

# Treatment Escalation Plan

Write in black ink

This plan is intended to guide clinical staff, especially out of hours **in acute situations**. It is not a substitute for a full patient assessment, use of clinical judgement and discussion / review by senior colleagues.

Please be aware that the clinical situation may have changed from when this plan was written. **SEEK HELP IF UNSURE.**

For adults aged 18 years and over.

Affix patient label or  
 NHS Number: .....  
 Trust Number .....  
 Surname: .....  
 Forename: .....  
 Date of Birth: .....  
 Address: .....

Main diagnoses:

Grade	WHO Performance Grade – Explanation of activity	Please Tick
0	Fully active, able to carry out activities without restriction.	
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light nature.	
2	Ambulatory and capable of all selfcare, unable to carry out work activities. Up and about > 50% of waking hours.	
3	Capable of only limited selfcare, confined to bed or chair > 50% of waking hours.	
4	Completely disabled. Cannot carry out any selfcare. Totally confined to bed or chair.	

**1** Patient for **full active treatment** including cardiopulmonary resuscitation and consideration of critical care   
*Please go to box 3*

Patient for **supportive / end of life care only**   
 Please go to box 3 – Do not transfer patients to more acute settings except in exceptional circumstances. If a patient is discharged, communicate this plan with community teams

Patient for **active medical management BUT with limits as set out below**   
*Please go to box 2*

**2**

	YES	NO
Would oral antibiotic therapy be an appropriate treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Would intravenous antibiotic therapy be an appropriate treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Would intravenous fluid resuscitation be appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
Would a blood transfusion be an appropriate treatment?	<input type="checkbox"/>	<input type="checkbox"/>
<b>WOULD ADMISSION TO CRITICAL CARE BE APPROPRIATE FOR:</b>		
<b>Level 2 care</b> (not for intubation but for other organ support)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Level 3 care</b> (for intubation)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>IS THIS PATIENT FOR CARDIOPULMONARY RESUSCITATION?</b>	<input type="checkbox"/>	<input type="checkbox"/>

If a patient is not for level 3 critical care, they should not be for CPR and a DNACPR form completed. If an ICD (Implantable Cardioverter Defibrillator) is in place, please review the activation status.

**3 Please document any other escalation decisions or the management plans for any specific anticipated problems:**

**4 Please discuss / communicate this plan with patients and/or next of kin unless doing so is inappropriate in the individual circumstances**

**Has this plan been discussed with the patient?** YES  NO   
 If "YES" go to box 5

**If "NO", does the patient have capacity to discuss this plan?** YES  NO   
 If "NO" please discuss this plan with the next of kin, Lasting Power of Attorney, IMCA, close family or friends.

**5 Does this patient have an active, applicable Advance Decision to Refuse Treatment (ADRT)?** YES  NO

If "YES" this plan should reflect the ADRT. If there are any contradictions between the two documents, please document the reasons for this in box 6.

**6 Please document any important discussions that have taken place:**

**Healthcare professional completing this form:**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Review and endorsement by most senior health professional:**

**Signature:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- *Please ensure this plan is discussed with other members of the team*
- *If circumstances change and this plan is modified, please put a line through the form, file it in the medical notes and complete a new form.*
- *For assistance/ advice please contact a senior colleague. The critical care and palliative care teams are happy to advise/ support decision making.*