

# Patient information

## Escalation Plan and Resuscitation Status (EPARS) Form

### Introduction

This booklet is for patients, relatives, carers and friends to help understand the use of the Escalation Plan and Resuscitation Status (EPARS) process and documentation.

The West Suffolk Hospital uses an electronic system for completing patient documentation, the EPARS form is embedded within this system.

It aims to answer any questions that may arise and help you consider the issues involved.

Our aim is to explain:

- What the EPARS form is and why we complete it for all of our patients
- What we mean by active treatment plan, escalation and best supportive care.
- What is cardiopulmonary resuscitation
- How decisions about treatment are made

### What is an EPARS form used for?

This form is used in order for the health care professionals looking after you to make choices about what treatments are appropriate for you or your relative.

Doctors need to think about which treatments are right for each of their patients. For the vast majority of patients, all active treatment is appropriate, including escalation to a higher level of care (such as intensive care) should the need arise.

The doctor will discuss with you why you are in hospital (i.e. due for an operation or as an emergency admission) and will decide with you what treatment is appropriate for your condition. For example you may be admitted to hospital for something as simple as antibiotics for an infection, or perhaps you are due to be admitted for an elective operation.

## **How will it be decided what treatments and escalation I will have, if I agree?**

The doctors and other members of the health care team will decide the treatments that are appropriate for your condition, and will discuss these with you / and or your relative. The doctor looking after you will not always talk to you in detail about your active treatment, as it may be obvious that all necessary treatment will be given whatever the circumstances.

In some circumstances, particularly if you (or your relative) are very unwell with a number of conditions, the doctor will need to consider the following:

- The wishes of the patient now or previously expressed
- The chances of a treatment being successful
- If the treatment may cause immediate harm, or long term impairment
- If it is appropriate to talk to you or your relatives about which treatments and level of escalation is necessary for you

Your wishes regarding treatment will always be considered, and the doctors will try to discuss these with you wherever possible. Sometimes the health care team may need to discuss these with your relatives or close friends. Family and others may give their opinion and views, but do not decide which treatments are best for a patient, these decisions rest with the senior doctor in charge of your care.

The health care team decide about the best care and treatment for each individual patient, and do not make choices based on age, disability or cost.

## **Patient's rights regarding treatment choices**

The law states that in this country, patients have the right to refuse treatment, however a patient does not have the right to demand treatment that a doctor feels is unsuitable for them.

The doctor and health care team may decide that a treatment or escalation to a higher level of care may not be appropriate.

For example

- If the treatment is not indicated for that particular condition
- Or the health care team believe that a patient would have very little chance of surviving the treatment, or benefiting from admission to the Critical Care Unit.
- Or that the risk of harm to the patient outweighs the benefits of giving the treatment

If a patient or relative does not agree with the decision of the health care team, they may ask for a second opinion from another doctor.

Many patients can be offered a variety of treatments that are appropriate for them at the time, however occasionally treatments such as escalation to a higher level of care if a patient deteriorates despite medical intervention may not be suitable. In addition, for a small number of patients, cardiopulmonary resuscitation (CPR) may not be appropriate.

## **What is Cardiopulmonary Resuscitation (CPR)?**

Cardiopulmonary resuscitation is also known as CPR and is the emergency treatment used to attempt to restart a patient's heart and breathing if they stop. When the heart and lungs stop working, it is called cardiopulmonary arrest or cardiac arrest. Cardiac arrest should not be confused with a heart attack, in which the heart and breathing do not usually stop.

CPR may include all or some of the following:

- Forcefully pushing down on the chest (called chest compressions);
- Using electric shocks to start the heart (called defibrillation);
- Artificially inflating the lungs to supply the body with oxygen;
- Administering special medications.

## **How effective is CPR?**

Everybody is different, and it is often difficult to know how well treatments, including how CPR will work for each individual.

If a patient is already seriously ill, or has a severe chronic or long term disease, a CPR attempt may not be appropriate for them. Patients who are successfully resuscitated, are almost always still extremely unwell afterwards, and often need more treatment in an intensive care environment. Some patients may never fully recover after CPR, and often pass away shortly after.

Evidence clearly shows that CPR is very unlikely to be successful in many circumstances, and some patients prefer to die peacefully, with dignity. This is often the case when patients have many other things wrong with them, and attempting to re-start their breathing and heart would not be beneficial or against their wishes.

CPR is not necessarily discussed with all patients and relatives, only those that the clinician feels will benefit from a conversation.

If you would like to know more about CPR, the hospital has another leaflet with more detailed information – please ask a member of the health care team.

## **In summary**

- The EPARS form is completed for all patients on the wards
- The EPARS form is completed within the hospitals electronic patient notes system
- The EPARS form and process is designed to help health care teams and patients decide on appropriate treatment and escalation plans
- For some patients, CPR may not be appropriate
- Please talk to a member of your health care team about treatments

*If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the disabledgo website link below:*

*<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>*