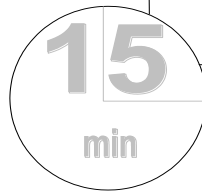


CLiP

15 minute Worksheet



Planning care in advance

6: Emergency Health Care Plans (EHCPs)

Advanced level

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Aim of this worksheet

To understand Emergency Health Care Plans.

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, and then turn to the Work page overleaf.
- Work any way you want. You can start with the exercises on the Work page using your own knowledge. The answers are on the Information page - this is not cheating since you learn as you find the information. Alternatively you may prefer to start by reading the Information page before moving to the exercises on the Work page.
- This CLiP worksheet should take about 15 minutes to complete, but will take longer if you are working with colleagues or in a group. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know.
- Use the activity on the back page and take this learning into your workplace.

Case study

Bill is a 54 year old man with epilepsy who developed weight loss and intermittent diarrhoea. Investigations showed a carcinoma of the colon with liver metastases. He has had several episodes of vomiting which meant he could not take his anticonvulsant medication. This has resulted in several seizures. He is clear he would want these seizures treated but does not want to be treated if there is no hope of recovery.

v3

An Emergency Health Care Plan

Correct answers = 1, 3, 6

...should:

- Make communication easier in the event of a health care emergency.
- Be updated whenever the individual's condition changes significantly.
- Follow the opinions of the individual with capacity (or the best interests of the individual who lacks capacity)
- Include any emergencies that are *likely* to occur
- Include the action to be taken by the any carer, including a partner, parent or relative
- Include what has been discussed and agreed with the individual wherever possible, their family and care team

But should...

- Not time expire and should be taken into account whenever it is presented in an emergency.
- Not include every emergency that *could* occur
- Not be a list of medical opinions regarding treatment
- Not be restricted to limiting treatment (an EHCP can limit response to some emergencies while encouraging treatment for other emergencies).
- Not be called a 'ceiling of care' (care is a fundamental right and cannot be limited)
- Not be legally binding (unless backed by a valid and applicable ADRT)

Who decides when to start a conversation about emergencies?

Who decides: If it can be assumed that Bill has capacity for these decisions, only he can decide. In this case it is not the healthcare professional's job to make this decision and patients should never be burdened by questions delivered without warning or preparation. This can only be done as dialogue in which the professional checks what Bill understands and whether he wishes to know more.

If Bill is suspected of having an impairment or disturbance of mind or brain *and* a capacity test shows he does not have capacity, the EHCP must be discussed as part of a Mental Capacity Act best interests meeting.

When to start a conversation: Some events such as a recent crisis or a deterioration can prompt a dialogue, but the patient should remain in control of the information and discussion. Many patients will initiate the conversation by asking questions after or during such events, while some will ask questions much earlier while they are still well.

What if Bill does not want a conversation? Any dialogue includes respecting a patient's wish not to have such a discussion and not to have an EHCP. Insisting on having this dialogue can be traumatic for some patients with long lasting effects. If Bill is clear this is too difficult to discuss, give him time- he may be able to discuss this later after some thought. In the meantime, an EHCP cannot be completed and emergencies will have to be decided by the clinicians present at the time.

Possible wording of EHCP

Seizure: *If seizure does not resolve after 5 mins, give 5mg buccal midazolam (in fridge). Repeat after 5 mins if no response. Admit to hospital if seizure persists.*

Fall with suspected fracture: *admit to check for fracture and consider surgical treatment if this is needed.*

Pneumonia: *call GP to treat with oral antibiotic. If no response do not admit to hospital and treat symptoms as needed (see ADRT)*

Bowel obstruction: *exclude constipation. Start 6mg daily SC dexamethasone daily. If no response, do not admit to hospital (or return home) and manage symptoms only. See ADRT and DNACPR refusing CPR in this situation.*

Unresolved seizures resulting in irreversible hypoxic brain damage: *return home and treat symptoms only. See ADRT and DNACPR refusing CPR in this situation.*

MCQ

1. **F** An EHCP is meant to provide anyone present with sufficient detail to know what to do. This can include drug doses, routes and frequency.
2. **F** Their purpose is to individualise decisions regarding anticipated emergencies. Bill wants treatment for some emergencies that may need hospital admissions (eg. seizure control), but would want to remain at home (or return there) for other emergencies (eg. irreversible brain damage).
3. **F** This can still be written but would have to be decided by a Mental Capacity Act best interests meeting.
4. **T** Some use a 'message in the bottle' while others use a yellow envelope system. Keeping either in the fridge allows ambulance crews and others to find the document easily.
5. **T** It is understandable that copies are made but these may no longer be the current decisions- only the original form is the current form.

Choose



Those features that best describe an EHCP

1. Can limit treatment for some emergencies and encourage treatment for other emergencies
2. Only limits treatment
3. Includes actions to be taken by any carer
4. Describes a ceiling of care
4. A legally binding document
5. Does not time expire
6. Lists medical opinions

Reflect

Who decides when to start a conversation about emergencies?
What should you do if Bill does not want to have this conversation?

Write

Suggest some wording for Bill's emergencies

Seizure:

Fall with painful hip:

Pneumonia:

Bowel obstruction:

Unresolved seizures resulting in hypoxic brain damage:

True
or
false

- | | | |
|---|------|-------|
| 1. EHCPs should give general advice about an emergency | True | False |
| 2. The purpose of EHCPs is to reduce hospital admissions | True | False |
| 3. An EHCP cannot be written for a person who lacks capacity | True | False |
| 4. An EHCP can be kept in the fridge | True | False |
| 5. Only the original form can be sure of being the current form | True | False |

FURTHER ACTIVITY: Emergency Health Care Plans

Think of the last emergency involving a patient who lacked capacity to make decisions.
Would an Emergency Health Care Plan have been helpful?

FURTHER READING: Emergency Health Care Plans

Key documentation

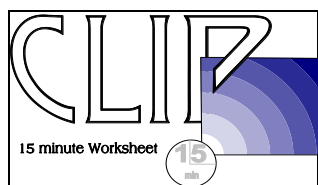
Capacity, care planning and advance care planning in life limiting illness: a guide for health and social care staff. NHS End of Life Care Programme, 2011: www.endoflifecareforadults.nhs.uk/publications/pubacpguide

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Further resources

Deciding right initiative on www.nescn.nhs.uk/deciding-right
EHCP form on: www.nescn.nhs.uk/deciding-right/regional-forms
EHCP exemplars on www.nescn.nhs.uk/deciding-right/resources



Current Learning in Palliative care
An accessible learning programme for health care professionals

15 minute worksheets are available on:

- An introduction to palliative care
- Helping the patient with pain
- Helping the patient with symptoms other than pain
- Moving the ill patient
- Psychological and spiritual needs
- Helping patients with reduced hydration and nutrition
- Procedures in palliative care
- Planning care in advance
- Understanding and helping the person with learning disabilities
- The last hours and days
- Bereavement

Available online on
www.clip.org.uk