

Talking with people about Care Planning and CPR

RED-MAP is a 6-step guide developed in Scotland. Adapt suggested phrases to the people and situation.

Always talk about CPR as part of a wider discussion about care planning.

RED-MAP Guide for Ambulance Services	
R eady	We need to make a plan for your treatment and care.
<p>Try to build a relationship. Eye contact and tone matter. Speak to (and about) people by name. <i>*Hello Mrs Y, my name is....., I am..... (your title/role).</i> Reassure everyone you are here to look after the person, and make a good plan for their care. If possible, check who should be involved in the discussion, and how best to do that. <i>*We need to talk about what we can do to help you now, and if you get more unwell.</i> <i>*Is there anyone else we need to speak to about what is happening with your health and care?</i> <i>*She is seriously ill so we need to decide quickly what care is going to be best for her.</i></p>	
E xpect	It would help to hear what you know about your health problems.
<p><i>*I'll explain what I think is happening, but do you want to tell/ask me anything important first?</i> <i>*How have you been doing recently/today? What has changed?</i> <i>*Have you talked about planning ahead if you (person's name) are less well or very ill?</i></p>	
D iagnosis	What we know about your health problem(s) is.... We are not sure about....
<p>Share information; tailored to people's understanding and how they are feeling. Explain what we know in "short chunks with pauses" to check for people's reactions and questions. Acknowledge and share uncertainty. Use clear language with no jargon and short sentences. <i>*We hope you will improve with..., but I am worried about how you are... *I wish it was possible to...</i> <i>*It is possible he'll not get better if... *I'm afraid, she is seriously ill now with.... *She could die...</i> <i>*We don't know exactly what will happen or when, but we can plan for what to do if...</i> <i>*Do you have any thoughts, questions or worries we can talk about?</i></p>	
M atters	We'd like to know what's important to you, and how best to care for you.
<p><i>*Can we talk about what's important for you now, and what we can do to help?</i> <i>*How would you like to be cared for? Is there anything you do not want to happen?</i> <i>*What do you think (person's name) would say in this situation, if we could ask him/her?</i></p>	
A ctions	Let's talk about what we can do to care for you, and things that may not help.
<p><i>*We want to do our best to care for you (and your family). *What we can do to help you at home is...</i> <i>*Going to hospital has benefits and risks in this situation. What would be the best choice for you?</i> <i>*Hearing what you have said and looking at the situation, would it help if I say what I think...</i> Talk about CPR, if relevant. A clinical assessment of the outcomes of CPR for the person is needed. <i>*Can I ask if you know anything about cardio-pulmonary resuscitation or CPR?</i> <ul style="list-style-type: none"> - CPR is treatment to restart the heart and breathing after they have stopped. - CPR does not work when a person is in very poor health or dying. It is better to plan good care. - CPR may work but can leave a person in much poorer health. Underlying conditions matter. - We will give you any other treatments that can help you. <i>*We don't know how quickly things will change, but this is how to get help.</i></p>	
P lan	<i>*We make a treatment and care plan for you and share it securely with other professionals so everyone knows what to do. *All care plans are reviewed regularly and changed, if needed.</i>

Avoid language that can make people think they will not get good treatment and care.
 There is 'nothing more' we can do. Treatment is 'futile'. Would he 'want to be' resuscitated?