

Tackling an Emergency Health Care Plan

An Emergency Health Care Plan (EHCP) makes communication easier in the event of a healthcare emergency. The principles of writing and using an EHCP are fully described on page 4 of the Deciding Right EHCP document (see <http://www.northerncanceralliance.nhs.uk/deciding-right/deciding-right-regional-forms/> for a printable version). These notes are intended as a practical guide to discussing and documenting an EHCP, and include an EHCP document with advisory notes in each of the domains.

Tackling an EHCP includes preliminary discussions to ascertain the understanding and expectations of the individual, their partner, parents (for children) and relatives. This may include informing them of foreseeable potential emergencies that could be planned for. It is a process, and may take several conversations and even several drafts of the EHCP.

If the individual has capacity for these decisions: the discussion is one of shared decision making. If the individual wishes, this may include the parents (for children), partner or relatives.

If the individual lacks capacity for these decisions: any decisions must be made following the nine point checklist of the Mental Capacity Act: see form MCA 1 & 2 on <http://www.northerncanceralliance.nhs.uk/deciding-right/deciding-right-regional-forms/>

The plan should include a brief summary of the individual's diagnosis/es and their understanding of it.

The plan should include a list of regular and prn medications, and indications for any rescue medications left in the patient's home for emergency use.

The plan should indicate any ceilings of care that have been requested by the patient and any that have been recommended by healthcare professionals.

The plan should then describe actions for emergencies arising at home.

1. What are the foreseeable emergencies for which a plan may be needed? These may be related to a single underlying diagnosis, or to a general failing in health. If the latter, the need for a plan may only become apparent after an unplanned-for incident prompts planning.

2. Is the patient aware of the potential emergencies? Before planning, the individual and closest carers need to consider what responses are possible and would be appropriate. This may require time for discussion with them, to ensure they understand management options and potential outcomes.

3. For each foreseeable emergency:

- a) What is the possible emergency?
- b) How will the individual and closest carers recognise it is happening?
- c) Are there any emergencies for which the individual, their partner, parents or

- relatives should call for urgent help immediately?
- d) Are there any first aid steps they should take, e.g. use angina treatments, inhalers, analgesics, a cup of tea, distraction? For how long should they persist with first aid before asking for professional help?
 - e) If the first aid steps (if appropriate) don't suffice, who should be called? Name and number, and 'script' for caller.
 - f) What actions should the attending healthcare professional take? List these as escalating steps of care.
 - g) Escalating steps may include early steps to be taken on arrival at hospital, if admission is considered appropriate, or may include recognition of dying and commencement of local protocol for care of dying individuals.
 - h) If an individual requests not to have CPR, or if CPR is agreed to be futile, then a DNACPR form should be completed and kept with the EHCP.
 - i) Any drugs for administration by healthcare professionals in emergencies must be prescribed on a Community Nursing prescription form that is kept with the EHCP. A safe place to store the drugs should be identified and described in the EHCP.

4. Once the plan is finalised, ensure all relevant healthcare professionals and organisations are aware that a plan has been prepared, and where they would find it if they were called to the individual's home (e.g. community nurses, in/out of hours doctors, NEAS, palliative care team).

5. The individual, their partner, parents or relatives should be told

- a) If they follow the plan and reach an instruction to phone for help, they should inform the service they call that they are following the instructions of an Emergency Health Care Plan.
- b) They should ensure the individual takes the EHCP with him/her if the individual is transferred to another healthcare setting, eg hospital, hospice, care/nursing home.