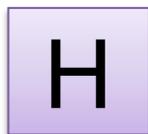


Is the resident on your Supportive Care Record?

BEFORE YOU CALL 999

CONSIDER



HAS the resident 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 resident'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 resident entering the dying phase of their life? Consider if they are well enough to be moved?



TEAM Has the multidisciplinary team (MDT) identified this person as coming to the end of their life? If so, has 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 or originals (depending on local policy) of these documents available with the transfer form?



LISTEN TO THE RESIDENT AND FAMILY! Have you discussed with the resident/family their possible admission to hospital? Have you discussed with the resident/family that their preferred place of care/death 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