CHI no .....

First name ..... DOB ...../...../.....

Last name ..... Sex: ☐ M ☐ F

Address .....

.....

.....

or attach addressograph label here

Hospital: .....

Ward: .....

NHS Lanarkshire

Treatment Escalation / Limitation Plan (TELP) (during Covid-19 emergency)

For all Patients at the Point of Admission to Hospital

This TELP should be used for ALL medical admissions irrespective of their Covid-19 status. GOALS OF TREATMENT are based on the patient's pre-admission health status (the CONTEXT - see list below) and the possibility that certain interventions are likely to be FUTILE.

Consider these factors (for further information see Guidance Notes):

- Age.
- Patient has progressive / significant cardiac or respiratory disease; diabetes with severe complications; other life-limiting co-morbidities; advanced cancer. Is the patient possibly in the last year of life?
- Advanced frailty / poor peformance status. Is the patient completely dependent for ADLs?
- Exercise tolerance; can walk only around home / less than 20 metres.
- Nursing home resident.
- He/she has specific wishes regarding appropriate / inappropriate medical interventions.
- For suspected COVID+ patients - assess physiological status:
  1 = not hypoxic incl. with O_2; **2** = hypoxic despite O_2; **3** = hypoxic with shock; **4** = moribund.
  For grade 3, prognosis = very poor. For grade 4, prognosis = unlikely to survive; needs palliative care.
  If in doubt about future escalation / limitation options then discuss with ITU staff.

Does the patient have decision-making Capacity? ☐ Yes ☐ No

If not, then the provisions of the Adults With Incapacity Act (Scotland) 2000 apply.
Discussion / explanation of the Plan with patient or next of kin (NOK), welfare attorney or important others is important. This may be difficult if patient lacks capacity / NOK are not available / the patient is in isolation. Documenting discussion or reasons for no discussion briefly / later is important.

REMEMBER TO COMPLETE PAGE 2 OF THIS FORM

A TELP must ALWAYS be used when a DNACPR order is being put in place.

Treatment Escalation / Limitation Preferences

NON-COVID - For full escalation, including CPR* ☐

COVID - For ITU assessment later if patient deteriorates* ☐

Do not attempt CPR

Escalate / Limit Treatments using options below ☐

☐ **HDU level of care*** (non-COVID patients only: see Guidance Notes)

☐ **For end of life care. Symptomatic and comfort measures only***

☐ **Standard ward-based care only*, with no further escalation**

***Other Investigations, interventions or treatments considered appropriate or inappropriate,** e.g. IV fluids, surgical procedure, imaging, antibiotics (NB. not appropriate for terminally ill patients)

Appropriate: .....

Inappropriate: .....

.....

Consider whether or not Early Warning Score monitoring (NEWS) is appropriate? **NEWS?** ☐ Yes ☐ No

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Patient name:	CHI number:

Discussion and Documentation

This plan has been discussed with:

Patient	☐ Yes	☐ No
Family / Carers	☐ Yes	☐ No
ITU Consultant	☐ Yes	☐ No
Receiving Specialty	☐ Yes	☐ No

If discussion with patient / family has not been possible for any reason this should also be recorded:

Person Completing this Document

Print in Capitals:

Position:

Signature:

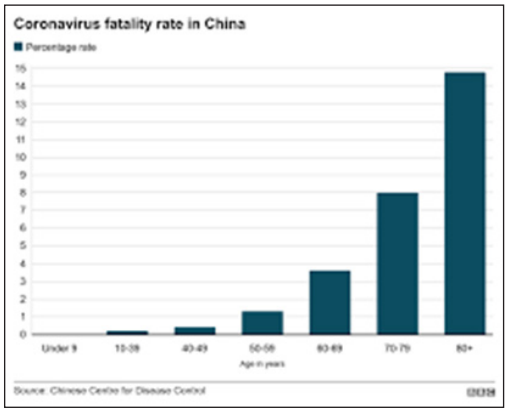
Date: ...../...../..... **Time:** ..... : .....

Consultant Responsible:

Initials: **Date:** ...../...../.....

Guidance Notes

1. **This TELP** is for use during the Covid-19 emergency. With limited resources, priorities will have to be considered, harms avoided, and APPROPRIATE treatments provided, including possible end-of-life care.
2. **Escalation to ITU / HDU.** Later escalation to ITU for COVID patients should always involve ITU consultant. Referral details (form) required. At present, evidence indicates that escalation to HDU for high flow O_2 and NIV is ineffective for COVID patients and is hazardous to staff. If COVID patients deteriorate, then ITU should be considered unless the limit of treatment is already stated as "ward care only" or "palliative care only".
3. **Age.** For COVID patients, age is relevant as to outcomes (see figure). However, there is no age cut-point for intervention / non-intervention (i.e. ITU). Together with pre-admission health status, age needs to be considered before setting the GOALS OF TREATMENT and the boundaries for ESCALATION / LIMITATION (blue boxes).



4. **Pre-admission health status.** The "yellow box" gives you a check list to be considered. The CONTEXT is critical for setting the TELP boundaries (blue boxes).

   Frailty. Some patients are frail without progressive disease or organ dysfunction. You may wish to refer to the Rockwood Clinical Frailty Score. If it is 6 or more, then escalation beyond "ward care" or "ward care with palliative treatments" is unlikely to achieve any benefits.
   See: https://goodneighbourschorlton.files.wordpress.com/2014/08/frailty-scale-smaller.jpg (easy)

   Co-morbidities. The Gold Standards Framework: is the patient likely to be in the last 12 months of life (prior to the present acute illness)? Some material is already included in the "yellow box" Step 1 = The "Surprise Question" = "In the absence of a Covid-19 infection, would you be surprised if this patient were to be deceased within the next 12 months?" AND Step 2 = "If 2 or more of the following are true, then the patient is likely to be in the last 12 months of life":

Gold Standards Framework: Step 2		
• Increasing frailty • Dependence for ADLs • Unplanned hospital admissions • Progressive weight loss (>10% in 6 months)	• Advanced disease • Multiple morbidities • Declining functional ability • Sentinel event, e.g. transfer to nursing home, significant fall, etc.	• Bed or chair bound >50% of day • Decreasing response to treatment • Decreasing reversibility • Serum albumin <25g/l

   If the patient is likely to be in the last 12 months of life, then "ward-based care" or "ward-based care including palliative treatment", are likely to be appropriate without further escalation.
5. **Current disease severity.** The TELP provides information about whether to escalate or not in the event of further deterioration. Patients who are not frail / not likely to be in the last year of life and whose resp. status is stable (SaO_2 >88% on/off oxygen) **should be discussed with ITU consultant if they deteriorate further**. Patients who are already moribund are unlikely to benefit from escalation and should be given adequate palliative care.
6. **Discussion with the patient or family may be difficult.** The approach should be informed by this video: pic.twitter.com/B3SHupjzHm (highly recommended). The aim is to communicate prognosis and appropriate GOALS of TREATMENT on the basis of the hard facts. Avoid GOALS OF TREATMENT based on "the benefit of the doubt".