This EHCP contains information to help communication in an emergency for the individual, to ensure timely access to the right treatment and specialists
This form does not replace a DNACPR form, advance statement or ADRT
Copies of this document cannot be guaranteed to indicate current advice- the original document must be used

Name of individual: ***Mr Template*** NHS no:
Address: Date of birth:
Postcode: Hospital no:
Next of kin 1: Phone: Relationship:
Next of kin 2: Phone: Relationship:
For children and young people, who has parental responsibility?

GP and practice details:
Lead nurse: **Place of work:** Tel:
Lead consultant: **Place of work:** Tel:
Emergency out of hours **Person or service** **Tel:**
Other key professionals:
Place of work: Tel:
Place of work: Tel:
Place of work: Tel:
Place of work: Tel:

Underlying diagnosis(es): **For children: wt in kg** **Date**

diagnosis 1 - most troublesome condition
diagnosis 2 -etc

Key treatments and concerns you need to know about in an emergency
(eg. main drugs, oxygen, ventilation, active medical issues)
- important/essential regular meds
- any 'as required' meds in the house? O2? Indications for using these.
- any relevant recent treatments, e.g. chemotherapy, surgery

Important information for healthcare professionals (if necessary use p3 for additional information)
Understanding of illness and awareness of any potential emergencies by the individual, partner, parents or relatives.
Has the individual with capacity refused any treatments in advance?
If the individual lacks capacity has a MCA best interests meeting made a decision regarding treatment?
Have healthcare professionals made clear that specific treatments will not work or benefit the individual?

Anticipated emergency(ies)

1. First possible emergency: include lay description for partner, relative or parent

2. Second possible emergency: repeat process. Typeface will reduce in size to accommodate more writing in box on right-->

3. If type is becoming too small, continue list of possible emergencies and associated actions on p 3.

What to do

For each possible emergency:
a. What is the possible emergency? (write in LH column <--)

Partner, relative or parent:
b. How will the individual and closest carers recognise it is happening?
c. Should carers call for urgent help immediately for this emergency?
d. What first aid steps should carers take, e.g. use angina treatments, inhalers, analgesics, have a cup of tea, distraction? For how long should they persist with first aid before asking for professional help?
e. If the first aid steps (if appropriate) don't suffice, who should be called? Name and number, and 'script' for caller.

Professionals:
f. What actions should the attending healthcare professional take? List these as escalating steps of care.
g. Escalating steps may include early steps to be taken on arrival at hospital, if admission is considered appropriate, or may include recognition of dying and commencement of local protocol for care of dying patients.
h. If a patient requests not to have CPR, or if CPR is agreed to be futile, then a DNACPR form should be completed and kept with the EHCP.
i. Any drugs for use in emergencies must be prescribed on a Community prescription form that is kept with the EHCP. A safe place to store the drugs should be identified and described in the EHCP.

If a DNACPR decision has been agreed, complete the regional DNACPR document

Background information about these decisions

YES NO Does the individual have the capacity to make these care decisions?

YES NO n/a Has there been a team discussion about treatment in this individual?

YES NO n/a Has the individual been informed of the decision?

YES NO n/a Has the individual agreed for the decision to be discussed with the parent, partner or relatives?

YES NO n/a Has this individual made a verbal or written advance statement?

For children:

YES NO n/a Have those with parental responsibility been involved in the decision?

For those aged 18yrs and over

YES NO n/a Has their Personal Welfare Lasting Power of Attorney, court appointee or IMCA been informed of this EHCP?

YES NO n/a Has an Advance Decision to Refuse Treatment been written by this individual?

Individuals involved in these decisions:

Doctor or nurse (obligatory) **Responsible senior clinician's signature:**	**Name:** **Date:** **Status:**

Name of individual: *Mr Template* NHS no:

Additional information

If required, please use this page to write any additional information that will inform the clinical team

Further detail about
-underlying illness(es)
-individual's understanding of illness and possible outcomes
- understanding of illness and possible outcomes by the partner, relative or parent
- individual's known preferences about place of care and any interventions they would wish to refuse

Statements: e.g.

