NHS
Greater Glasgow and Clyde

Name: .....

CHI Number: .....

Patient Information Label here

Treatment Escalation Plan (TEP)

ACUTE DETERIORATION MANAGEMENT

(Check TEP valid dates on reverse of page. This form only applies during the current admission)

Patients who may benefit from a TEP when admitted to hospital include those with:

- Risk of deterioration or instability
- Very severe frailty, completely dependent for ADLs
- Progressive organ failure with or without multiple co-morbidities
- Advanced cancer (not receiving potentially curative treatment)
- Progressive incurable illness e.g. Dementia, MS, MND in the final stages
- At request of patient/welfare attorney or guardian/ nearest relative or carers

MAIN DIAGNOSIS:

Patient's understanding of condition and issues:

(If this section, and the sections below, cannot be completed at time TEP agreed then please document plan for discussion and update as appropriate, with date and signature beside any subsequent entries).

Indicate appropriate escalation of treatment if required; select one of the four boxes below:

ITU referral and possibility of mechanical ventilation (If DNACPR in place d/w ITU before selecting)	
HDU care (including CCU) and possibility of NIV, inotropes etc	
Ward based care including antibiotics and fluids	
Comfort care aimed at relieving symptoms only	

INVESTIGATIONS & INTERVENTIONS: Consider and indicate the most appropriate options below. Changes can be made at any time later if necessary – please date and sign changes.

	YES	NO	Comments/Instructions / Plan of Care
Invasive Procedures e.g surgery, drain insertion, endoscopic and interventional radiology procedures, central lines (Please state)			
Intravenous Access			
Intravenous Fluids			
Subcutaneous Fluids			
Intravenous Medication			
Antibiotics IV / oral (delete as appropriate)			
Blood transfusion			
NG, TPN, PEG feeding (delete as appropriate)			
Oral feeding appropriate with accepted aspiration risk			
Blood sampling			
Clinical Observations			
NIV			
*Other relevant investigations / interventions / treatments can be detailed in row below.			

Has a DNACPR order been completed: YES ☐ NO ☐

Communication with the patient and their family regarding this plan is important. If it is not possible to have the discussion at the time of completion, then it must be planned for the first available time. You must ensure that the patient has mental capacity if you are asking the patient to make choices about which treatments they would elect to have. Where the patient does not have capacity, decisions will be made by any existing welfare attorney/guardian with relevant powers and an agreed care plan documented in the patients AWI treatment plan. In communication, please note who had the discussion and when (date/time), also documenting any support offered to patient / carer / family member (Chaplaincy / Support & Information Service / Carers Support Service).

An existing Anticipatory Care Plan (ACP) eg Community ACP or ReSPECT should be respected, but must be reviewed with the patient and family with each new admission or change of care setting.

MUST BE COMPLETED IN ALL CASES:

Has been discussed with the patient: YES ☐ NO ☐

If no state reason (e.g. Lack of capacity): .....

Section 47 AWI and Treatment plan completed? YES ☐ NO ☐

Is there a PoA / Welfare Guardian in place? YES ☐ NO ☐

Name of patient/welfare attorney or guardian/nearest relative or designated other & relationship to patient whom this has been communicated with:

.....

If patient has existing ACP, please ensure this information is also considered.

Patient preferences for care and statement of wishes (including goals, spiritual needs, place of care, and 'What matters to me'):
Family / carer understanding of patient's condition and issues:

On discharge/transfer request update to community ACP/update KIS via discharge summary

Signed: _____

Print Name: _____

Position: _____

Date commencing TEP: _____

Responsible senior clinian

Signed: _____

Print Name: _____

Date: _____

TEP VALID UNTIL: _____

Date Reviewed	Signed / Print	Valid Until

* If significant changes are made to TEP please use a new document (and score through existing document) to ensure instructions are clear.

* **'Indefinite'** can be added to the valid until box if no further review required.

NHS Greater Glasgow and Clyde

COVID-19 APPROVED GUIDANCE

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

Covid-19 Treatment Escalation Plan (TEP), QEUH, GRI

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.

Version Number:	1
Does this version include changes to clinical advice:	No
Date Approved:	27th April 2020
Approval Group:	Covid-19 Tactical Group

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.