

What medical treatment would be right for me in an emergency?

Easy read information Leaflet



This leaflet will help you to think and to talk about what treatment is right for you

	Treatment (Treat-ment)	Escalation (Es-ca-la-shun)	Plan (Plan)
Page 2	Or	TEP for short	
Page 6	What a TEP form	looks like	
Page 8	What happens if	I don't have a TEP	form?



Cardiopulmonary Resuscitation

(Car-d-io-pul-mon-ary) (Re-sus-e-ta-shun)

or CPR for short

Adapted from Devon Partnership Trust's TEP/CPR Easy read leaflet with gratitude



What is a Treatment Escalation Plan (TEP for short)?		
To the control of the	A Treatment Escalation Plan (TEP) tells health staff what should happen if you need emergency care. The plan is about you and your healthcare.	
	Having a TEP does not mean you will get ill. It does not change your normal health care.	
The state of the s	Your TEP form is written with you. You can talk to doctors and nurses about the plan. People who know you well can also help with the TEP discussion.	
	Health staff will ask if you would like to be involved in making this plan so that your voice is listened to. It is ok to choose not to talk about these things.	
NHS	The doctors and nurses will talk about different treatments you may need in an emergency.	







If you do not have family or carers and you need support with talking about your TEP form, the learning disability team can support you. They will explain things in a way that you understand.

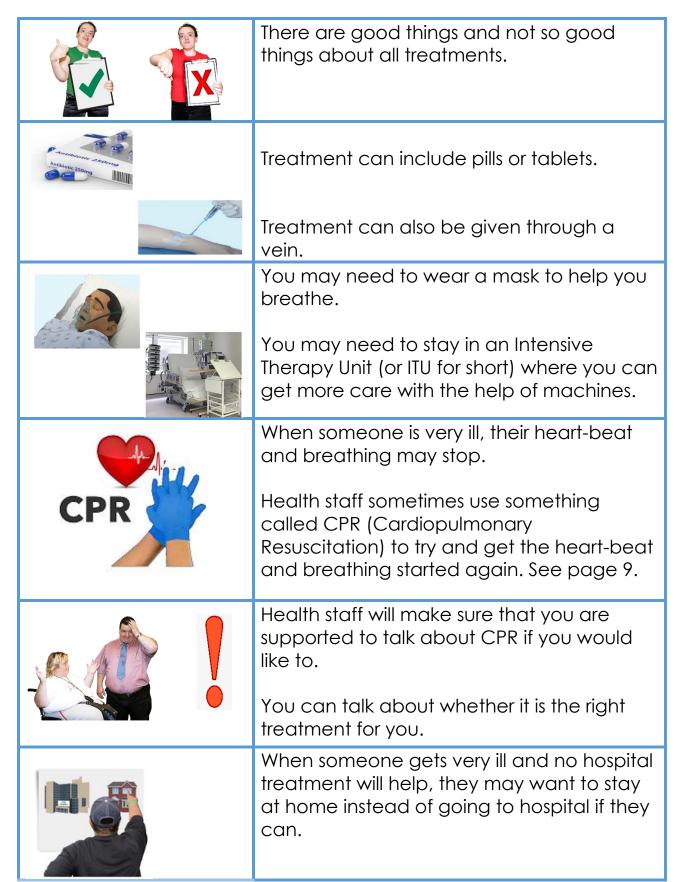
Our contact details are at the bottom of this information sheet.



Remember, your TEP is just for you and is about what is right for you.



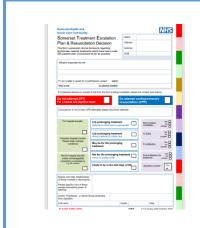








Sometimes there are no treatments that can make someone better. They may die. If doctors and nurses think this is going to happen, they will talk to you and your family about it.
Thinking about becoming very ill or dying can make people feel sad. It is ok to feel sad.
It may help to talk to someone about how you are feeling.



