Talking with people in hospital and families about planning care, death and dying

RED-MAP has 6-steps. Suggested phrases are adapted to the person, family and context of the discussion.
*If talking with people by phone, check you have the right person, and speak slowly in shorter sentences

Ask for help and support. Involve senior team members or a specialist. Second opinion if needed.

	RED-MAP for Hospital Professionals
Ready	Try to build a relationship. Eye contact and tone matter. Speak to and about people by name. *Hello Mr X, my name is… I am (*your title*). My role in the team here is….* Outline reason for discussion. Check who should be involved and how best to do that. **We need to talk about your treatment and care. Who else do I need to speak to?* **Who should we talk to if you are more unwell and can't make decisions with us?* **We are doing our best to care for you, but we are worried about your condition…* **I'm so sorry we are having to speak on the phone not in person at this difficult time.*
Expect	Find out what people know and expect. Explore initial questions or worries. **I'll explain what is happening but do you have any questions or worries just now?* **Do you know what Coronavirus infection might mean for someone like you?* **What do you know about treatments like breathing machines or life-support?*
Diagnosis	Share information tailored to people's understanding and how they are feeling. Explain what we know in short chunks with pauses to check for a response. Acknowledge and share uncertainty. Keep terms clear and simple. Kindness matters. **__We hope__ you will improve with these treatments, __but I am worried__ about you...* **__If__ treatment with (…) doesn't help or stops working, __it is possible__ he'll not get better.* **I'm so sorry but (*person's name*) is very ill now …. She could die with this illness….*
Matters	Pause, and then find out what matters to this person and family at this time. **Can we talk about what's important for you now and what we can do to help?* **Please tell us how you'd like to be cared for so we can do our best to look after you.*
Actions	Talk about realistic options for treatment, care and support for patients and families. Be clear about what will not work or help. Options depend on the best place of care. **For people who already depend on others at home or in a care home, it is better to care for them in a familiar place when they are very ill and dying, if that's possible.* **Intensive care and ventilation do not help everyone. For people with some kinds of poor health, it is better to care for them in a different way.* **Treating people with oxygen in a breathing machine can help, but not always. Some people still get more unwell. If a person may die soon, we focus on comfort care.* **Has anyone spoken about cardiopulmonary resuscitation or CPR? CPR is treatment to restart the heart. CPR does not work when a person is very ill or dying.* **__I wish__ there was more treatment we could give. Can we talk about what we can do?* **Whatever happens, we will continue to care for you.* **We will give treatment and care for symptoms like breathlessness, pain or distress.* **It's so hard when people and families can't be together. We will try to help with this.* **We don't know how quickly things will change, but we will try to let you know.*
Plan	Use available forms and online systems to record plans and DNACPR decisions *We record and share the plans we make for care so everyone knows what to do.*

Avoid language that can make people feel abandoned or deprived of treatment and care.
There is nothing more we can do. *Ceiling of treatment or treatment limits for a person.*
We are withdrawing treatment. *Further treatment is futile.* *…chance of this working…*

NHS Greater Glasgow and Clyde

COVID-19 APPROVED GUIDANCE

OFFICIAL SENSITIVE

Note: This guidance has been fast-tracked for approval for use within NHSGGC

Covid-19 RED-MAP Guide for Professionals

This guidance is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guidance, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following guidance, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The version of this document on the Clinical Guideline Directory is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.