	Acute setting only
For full active treatment (including hospital admission) if required			
Focus of care is at home but hospital admission may be required for management of symptoms			For consideration of full intervention (including critical care/ICU support) if required
For home-based care focusing on management of symptoms and comfort measures			For active ward-based care but not for ICU admission
			For ward-based care focusing on management of symptoms and comfort measures

Are there any other Advance Care Planning documents in place? **If yes, what?**

In the event of a cardiopulmonary arrest:

ATTEMPT CARDIOPULMONARY RESUSCITATION	Tick
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Date: Time:

ALLOW A NATURAL DEATH <small>(DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION)</small>	Tick
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Name:

Role: GMC/NMC No:

Provide a summary of how you and the patient/advocate have come to these decisions (**be as specific as possible**):

Has the treatment escalation plan and resuscitation decision been discussed with the patient/patient's relatives/next of kin/carers?	Yes	No
If no, document reason:		
Date: <input type="text"/>	Time: <input type="text"/>	All treatment decisions above should be reviewed as the patient's clinical condition changes.

Documentation that TEP form has been completed in medical notes. Yes No

On discharge, if appropriate and the patient or family have been informed of the decisions, then the original form should accompany the patient and a photocopy should remain in the patient's medical notes.

Date this document was reviewed (if required):
Name of reviewer/signature:
Role: <input type="text"/> GMC/NMC No: <input type="text"/>

Mental Capacity Assessment

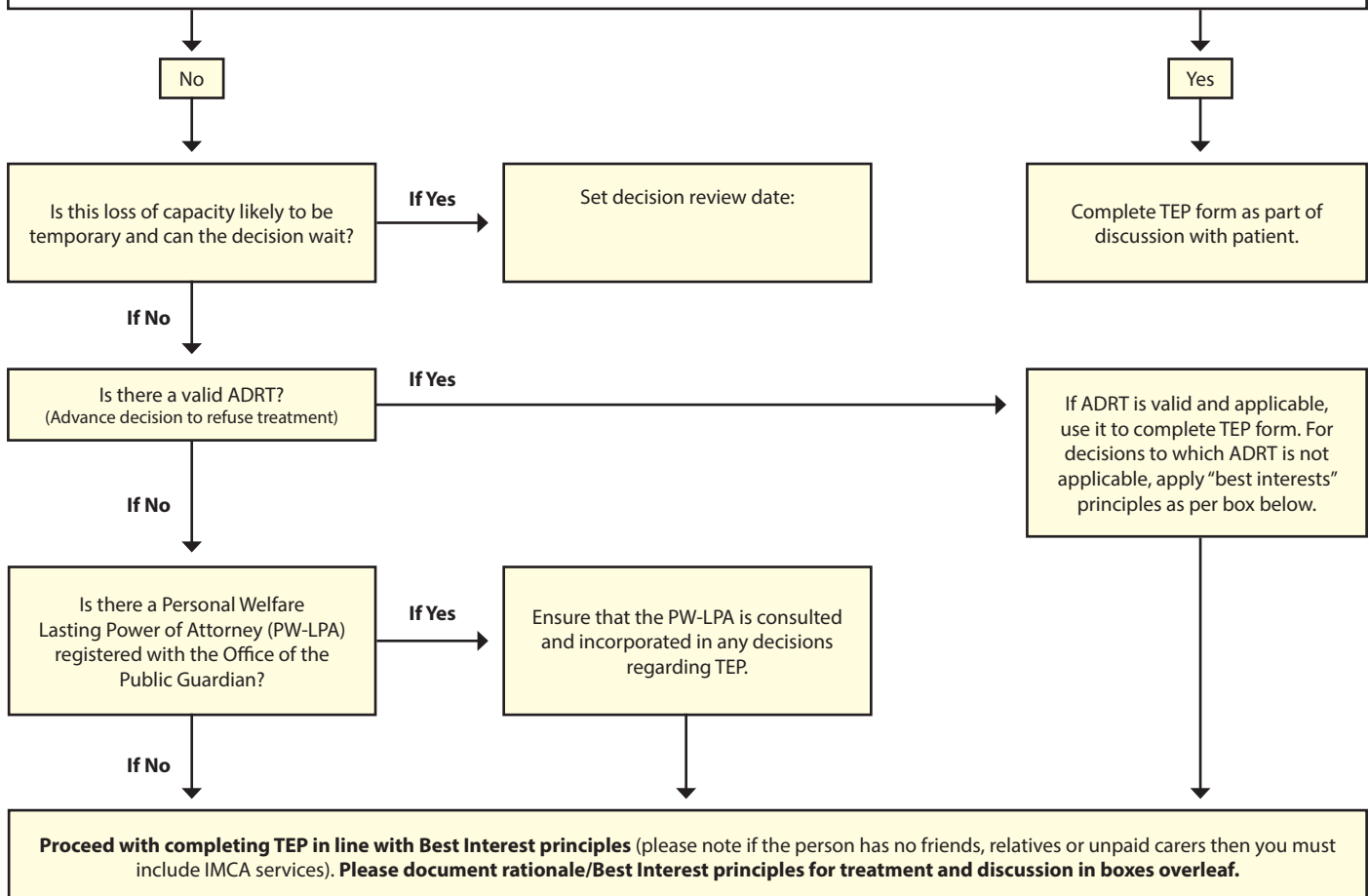
The Mental Capacity Act (2005) requires you to assume that individuals have capacity, unless you suspect the person has an impairment or disturbance of the mind or brain. It also requires any assessment to be decision specific. If you suspect someone lacks capacity you are required to complete the 2 stage Mental Capacity Assessment.

Stage 1: Document the reason you believe the individual has an impairment or disturbance of the functioning of the mind or brain.

Reason:

Stage 2: Can the individual:	Yes	No
1. Understand information about the decision to be made?		
2. Retain that information in their mind?		
3. Use or weigh that information as part of the decision making process?		
4. Communicate their decision (by talking, using sign language or any other means?)		

Is the response YES to all four Stage 2 questions?



Guidance for filling in this form

- Complete patient details or attach the patient's identification label to this form.
- The date and time of filling in this form should be entered.
- This form will be regarded as **INDEFINITE** unless it is clearly cancelled.
- The form should be reviewed whenever clinically appropriate or whenever the patient is transferred from one healthcare setting to another, and admitted from home or discharged home.
- Further guidance on the use of TEP Version 12 can be found on the Devon local joint formularies.