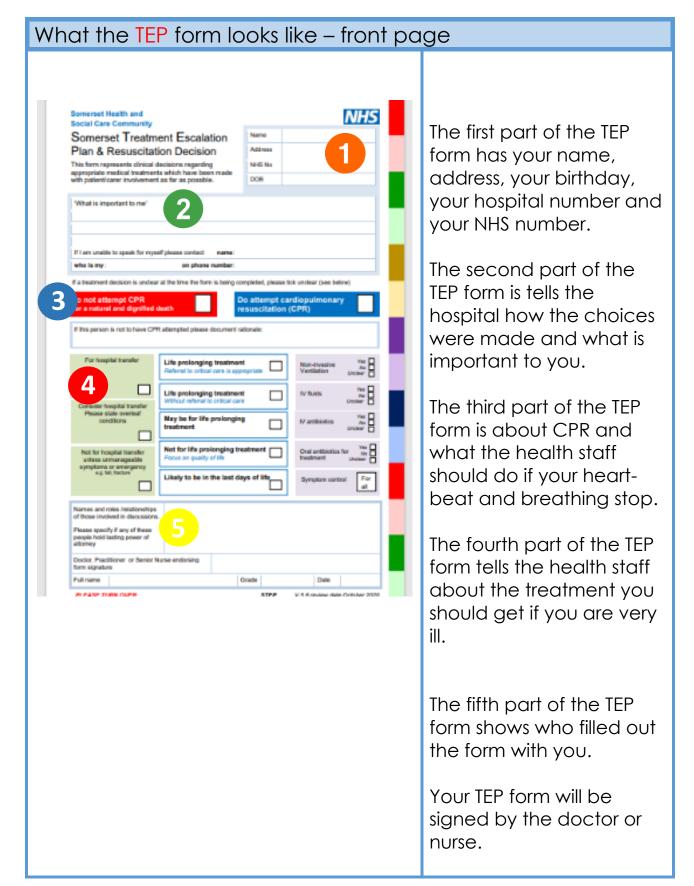
After discussions the treatment decisions are written down on the TEP form.

The TEP form stays with your medical records and tells people about the care that should happen if you are very ill or there is an emergency.

You will also have a copy of the TEP form to keep at home.









What the TEP form looks like – back page If you have ticked 'consider hospital transfer' or 'may be for life prolonging treatment' please describe how 'what is important to me' will affect decisions around these legues. The information on Page 2 is written by a doctor or nurse. They have to make sure you understand the choices and the things that you have discussed. On completion of this STEP please confirm that medication and treatment have been reviewed and are both necessary and beneficial Escalation plan review date if appropriate If you cannot be involved Supplementary information in the TEP discussion, the form will be filled out in your 'best interest'. This means that everyone Technical information involved needs to think carefully about what you Please leave an original form with the patient would choose if you See STEP policy for full guidance This form has been produced by the following organisations could and what is best for NHS Somerset Clinical Commissioning Group, Somerset County Council, Somerset Partnership NHS Foundation Trust, South Western Ambulance Service NHS Foundation Trust, Taunton and Somerset Foundation Trust, Yeovil District Hospital NHS Foundation Trust, St Margaret's Hospice you.



A TEP is used when you are seriously ill.

Having a TEP form does not stop you getting routine hospital care.



What happens if I don't have a TEP form?



A TEP form tells the health staff what should happen in a health emergency.



If you don't have a TEP form, the health staff must still try and find out what you would like and what is best for you by asking people that know you.



This may take a long time to do.



You can help the doctors, nurses, your family and the people that know you well by having a TEP form before an emergency happens.





Facts about **CPR**

This part tells you about the treatment that may be used to try to restart someone's heart-beat and breathing if they stop. This treatment is called

Cardiopulmonary Resuscitation

(Car-d-io-pul-mon-ary)

(Re-sus-e-ta-shun)



CPR may save someone's life.

Health staff and some members of the public are trained how to do CPR when someone's heart-beat and breathing stop.



CPR does not always work.



Not everyone can have CPR.

Not everyone would like to have CPR.



If CPR does not work or if it is not given then the person will be dead when their heart-beat and breathing stop. Thinking about dying can make people feel sad.

It is ok to feel sad.



It may help to talk to someone about how you are feeling.



	CPR involves pushing down hard on the person's chest to keep the blood moving.
	A mask may be put on the person's face to help them breathe.
	Breathing into the person's mouth may help the lungs to work.
	Electric shocks may be used to try to start the heart-beat.
The state of the s	Treatment may be given through a vein.
	The person will not know this is happening.



CPR	CPR can save someone's life but there can be risks.
Chest	CPR can cause bruising or broken bones.
	CPR can make the person be sick and feel really ill.
	CPR can affect how someone's brain works.
	Health staff will make sure that you are supported to talk about CPR if you would like to.
	You can talk about whether it is the right treatment for you.
The second secon	If you think that CPR would not be the right thing for you the doctor will write it on the TEP form.





If you have any questions about TEP or CPR please contact the learning disability team.

Contact details: