Introducing Treatment Escalation Plans in Acute Medicine

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BACKGROUND

• The 2012 NCEPOD report ‘Cardiac Arrest Procedures: Time to Intervene’ and the RCP toolkit 6 for acute medicine both highlight consideration of a treatment escalation plan (TEP) to minimize futile undignified interventions1,2.

• This should be considered for all patients, particularly patients with severe illness as indicated by a high national early warning score (NEWS) of ≥53,4,5,6.

• Communication of DNACPR decision to patient/relative now a legal requirement7.

METHODOLOGY

• A TEP Proforma was designed and then piloted in acute medicine over one week.

• Prospective case note review pre- and post-intervention.

• Comparison parameters were demographics, NEWS, DNACPR decision documentation, TEP documentation and end of life or critical care input.

RESULTS

• 111 patient notes were audited both pre and post intervention.

• Introduction of a proforma lead to a significant improvement in documentation of TEPs (p<0.0001) and resuscitation status (<0.0001).

• A post study questionnaire revealed that junior doctors (100%), consultants (100%) and nurses (100%) thought a proforma was a useful tool and recommended its use.

CONCLUSION

• Medical patients at risk need TEP/DNACPR decision making.

• A designated proforma can significantly improve documentation and communication of TEPs and DNACPR status.

• Junior doctors, consultants and nurses consider TEP proformas a useful tool in acute medicine.

• Implementation of a TEP proforma can avoid inappropriate investigation and treatment.

• It will enhance the quality of patient care and improve patient safety.