I am writing to let you know about trust wide dissemination of the treatment escalation plan (TEP) for adults > 18 years. This has been developed in conjunction with clinical staff across all areas and via the appropriate governance routes. Please could all medical, nursing staff and therapy staff familiarise themselves with this new form. **The folders should be within all clinical ward areas by the end of the week/early next week and should be placed next to the DNACPR folder**

Treatment escalation plans (TEP)

These are documents which detail key information for decision-making in regard to escalating care in the event of clinical deterioration, especially out of hours. TEPs do not replace the DNACPR forms. You may encounter individuals who have a ReSPECT form – these are currently not being used in this trust and it is likely that the individual who has been admitted with a ReSPECT form has a UHS specific DNACPR and TEP form completed for clarity, by the clinical team. **A TEP DOES NOT replace clinical judgement when assessing a patient.**

- Please could you all familiarise yourself with this documentation and the location of the folders – next to the DNACPR folders. Spares will be stored in X – if they are depleted, this link should take you to generic TEPs that are freely downloadable and colour printed.

https://tigerink.co.uk/tep/

Clinical Information

WHAT ARE TEPS?

- They clearly describe the **ceiling of care** for patients, e.g.:
    - For Level 2/ 3 Care (up to and including ITU)
    - For Level 2 Care (up to and including HDU/CCU)
    - For Level 1 Care (e.g. ward based care with CCOT input)
    - Level 0 care (ward based)

Symptom directed or palliative

- They also describe the **extent of "ward based care"** in clear language, e.g.:
    - If for IV therapy (e.g. antibiotics, fluids and/or blood transfusions)
    - NEWS activation and frequency of observations

- They also include guidance regarding potential invasive/surgical procedures.

WHO CAN COMPLETE TEP FORMS?

- They can be completed by ST3 grade doctors and above as well as designated professionals (i.e. ANP or Clinical Practitioner, Therapy services) but require the counter signature of a Consultant physician or surgeon. Junior doctors (SHO or fellows) can highlight the need for a TEP to the relevant registrar or consultant if they have had a discussion or the patient volunteers their wishes for treatment/escalation or resuscitation.
- After a TEP has been completed an entry in the medical notes is also required saying this has been done.
- **Completed TEP forms are regarded as indefinite for the duration of the current admission unless clearly cancelled by striking through the form**.

WHERE SHOULD COMPLETED TEP FORMS BE KEPT?

- In the front patient medical notes and behind the DNACPR form (if completed).

Key Points for Consultants and Registrars

- We appreciate that this is yet another piece of paperwork to be completed. However, completing TEP forms ensure that your patients do not undergo unnecessarily invasive care but equally provide clarity on those who require appropriate escalation. They may be completed after the PTWR or as the patient's clinical condition changes.
- **If a patient is for "full escalation" completing the TEP form only takes a few seconds** and ensures that patients receive the escalation of care that you think is appropriate, especially during "out-of-hours" work. A discussion with Critical Care is therefore recommended, especially in view of the current situation with COVID-19

Understandably, new introductions like these will take time to get embedded – please feedback if you have any specific points on its use.