

Emergency care and treatment decisions



Information for patients, relatives, carers
and friends

This leaflet explains what an Emergency Care and Treatment Plan (ECTP) is and how we use it to ensure you get the right treatment when you are admitted to hospital in an emergency. We want to make sure you agree with this plan, so please talk to us so we can answer your questions and be sure you understand.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.

Ensuring your safety is our primary concern.

What is an ECTP?

Some people may have written an Advance Care Plan. This is used to let the doctors and nurses know how you would prefer to be treated and cared for if you are too ill to let them know your preferences. It will usually include information about emergency care and treatment.

If you do not have an Advance Care Plan and you are admitted to hospital very unwell, the team caring for you will write an Emergency Care and Treatment Plan (ECTP) for you.

It is a form that records what care and treatment you would or would not want if you are acutely unwell, your health gets worse and you are too ill to explain those choices at the time. It makes sure that your wishes and preferences are known in an emergency.

The ECTP aims to ensure that you get the best possible treatment for your individual situation. It cannot be used to request or demand treatments that will not help you.

Why is it a good idea to have an ECTP?

The decisions written down in an ECTP will guide the health professionals who are looking after you in an emergency. This may include doctors, nurses and ambulance paramedics. They may not have met you before and may not know the full details of your health or your wishes. They may be looking after you at home, in a hospital, in other places such as nursing home or hospices, or during an ambulance journey.

Does it matter how old I am or that I have a disability?

No. An ECTP can be used for people of all ages and all abilities, including children and young people.



Who should think about having an ECTP?

If you are very unwell or near the end of your life you should think about writing an ECTP. Healthcare professionals may approach you, or you can ask them to help you write it.

When should I write an ECTP?

If you are seriously ill or have significant medical problems and there is a chance that you could die within the next year, we recommend you talk to your doctors about an ECTP. This gives you time to discuss it with health professionals looking after you and the people who are close to you so you can make the best choices for you.

If you have a disability or condition that could lead to an emergency when you are unable to make decisions or let anyone know them, you should consider writing an ECTP when you are well and able to make choices. For example, a person who has epilepsy may have a sudden emergency in which they become unconscious. Even though they are well in between such episodes, they may want to make clear what types of care and treatment they do and do not want to receive.

In fact, it is never too early to write down what you would like to happen, since not everyone gets a warning before needing emergency care. By doing it now, you have time to discuss and plan. You can always change your ECTP if you change your mind.

Where is the ECTP written?

An ECTP can be written wherever you are when it is needed.



What types of care and treatment will be considered and put on the ECTP?

Your medical team may need to make decisions about the medical care that is appropriate for you, depending on your wishes and on the chances of the treatment helping you. The choices will depend on why you have come to hospital and your underlying medical condition(s). If you are well enough, your medical team will discuss with you the treatment options that are suitable for you as fully as they can.

These are some of the treatments that they might discuss:

- antibiotics
- non-invasive ventilation
- dialysis
- admission to intensive care
- cardiopulmonary resuscitation (CPR) if your heart or breathing stops.

Some people might prefer to be treated more gently while others will want every possible treatment. Some people would prefer to be allowed to die at home while others want to be taken to hospital to die.

Is an ECTP only about not being given certain treatments?

No. The ECTP can tell us what you do want as well as what you do not want. In many cases, it will make it clear that you should be offered all possible treatment.

Will the ECTP mean all treatments and care are withdrawn?

No. You will continue to be given all treatments and care that will benefit you and that you accept.



Can I use an ECTP to insist on having treatment?

No. Neither you nor your family can demand a treatment that the healthcare professionals do not think will benefit you. But you can make clear what treatments you would prefer to have and what treatments you would prefer not to have.

Can the ECTP be used wherever I am?

Yes. It can be used in your home, in a hospital, a hospice, a care home, a nursing home and during ambulance journeys.

Can I change my mind?

Yes. If your condition or circumstances change, or if your views about earlier decisions alter, please tell the healthcare team looking after you so they can update the ECTP.

Who makes the decisions and writes an ECTP?