1. in any emergency, if the patient's expressed wishes are different from the written EHCP, then those wishes take priority if they still have capacity to make this decision - the EHCP is advisory and not legally binding.

2. Any other healthcare events should be managed as deemed most appropriate by the attending clinicians at the time, bearing in mind the individual's views (as reported by patient or, if lacking capacity, by the partner, relative or parent), e.g. long bone fracture is usually best managed by hospital admission; sepsis at the end of life might be managed at home if hospital admission is undesirable.

Continue list of anticipated emergencies from page 2.

GUIDANCE FOR PROFESSIONALS & INFORMATION FOR INDIVIDUALS AND THEIR FAMILIES ON THE PREPARATION AND COMPLETION OF AN EMERGENCY HEALTH

The priority at all times is to ensure that the individual has the best possible quality of life. Symptoms must **always** be addressed, taking the most expert advice that is possible. If you feel out of your depth in managing this situation or consider that the individual is suffering **in any way**, you **must** seek expert assistance – please use the contact information on page 1.

Once completed, pages 1 & 2 can be printed and signed by the responsible senior clinician. If preferred, this can be laminated back to back to ensure the plan remains readable as it follows the individual in all settings. Page 3 is an optional page if more information needs to be documented.

IF THE FOLLOWING AIMS ARE NOT MET OR CAUSE CONCERN, PLEASE DISCUSS WITH THE PERSON WHO PREPARED THE PLAN, THE GP OR THE HOSPITAL SERVICE

AN EHCP SHOULD

- Make communication easier in the event of a health care emergency.
- Be updated whenever the individual's condition changes significantly, but does NOT time expire and should be taken into account whenever it is presented in an emergency.
- Reflect the views of the individual, in so far as these can be ascertained, their family and the multidisciplinary team.
- Include any emergencies that are likely to occur, including the action to be taken by the lay person and the information needed by front line health workers in order to give the best care to the individual.
- Include what has been discussed and agreed with the individual wherever possible, their family and multidisciplinary team about what level of care is considered to be in the individual's best interests.
    - This may be a statement that confirms that the individual should be assessed and managed as per advanced life support guidelines. It may be nesessary to affirm this, where the individual appears ill or disabled but where front line health workers may inadvertently make false assumptions about the individual's quality of life because of their lack of knowledge about the individual's condition and quality of life when well. It is very important to have a plan to protect the equal right of individuals to full care wherever this is in their best interests.
    - For those where there is uncertainty about the outcome of interventions at the time of an emergency, there should be a clear statement that basic life support should continue until the most senior clinician available at the time can assess the individual and if possible discuss with their next of kin as to the most appropriate care plan in the circumstances, that is in the individual's best interests.
    - For those individuals where, based on best available evidence, it is known that there are no medical or technical interventions that can make a significant positive difference to length of life, it should be clearly stated that at all times:
        - the individual should be afforded dignity, the best possible quality of life and to continue to be as actively involved in decision-making as is possible
        - all symptoms should be actively managed
        - health workers should seek the most expert advice available and know the clinical networks to use to seek the best advice 24/7 for symptom control
        - the individual should be allowed a natural death when their time comes
        - the wishes of the individual and their family about choices for end of life care should be ascertained in advance, recorded and respected

EHCP Review

- **The EHCP does not time expire, but the EHCP should be reviewed regularly as the individual's condition changes**
- **A new EHCP should be written if circumstances change and the previous EHCP should be crossed out and marked as 'invalid'**

If there are any doubts about the content of the EHCP there should be a discussion between the individual (if they have capacity), parents/carers and the most appropriate senior available clinician at the time of the emergency to ensure that the EHCP still reflects the individual's best interests and current management plan.