

RED-MAP: Care planning in Hospital

R eady	Introduce ACP¹ and outline why it helps people get better care.
<p>Plan these conversations in advance so everyone is prepared, and the right people are included.</p> <p><i>*Can we talk about what is happening with your health and care? *Should anyone else be involved?</i></p> <p><i>*It is helpful to think ahead and talk about what might happen so we know what is important to you.</i></p> <p><i>*Do you have any kind of care plan already? Is there someone who has Power of Attorney for you?</i></p> <p><i>*We can think about what might happen for (person's name), and what will be of help to them.</i></p>	
E xpect	Find out what the person knows, thinks might happen, or is worried about.
<p><i>*Can I ask what you know about your health problems?</i></p> <p><i>*How have you been doing recently, and has anything changed?</i></p> <p><i>*Have you thought about what might happen if you get less well or seriously ill?</i></p> <p><i>*Do you want to tell/ask me about anything important for you or your family?</i></p>	
D iagnosis	Share health information tailored to the person.
<p>Explain what we know in 'short chunks with pauses' to check for people's reactions and questions. Acknowledge and share uncertainty. Use clear language that supports shared decision-making.</p> <p><i>*You are less well because... *We hope you will improve..., but I am worried that...</i></p> <p><i>*It is possible you will not get better... *I'm afraid you are seriously ill... *I'm sorry, but you could die soon.</i></p> <p><i>*We don't know exactly what will happen or when, but we can plan for what to do if...</i></p> <p><i>*Do you have any thoughts, questions or worries we can talk about?</i></p>	
M atters	Talk about what is important to the person and their family.
<p><i>*Can we talk about how you would like to be cared for? *What would you like to be able to do?</i></p> <p><i>* Is there anything you do not want to happen or wish to avoid?</i></p> <p><i>*What do you think (person's name) would say in this situation, if we could ask them?</i></p>	
A ctions	Discuss realistic treatment and care options for this person.
<p>Options depend on a person's goals and preferences, place of care, and clinical situation/outcomes.</p> <p><i>*What we can do is.... *Options that can help you are..." *It may help, but this could happen...</i></p> <p><i>*This will not help because..." *That does not work for someone when...</i></p> <p><i>*I wish we could do that/give you that treatment (or care). Can we talk about what is possible?</i></p> <p><i>*Can we talk about what going to (the ward/intensive care/home) might mean for you?</i></p> <p><i>*For people who are already in poor health and need help from others at home or in a care home, it may be better to look after them in a familiar place when they are very ill and dying, if that's possible.</i></p> <p><i>*Intensive care, a breathing machine or (other treatment) does not help everyone. For people with health problems like these, it is better for us to care for them in different ways.</i></p> <p>Talk about CPR, if appropriate. Make a clinical assessment of medical outcomes of CPR for the person.</p> <p><i>*Can I ask if you know anything about cardiopulmonary resuscitation or CPR?</i></p> <p style="padding-left: 20px;"><i>CPR is treatment to restart the heart and breathing.</i></p> <ul style="list-style-type: none"> <i>- CPR does not work when a person is in very poor health or dying. It is better to plan good care.</i> <i>- With these health problems, CPR may work but can leave the person in much poorer health.</i> <p><i>Any other treatments that can help will be given. Can we talk about your situation?</i></p>	
P lan	Agree a plan that is right for this person, record and share it. Plan regular reviews.
<p><i>*We make a personal treatment and care plan for you and share it securely with other professionals and teams so everyone knows what to do. *All care plans are reviewed regularly and changed, if needed.</i></p>	

¹ ACP= Anticipatory (Advance) Care Planning