The health professionals who are looking after you must give you all the information you need and want about your health and the treatments available, so they fully consider your views when they make decisions about your treatment and care.

You can involve your family, friends or carers in these discussions so the best decisions are made. If you do not want your family or others to know about your condition or the choices you have made, please make sure that your healthcare team knows so they can respect your wishes and your confidentiality.

If you are too unwell to discuss the decisions that are needed for an ECTP, the healthcare team will talk to your family or other people who are able to speak for you, to understand what you would have wanted. If your family are not available and it is an emergency, the healthcare team will make decisions in your best interests.



Your family and other carers cannot legally make decisions on your behalf, unless they have been given legal authority to do so, such as a Lasting Power of Attorney or as a Guardian or Welfare Attorney. Without this legal authority, they can only be invited to help with the decision.

Is the ECTP legally binding?

No. It helps healthcare professionals to make decisions about you when you are very unwell so they can act in your best interests. It is a guide and how they use the information in the ECTP will depend on the situation at the time.

In England and Wales, if you want to legally refuse one or more types of treatment, you need to make an Advance Decision to Refuse Treatment (ADRT) – also known as a ‘living will’ – with help from health professionals and with legal advice.

Why is there a special section about CPR on the ECTP?

Cardiopulmonary resuscitation (CPR) is used when someone suddenly collapses because their heart and/or breathing have stopped. Starting CPR straight away will give some people the chance of recovery.

Not doing CPR straight away reduces the chance of success, so health professionals usually try to start CPR without delay. But CPR, particularly in very ill and frail patients, can also cause injury (see the next section, Why shouldn't everyone be resuscitated?).

It helps the staff who need to treat you if they know beforehand whether you do or do not want CPR. This means they can start CPR without delay for those who might benefit from it and want it, and not start CPR on those who would not want it or benefit from it.



Why shouldn't everyone be resuscitated?

CPR often fails to restart the heart and breathing. When the heart stops as part of the natural process of dying, CPR will not prevent death. In some cases, it can prolong dying or suffering.

The treatment involves violent pressing on the person's chest, blowing air or oxygen into their lungs and giving them electric shocks, so if it does not work they do not have dignity in the last moments of their life. Because of this, some people choose not to have CPR and health professionals try to avoid doing CPR when it will not stop a person from dying and could harm them.

I do not want to have CPR – how do I make sure this is known?

The ECTP is a guide for the staff who are treating you. If you want to make your wish not to have CPR legally binding, you should also make an Advance Decision to Refuse Treatment (ADRT) if you live in England or Wales.

What if I do not want to talk about any of this?

You do not have to talk about these matters if you do not want to. If necessary, your healthcare team will make decisions for you when they are needed.

If you change your mind at any time and want to discuss having an ECTP, please talk to someone you want to help you to make the plan.



Can I see what's written about me?

Yes. You can and should know what is written about you. You can discuss this with your healthcare team and you can request access to your medical records by contacting the Patient Records Service on **020 3299 3559**.

I still have some questions or concerns – who should I ask?

Talk to a member of the healthcare team looking after you. Ask the person who you find it easiest to speak to. If they cannot answer your questions or concerns they will find someone who can help you.

Is there anyone else I can talk to about this?

As well as the healthcare team looking after you, you can talk to other people about the decisions in your ECTP. Your healthcare team may also ask them for guidance if you cannot speak for yourself.

They include:

- friends and family
- patient support groups
- spiritual carers or advisers
- independent advocacy services.

Are there any other resources that might be useful?

Further information, including individual stories shown on video, are available on the national website **www.talkcpr.wales**



Useful contacts

Denmark Hill

Palliative care team: 020 3299 4060

Chaplaincy: 020 3299 3522

Princess Royal University Hospital

Palliative care team: 01689 865667

Chaplaincy: 01689 863912

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: **020 3299 3601**

Email: **kch-tr.pals@nhs.net**

**You can also contact us by using our online form at
www.kch.nhs.uk/contact/pals**

PALS at Princess Royal University Hospital, Farnborough Common,
Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: **kch-tr.palskent@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.



