

Talking about Care Planning: RED–MAP

R eady	Can we talk about your health and care?	When would be a good time to talk? Who should join us? This about making good plans for your treatment and care.
E xpect	What do you know? What do you want to ask? What are you expecting...?	How have you been doing recently? What has changed? How do you see things going in the next days/ weeks/ months....? Some people think about what might happen if...? Can we talk about what might happen if you get less well?
D iagnosis	We know... We don't know... Questions or worries?	What is happening with your (<i>health problem</i>) is... We hope that..., but I am worried about... It is possible that you might not get better because... We don't know exactly when..., can we talk about that? Do you have questions or worries you'd like us to talk about?
M atters	What matters to you?	What's important to you that we should know about? Are there things you'd like or wouldn't want for you?
A ctions	What can help... This does not work...	Things we can do are.... Options we have are... This does not work because.../ will not help when/if....
P lan	Let's plan ahead for when/ if....	Can we make some plans so everyone knows what to do? Talking and planning ahead ' just in case ' helps people get better care.

Using RED-MAP to guide discussions about ACP

- Are we ready – do we have the right people, in the right place in a timely way and the right information to share with them?
- What does the patient and family know, expect or want to ask about – this lets us find out how they are coping with the situation and what they know, believe and expect to happen. That might affect how they take in the information we need to share with them. Some people are already aware of what is happening but others are not well informed or find it difficult to be more open.
Using less direct words first like *'Some people think about what might happen if'* can be helpful.
- We share information remembering this might be unexpected 'bad news' that needs to be given slowly in chunks with pauses for people to respond. We can soften the impact by saying. *'it is possible that'* or expressing *'hope'* linked with *'worry'*.
- Having explained the situation, the person and their family are more able to think about what matters most to them now.
- The options we have for treatment and care will depend on what is important to them and their situation (such as where the person is being cared for and what their problems are).
- We reach agreement on a plan for what will fit best with the available options and what is most important for this person. This may not all happen in one conversation.

We suggest some phrases and words that are helpful in each of the RED-MAP steps.