

TEP form use during COVID-19 pandemic

The [Devon Treatment Escalation Plan \(TEP\) and Resuscitation Decision Record form](#) is a vital tool to enable communication between healthcare professionals, both in and out of hours.

Completion of the form during the COVID-19 pandemic is more important than ever. It can help protect patients from admission and invasive treatments, if this is their wish, or it is felt to be clinically inappropriate for them.

TEP discussions are part of [Advanced Care Planning](#) and can be undertaken by any professional involved in the patients care. During COVID-19, thought must be given to specific ceilings of care and the [difficult decisions](#) that would take place in hospital.

These should be personalised discussions, taking into account the wishes and health status of the individual. Blank Do Not Resuscitation [policies](#) should never be enforced.

TEP forms must be completed by a doctor or a registered nurse (if their employing organisation deems them to be competent). However, completion can take place based on the discussion with a different health care professional. For example, in care homes, the staff are often better placed to have these conversations which can take place gradually over time.

What are the key messages around the TEP form?

1. It is a form for recording your clinical discussions and decision making.

It is not a legally binding document. Common sense and professional judgment should be applied to who should have one and how it is interpreted.

2. The form should be filled out as fully as possible.

- Patient demographics, clinician's details (including GMC/NMC number) and Mental Capacity status must be recorded.
- It is not mandatory to complete all of the treatment options section. The amount of information captured on the TEP form should reflect the individual treatment plan for each patient at that particular point in time. Individual situations change and TEP forms should be reviewed and amended to reflect this.
- Please complete the rationale box – detailed and relevant information significantly improves clinical decision making at the time when it is needed.
- Documentation of the patient and relative discussions will ensure effective communication. This is of particular importance if the patient lacks capacity. For patients lacking capacity, a [best-interests decision](#) and the reasoning behind it should always be clearly documented in the clinical notes.

Deciding whether or not CPR should be offered to a patient is a [clinical decision](#). However, you should actively seek to explain decisions around DNA-CPR and treatment escalation with patients and families.

- If you consider that such discussions will cause significant harm to your patient, or it is clearly impossible, you are not obliged to do so.
- You must clearly document your reasons for not involving patients in discussions about DNA-CPR

4. The Treatment Escalation Plan (TEP) is only effective if everyone knows it exists – please code appropriately, save a copy on your clinical system and upload to the Electronic Palliative Care Coordination System (Adastra End-of-Life register). To access EPaCCS email ddooh.eol@nhs.net

5. The most up-to-date TEP form should accompany the patient when moving across different healthcare settings.