

Supporting conversations about your health

In case you become more unwell



Explaining the Somerset
Treatment Escalation Plan (STEP)
and Cardiopulmonary
Resuscitation (CPR) decisions



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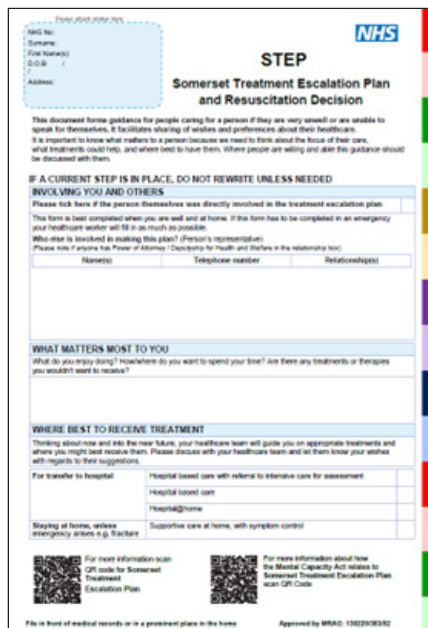
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Scan the QR code below
to see the video that
accompanies this leaflet



Supporting conversations about your health in case you become more unwell

This guide explains the **Somerset Treatment Escalation Plan (STEP)** which includes the **Cardiopulmonary Resuscitation (CPR)** decisions.



STEP
Somerset Treatment Escalation Plan and Resuscitation Decision

Invoking you and others

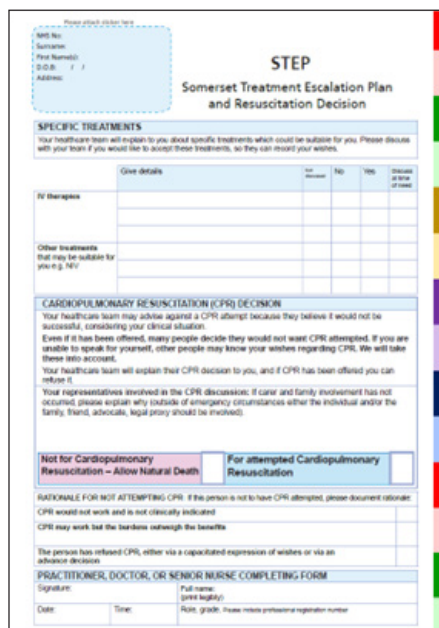
IF A CURRENT STEP IS IN PLACE, DO NOT REWRITE UNLESS NEEDED

WHAT MATTERS MOST TO YOU

WHERE BEST TO RECEIVE TREATMENT

For more information about how the Mental Capacity Act relates to Somerset Treatment Escalation Plan see CPR Code

Approved by WMA: 110220100102



STEP
Somerset Treatment Escalation Plan and Resuscitation Decision

SPECIFIC TREATMENTS

Give details	Not discussed	No	Yes	Discuss at time of need
IV therapies				
Other treatments that may be suitable for you (e.g. NGT)				

CARDIOPULMONARY RESUSCITATION (CPR) DECISION

Not for Cardiopulmonary Resuscitation – Allow Natural Death

For attempted Cardiopulmonary Resuscitation

RATIONALE FOR NOT ATTEMPTING CPR

PRACTITIONER, DOCTOR, OR SENIOR NURSE COMPLETING FORM

Signature: _____ Full name: _____
Date: _____ Time: _____ Role, grade: _____

What matters to you?

Your priorities, the things that matter to you, should be considered when you talk about your ongoing health care.

Sharing your personal views will go some way to ensuring your wishes regarding your treatment and care are met as far as possible.

This information can be used to help weigh up the pros and cons of the medical treatments that may be discussed with you.

Having the conversation

Don't be alarmed if health and care staff ask to discuss with you certain medical treatments that do not appear necessary at this point in time but may become relevant in the future.

If you live in a care home, the care staff may start a conversation and leave you with information which may be followed up by a health care professional.

The health and care staff might not be expecting you to become seriously ill or to experience a cardiorespiratory arrest. In some situations, such as when people are admitted to hospital, or when planning ahead, staff are expected to discuss decisions relating to certain treatments or procedures that could become necessary in the future.

Medical treatments are intended to be beneficial, but some can cause significant side effects or harm.

The healthcare team may feel that certain treatments would be inappropriate if there is the possibility they could be harmful, unsuccessful or prolong suffering.

There may be some types of treatments that you personally do not wish to undergo.

Having early discussions regarding potential treatment options can help to avoid decisions being made at a time of crisis, possibly by medical professionals who do not know you.

