

# EMERGENCY HEALTH CARE PLAN

Guidance for Professionals (April 2021)

An Emergency Health Care Plan (EHCP) is a summary of what has been discussed by you, your patient and family and other members of the multi-disciplinary team.

An EHCP can guide family/carers or the health care professionals looking after patients to do what is required in the event of a healthcare emergency and should make communication easier in the event of a health care emergency, reflecting the views of the individual, in so far as these can be determined, their family and the multidisciplinary team.

The EHCP is intended to include any emergencies that are likely to occur, including the action to be taken by the lay person and the information needed by front line health workers in order to give the best care to the individual.

The priority at all times is to ensure that the individual has the best possible quality of life. Symptoms must always be addressed, taking the most expert advice that is possible. **If you feel out of your depth in managing a situation or consider that the individual is suffering in any way, you must seek expert assistance – please use the contact information on page 1 of the EHCP.**

- **The EHCP must be shared with the patient. The EHCP should be printed and inserted into a Yellow Envelope; emphasise to patients the importance of carrying their Yellow Envelope wherever they go e.g. to any health care appointment and share with the professionals who care for them.**
- The priority always is to ensure that the best possible quality of life and treatment are provided with dignity and respect with any symptoms being managed expertly.
- Although an EHCP does not expire, it is recommended to be reviewed within twelve months.
- Any health related changes should be taken into consideration and the Emergency Health Care Plan altered where required.

**The EHCP can** support someone with identified complex healthcare needs

- Including associated with significant neuro-disability and cognitive impairment where there is a risk at of complications. In the event of a medical emergency full treatment should be offered pending senior medical review and discussions. The EHCP should include what has been discussed and agreed with the individual wherever possible, their family and multidisciplinary team about what level of care is considered to be in the individual's best interests.

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- This may be a statement that confirms that the individual should be assessed and managed as per advanced life support guidelines. It may be necessary to affirm this, where the individual appears ill or disabled but where front line health workers may inadvertently make false assumptions about the individual's quality of life because of their lack of knowledge about the individual's condition and quality of life when well. It is very important to have a plan to protect the equal right of individuals to full care wherever this is in their best interests.
- For those where there is uncertainty about the outcome of interventions at the time of an emergency, there should be a clear statement that basic life support should continue until the most senior clinician available at the time can assess the individual and if possible discuss with their next of kin the most appropriate care plan that is in the individual's best interests.
- For those individuals where, based on best available evidence, it is known that there are no medical or technical interventions that can make a significant positive difference to length of life, it should be clearly stated that at all times:
  - I. The individual should be afforded dignity, the best possible quality of life and to continue to be as actively involved in decision-making as is possible.
  - II. All symptoms should be actively managed.
  - III. Health workers should seek the most expert advice available and know the clinical networks to use to seek the best advice 24/7 for symptom control.
  - IV. The individual should be allowed a natural death when their time comes.
  - V. The wishes of the individual and their family about choices for end of life care should be ascertained in advance, recorded and respected.

**Write a new EHCP if circumstances change and the previous EHCP should be crossed out and marked as 'invalid' and signed and dated.**

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## When writing an EHCP

### Stop and Think!

- What is the anticipated emergency?- clear and succinct
- Consider who is the EHCP targeted for? – write the plan within the context of who is available to support the patient and their care setting
- What to do in the event of the anticipated emergency:
  - Family member/carer
  - Care Home staff
  - Health care professional: DN, GP, NEAS
- Structure content regarding anticipated emergency with practical, useful advice – bulleted points are easier to read with information factual and succinct.
- When infection is an anticipated emergency think sepsis and write appropriate plan.

### As the healthcare professional overseeing the care and writing the EHCP, please consider the following:

- An EHCP should be individualised and personalised to meet the individual's needs.
- Please consider other documents that may be suitable e.g. an Advance Statement, Advance Decision to refuse treatment (ADRT) or a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) document and complete when appropriate.
- Lengthy narrative can be helpful; however, in an emergency, bulleted points written into the EHCP are more useful.
- Where possible, do not use an EHCP to record general care planning instructions and avoid general care planning scenarios.
- In some situations an EHCP with a step by step approach of who should do what is really helpful. This may include management of pain, shortness of breath, swallowing difficulties; this can be particularly helpful where non-trained staff are providing care e.g. for people with a Learning Disability.
- Please avoid including patient history and lengthy statements unrelated to anticipated emergencies when writing the EHCP.

If there are any doubts about the content of the EHCP there should be a discussion between the individual (if they have capacity), parents/carers and the most appropriate senior clinician available at the time of the emergency to ensure that the EHCP still reflects the individual's best interests and current management plan.

(April 2021)