

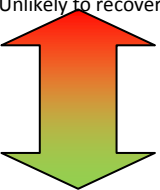
Useful phrases when writing advance decision documents v4

General

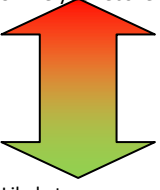
- *Do* make clear whether a decision has been made by the patient with capacity or by the MCA best interests process in a patient who lacks capacity for those decisions.
- *Avoid* using the description 'frail' since this has no legal or clinical definition and is open to personal opinion, including discrimination.
- *Avoid* using terms which do not, by themselves, predict clinical outcome such as elderly, advanced age, immobility, incontinence, learning disability or frailty.
- *Do* be specific about conditions that can predict clinical outcome such as cancer, renal failure, or poorly controlled diabetes.
- *Do* state the circumstances under which a decision is to apply, unless a patient with capacity requests the decision be followed in any circumstance.

Emergency Health Care Plans (EHCP) examples


Pneumonia / exacerbation of COPD

- 
- Unlikely to recover
- *treat for comfort only (no antibiotics). Keep in present place of care (see ADRT / DNACPR)*
 - *if respiratory failure present treat for comfort only (no antibiotics) (see ADRT / DNACPR)*
 - *start oral antibiotics but if no improvement do not admit / transfer urgently (see ADRT / DNACPR)*
 - *start oral antibiotics. If no improvement consider IV antibiotics in present place of care*
 - *start oral antibiotics. If no improvement admit / transfer for IV antibiotics but do not admit to ICU*
- Likely to recover
- *treat with antibiotics, including admit / transfer urgently and ICU if this could help*


Suspected hip fracture

- 
- Unlikely to recover
- *treat for comfort only (keep in current place of care) (see ADRT / DNACPR)*
 - *admit for Xray and further discussion if fracture confirmed (do not admit / transfer during the night)*
 - *admit electively after discussion with orthopaedic surgeons*
 - *admit / transfer urgently for investigation and surgery if required*
- Likely to recover

Severe heart failure

- 
- Unlikely to recover
- *treat for comfort only. If breathlessness is troublesome start sedation with (drug/dose). Keep in current place of care (see ADRT / DNACPR)*
 - *give IV furosemide and consider SC infusion. If no response consider sedation with (drug/dose). Keep in current place of care (see ADRT / DNACPR)*
 - *admit / transfer but do not admit to ICU (see ADRT / DNACPR)*
- Likely to recover
- *admit / transfer urgently for all care if this can help*

Angina

- 
- Unlikely to recover
- *treat with analgesics. Keep in current place of care (see ADRT / DNACPR)*
 - *if not responding to analgesics sedate with (drug/dose). Keep in current place of care (see ADRT / DNACPR)*
 - *if not responding to analgesic and ECG changes, discuss elective admission / transfer with cardiologist*
 - *admit / transfer for angina control, but not stenting. DNACPR in place.*
- Likely to recover
- *admit / transfer urgently for stenting. Start CPR if patient arrests*

EHCP examples (cont)

Stroke

Unlikely to recover

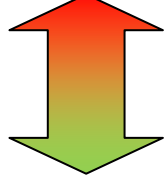


Likely to recover

- *treat for comfort only. Keep in current place of care, do not hydrate or feed (see ADRT / DNACPR).*
- *treat for comfort only, including subcutaneous hydration if needed. Keep in current place of care. (see ADRT and DNACPR)*
- *discuss admission with stroke physician*
- *admit / transfer urgently for all care, including artificial fluids and nutrition*

Delirium

Unlikely to recover

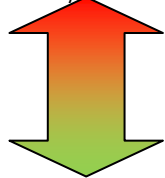


Likely to recover

- *treat agitation with haloperidol. Keep in current place of care (see ADRT / DNACPR)*
- *look for causes of delirium: dip urine, examine chest, exclude constipation, check no recent head injury. Avoid bright lights and excessive noise. Treat cause, but keep in current place of care (see ADRT / DNACPR)*
- *discuss admission / transfer for diagnosis and management*
- *admit / transfer urgently for investigation and treatment*

Dehydration

Unlikely to recover

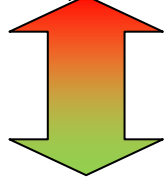


Likely to recover

- *keep mouth and lips moist / offer sips of water if individual able to manage this. Keep in current place of care (see ADRT and DNACPR)*
- *exclude oral problems and supply preferred drinks as wanted by the individual and able to swallow safely*
- *exclude oral and swallowing problems and start SC infusion of 5% dextrose or 0.9% saline*
- *admit / transfer for investigation and treatment*

Haemorrhage

Unlikely to recover

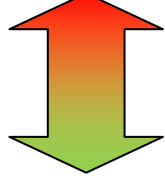


Likely to recover

- *keep warm / ensure company present / buccal midazolam 5mg if frightened. Keep in current place of care. (see ADRT and DNACPR)*
- *apply pressure to bleeding area / apply topical clotting agents / use blue or green towels over bleed*
- *discuss admission / transfer for diagnosis and management*
- *admit / transfer urgently for stabilisation and treatment*

Loss of consciousness

Unlikely to recover

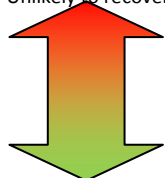


Likely to recover

- *keep warm and comfortable. Observe for distress or agitation. Keep in current place of care (see ADRT and DNACPR)*
- *look for causes: dip urine, examine chest, exclude constipation, check no recent head injury. Treat cause, but keep in current place of care (see ADRT / DNACPR)*
- *discuss admission / transfer for diagnosis and management*
- *admit / transfer urgently for investigation and treatment*

Breathlessness

Unlikely to recover



Likely to recover

- *treat for comfort only. Keep in current place of care (see ADRT / DNACPR)*
- *if respiratory failure present treat for comfort only. Keep in current place of care (see ADRT / DNACPR)*
- *if due to infection start oral antibiotics. If no improvement consider IV antibiotics in current place of care*
- *Admit / transfer for IV antibiotics but do not admit to ICU*
- *Admit / transfer urgently and ICU if this could help*

DNACPR examples

There is no realistic chance that CPR could be successful due to:

- *advanced metastatic cancer*
- *irreversible / severe / progressive heart failure*
- *irreversible / severe / progressive renal failure*
- *irreversible / severe / progressive stroke*
- *irreversible / severe pneumonia*

NB. There is no need to write a clinical circumstance if the DNACPR decision was made by a patient with capacity or by the MCA best interests process in a patient lacking capacity for this decision.

Advance Decision to Refuse Treatment (ADRT) examples

Respiratory failure due to untreatable lung infection

- *I refuse ventilation requiring admission to intensive care (even if my life is at risk as a result)*

Respiratory failure unresponsive to non-invasive ventilation

- *I refuse invasive (intubated) ventilation requiring admission to intensive care (even if my life is at risk as a result)*

Renal failure secondary to treatment with diuretics

- *I refuse Renal dialysis (even if my life is at risk as a result)*

Myocardial infarction (heart attack) / Severe heart failure / Respiratory failure

- *I refuse Cardiopulmonary resuscitation (even if my life is at risk as a result)*

Irreversible brain damage / Multi-organ failure

- *I refuse Artificial hydration and feeding (even if my life is at risk as a result)*