

**RED-MAP: Care planning in Hospital**

<b>R eady</b>	<b>Introduce ACP<sup>1</sup> and outline why it helps people get better care.</b>
Plan these conversations in advance so everyone is prepared, and the right people are included. <i>*Can we talk about what is happening with your health and care? *Should anyone else be involved?</i> <i>*It is helpful to think ahead and talk about what <b>might happen</b> so we know <b>what is important</b> to you.</i> <i>*Do you have any kind of care plan already? Is there someone who has Power of Attorney for you?</i> <i>*We can think about what might happen for (person's name), and what will be of help to them.</i>	
<b>E xpect</b>	<b>Find out what the person knows, thinks might happen, or is worried about.</b>
<i>*Can I ask what you know about your health problems?</i> <i>*How have you been doing recently? Has anything changed? How do you see things going for you now?</i> <i>*Have you thought about what might happen <b>if</b> you get less well or seriously ill?</i> <i>*Do you want to tell/ask me about anything important for you or your family?</i>	
<b>D iagnosis</b>	<b>Share health information tailored to the person.</b>
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. <i>*You are less well because... *We hope you will improve..., but I am worried that...</i> <i>*It <b>is possible</b> you will not get better... * I'm afraid you are seriously ill... *I'm sorry, but you could die soon.</i> <i>*We <b>don't know</b> exactly what will happen or when, but <b>we can plan</b> for what to do <b>if</b>...</i> <i>*Do you have any thoughts, questions or worries we can talk about?</i>	
<b>M atters</b>	<b>Talk about what is important to the person and their family.</b>
<i>*Can we talk about how you <b>would like</b> to be cared for? *What would you <b>like to be able to do</b>?</i> <i>* Is there anything <b>you do not want</b> to happen or wish to avoid?</i> <i>*What do you think (person's name) <b>would say</b> in this situation, if we could ask them?</i>	
<b>A ctions</b>	<b>Discuss realistic treatment and care options for this person.</b>
Options depend on a person's goals and preferences, place of care, and clinical situation/outcomes. <i>*What we <b>can do</b> is.... *Options that <b>can help</b> you are..." *It may help, but this could happen...</i> <i>*This <b>will not help</b> because..." *That <b>does not work</b> for someone when...</i> <i>*I <b>wish</b> we could do that/give you that treatment (or care). Can we talk about <b>what is possible</b>?</i> <i>*Can we talk about what going to (the ward/intensive care/home) might mean for you?</i> <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> <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> Talk about CPR, if appropriate. Make a clinical assessment of medical outcomes of CPR for the person. <i>*Can I ask if you know anything about cardiopulmonary resuscitation or CPR?</i> CPR is treatment to restart the heart and breathing after they have stopped. - CPR <b>does not work</b> when a person is in very poor health or dying. It is better to plan good care. - CPR <b>may work</b> but can leave a person in much poorer health. Underlying conditions affect the outcome. Any other treatments that <b>can help</b> you will be given. Can we talk about your situation?	
<b>P lan</b>	<b>Agree a plan that is right for this person, record and share it. Plan regular reviews.</b>
<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>	

<sup>1</sup> ACP= Anticipatory (Advance) Care Planning