You do not have to talk about these things if you do not wish to. Many people find the discussion is useful for themselves, their loved ones and for other health and care staff.

You may wish to involve other people such as your family, carer(s) or friend(s) or someone you have nominated as your Lasting Power of Attorney (LPA) in the discussions or to arrange a different time for the discussion when you have had the opportunity to think things through.

What is the Somerset Treatment Escalation Plan (STEP)?

This simply means putting a plan in place that considers treatment options, and preferred place of care, that would be appropriate if your medical condition changes.

Your healthcare team will discuss with you what treatments may be appropriate if you were to become seriously unwell. In considering this, they will take into account your current medical condition, your personal circumstances and your own wishes. They will advise whether admission to hospital at this time would be beneficial. Certain treatments may be discussed and while some are available in the community, other treatments require hospital admission. The healthcare team will let you know where these treatments will take place.

In England you legally cannot insist upon receiving a treatment that healthcare team believes to be inappropriate. But they will listen to your wishes and if necessary, arrange a second opinion if an agreement cannot be reached.

Cardiopulmonary resuscitation (CPR)

What is CPR?

Cardiorespiratory arrest has happened when a person's heartbeat and breathing have stopped. It is sometimes possible to try to restart the heartbeat and breathing with emergency treatment known as cardiopulmonary resuscitation (CPR). This may include:

- Repeatedly pushing down very firmly on the chest
- Using electric shocks to try to correct the rhythm of the heart
- Inflating the lungs by pushing air and oxygen into them through a mask on the face or tube placed in the windpipe.

Who is CPR performed on?

CPR would ordinarily be performed on everyone.

If people are already very seriously ill and near the end of their lives, there may be no benefit in trying to reverse what is part of the natural and expected process of dying. In these cases, for a majority of people CPR would not work and is therefore not an option.

People with long term health conditions, who may not consider themselves very ill or at the end of their lives may have CPR discussed, as often the burdens of CPR outweigh the benefits and often lead to a significantly reduced quality of life, and so CPR may not be recommended.

People can also choose to refuse CPR.

Will these decisions affect my other care?

Decisions regarding STEP or CPR will not affect any aspects of your medical care; you will still receive all the other care that you need.

Can I change my mind?

These decisions and plans can be reviewed and changed at any time. Speak with your health and care advisors if you have any questions.

Frequently asked questions

What side effects or complications with CPR should I know about?

- CPR can sometimes cause bones of the ribcage to be broken or cause internal bleeding
- If people survive after CPR, there is a possibility that they may be left with additional medical complications such as brain damage.

What are the chances of CPR being successful?

The chance of CPR reviving a patient will depend on why the heartbeat or breathing stopped and the presence of any underlying health problems.

The healthcare team looking after you will be able to advise you about your clinical situation.

What if someone is not able to take part in a decision about medical treatment or CPR?

If it is felt that you do not have capacity to make a decision about your medical care, and you do not have a lasting power of attorney (LPA) for health and welfare, the healthcare team will seek information from those closest to you to help determine what treatment would be in your best interest. Remember that no-one is able to demand that you receive a particular treatment if the healthcare team do not recommend it.

A second opinion could be asked for if your close friends or relatives feel that the suggested plan of care is not what you would have wished. Any plans that you have made previously (written or otherwise) would be taken into account.

How will the STEP and CPR discussions and decisions be recorded?

The healthcare team will record the outcome of these discussions:

- In your medical notes
- In hospital correspondence
- On a Somerset Treatment Escalation Plan (STEP) form
- Stored electronically and can be accessed via the Patient NHS app (please speak to your GP about this access).

You might like to think about writing down your preferences:

- In an advance statement to record your wishes in writing
- In an Advance Decision to Refuse Treatment (ADRT) document (previously known as a living will or advance directive). This is a legally binding document, which means it must be followed by healthcare professionals if it meets certain requirements.

How will these discussions and decisions be shared?

It is recommended to share with people who are important to you and with anyone supporting you, such as your GP, family, friends, or carers. You, your health, and care staff may consider:

- Distribution of paper hardcopy letters, plans and forms
- Digital or electronic sharing options (computer, email etc.)
- Ensuring that you tell the relevant people verbally what has been discussed.

Where else can I get information?

Speak to your healthcare team if you have any questions relating to the Somerset Treatment Escalation Plan or CPR decisions.

Visit **somerset.eolcare.uk** and in the 'Member of the public' area find more information under 'Planning ahead'.

For a free information booklet – 'Somerset Planning Ahead' please email: EOLCEducation@somersetft.nhs.uk

The Somerset End of Life Care
and Bereavement Support website

somerset.eolcare.uk