

Is the resident on your Supportive Care Record?

BEFORE YOU CALL 999

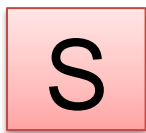
CONSIDER



HAS the patient got a DNACPR (Do not attempt cardiopulmonary resuscitation) or an Advance Decision to Refuse Treatment (ADRT)? Is there a care plan in place? CONSIDER WHERE THE PERSON IS ON THEIR JOURNEY.



OPTIONS Are the patient's symptoms acute or longstanding? What medication/treatments have been tried? Could symptoms be better managed with a different route of administration?



SYMPTOMS Can any of the symptoms be reversed by any treatment that you can give? Have you liaised with the Primary Care Health Team for advice?



PPC Does the resident have an advance care plan, e.g. Preferred Priorities for Care (PPC)? Consider does the resident wish to be transferred to hospital or to be managed within the care home?



IS the patient entering the dying phase of their life? Consider is the person well enough to be moved?



TEAM Has the multidisciplinary team (MDT) identified this person as coming to the end of their life? If so, have the MDT been involved in the decision to transfer the resident to hospital.



AMBULANCE SERVICE If the resident has a PPC, ADRT and/or DNACPR in place and needs to be transferred by ambulance to hospital do you need to inform the service and have copies of these documents available with the transfer form?



LISTEN TO THE PATIENT AND FAMILY! Have you discussed with the patient/family their possible admission to hospital? Have you discussed with the patient/family that PPC may not be achieved if they are admitted to hospital?

N.B. If the resident is not in the dying phase of life and symptoms are acute and potentially reversible then admission would be appropriate with a view to rapid discharge home.

These prompts are to be considered to support your clinical decision making only