PLEASE KEEP VISIBLE AT THE FRONT OF MEDICAL RECORDS AT ALL TIMES
DO NOT PHOTOCOPY

INSERT PATIENT LABEL	Organisation logo

PERSONAL EMERGENCY CARE & RESUSCITATION PLAN

FOR

NAME:

NHS NUMBER:

DATE OF BIRTH:

CONSULTANT/G.P:

24 hour contact number for any queries regarding this plan ……

Date Original Plan Created	
Date Current Plan Created	
Date Plan no longer needed	

This Plan does not time expire. It is reviewed regularly as the child/young person's condition changes.

The patient or parent / guardian can change their mind about any of the options contained within this medical care plan at any time.

PLEASE KEEP WITH CHILD AT ALL TIMES AND AT THE FRONT OF MEDICAL RECORDS

DO NOT PHOTOCOPY

PLEASE KEEP VISIBLE AT THE FRONT OF MEDICAL RECORDS AT ALL TIMES
DO NOT PHOTOCOPY

Name NHS number Dob Address Post code

1. Background

Diagnosis/reason for the plan

2. Resuscitation Plan

In the event of respiratory and or cardiac arrest:

Symptoms/signs to expect

Select options needed: (Delete options not required)

1. Comfort & support child and family.
2. Reposition to **open the airway** and clear secretions (with suction if available).
3. Give/increase oxygen for comfort via face mask/nasal cannulae.
4. Continue airway management including oral/nasopharyngeal airway if it helps.
5. If still not breathing adequately, give a **trial of five inflation breaths** by mouth to mouth / bag & mask ventilation.
6. Continue mouth to mouth / bag and mask ventilation whilst heart beat present/or until medical assessment.
7. **More invasive resuscitation is not appropriate.**
8. External cardiac compressions / defibrillation / adrenaline should be given.
9. Endotracheal tube & ventilate.
10. Advanced life support including inotropic drugs and iv access.

PLEASE KEEP VISIBLE AT THE FRONT OF MEDICAL RECORDS AT ALL TIMES
DO NOT PHOTOCOPY

Name
NHS number
Dob
Address
Post code

This child is at risk of prolonged convulsive seizures:

Rescue anticonvulsant medication is:-

Plan if rescue medication doesn't work:-

2.1 Transfer to e.g. Emergency Dept / discuss with PICU / hospice
(see family 'choices' document – always call hospice before transfer there)

Ambulance staff please call ahead to alert receiving staff that this child has a personal resuscitation plan.

2.2 Who to call (with phone numbers)

If in hospital

If at home

If in school or short break unit

In the event of the need for a general anaesthetic this resuscitation plan becomes suspended for the peri-operative period. A plan agreed by the family, anaesthetist and surgical/medical teams will be documented in the medical notes to cover this period.

PLEASE KEEP VISIBLE AT THE FRONT OF MEDICAL RECORDS AT ALL TIMES
DO NOT PHOTOCOPY

Name NHS number Dob Address Post code

3. The plan has been discussed with e.g. both parents.
Consider mental capacity of child / young person and who has parental responsibility.

This plan does not expire but will be reviewed as the child's condition changes.

The patient or parent / guardian can change their mind about any of these options at any time. If they agree with the plan verbally but do not want to sign it, then another member of the clinical team usually a senior nurse in addition to the consultant should witness that parents agreed with the plan and sign below. **The Consultant must sign the plan.**

Consultant's agreement

I have discussed and support this Personal Resuscitation Plan / Emergency Healthcare Plan

Name & signature ..... **date** / /

Parent or Guardian's agreement

I have discussed and support this Personal Resuscitation Plan / Emergency Healthcare Plan

Name & signature ..... **date** / /

Child or young person's agreement

I have discussed and support this Personal Resuscitation Plan / Emergency Healthcare Plan

Name & signature ..... **date** / /

Nurse agreement

I have discussed this plan with the child or young person / parent or guardian

Name & signature ..... **date** / /

Adult Physician / GP agreement (when the young person is moving on to adult services)

I support this plan

Name & signature ..... **date** / /

PLEASE KEEP VISIBLE AT THE FRONT OF MEDICAL RECORDS AT ALL TIMES
DO NOT PHOTOCOPY

Name
NHS number
Dob
Address
Post code

This entire section is optional and can be deleted from the digital template at the time of completion if not required.

4.a) Emergency care plan - *Complete and delete sections as appropriate*

In the event of a gradual deterioration in respiratory condition:-

Symptoms/signs to expect

Select the options needed: (Delete options not required)

1. Comfort & support child and family.
2. Airway management is very important: reposition head and neck, clear secretions, use oral/nasopharyngeal airway if it helps.
3. Give oxygen for comfort via face mask/nasal cannulae.
4. Start oral antibiotics. Parents keep antibiotics available at home.
5. Increase respiratory secretion clearance measures / chest physiotherapy.
6. Consider admission for intravenous treatment if no improvement after 48 hours or if deteriorating rapidly / distressed.
7. Consider non-invasive ventilation.
8. Endotracheal intubation & invasive ventilation should be considered / would not be appropriate.

Other symptom relief:

This child has fragile bones and must be handled very carefully. *please tick box if applicable* ☐

PLEASE KEEP VISIBLE AT THE FRONT OF MEDICAL RECORDS AT ALL TIMES
DO NOT PHOTOCOPY

This entire section is optional and can be deleted from the digital template at the time of completion if not required.

Name
NHS number
Dob
Address
Post code

4.b) Emergency care plan - *Complete and delete sections as appropriate*

In the event of a gradual deterioration e.g. oncology or metabolic condition:-

Symptoms/signs to expect

Select the options needed: (Delete options not required)

1. Comfort & support child and family.
2. Follow symptom control plan / metabolic disease plan which is in the home / attached
3. Pain relief is very important - increase analgesia according to plan attached
4. Contact on call medical team for further advice
5. In the event of uncontrolled or distressing symptoms arrange admission to hospital / hospice
6. Ventilatory support should be considered / would not be appropriate.

Other symptom relief:

PLEASE KEEP VISIBLE AT THE FRONT OF MEDICAL RECORDS AT ALL TIMES
DO NOT PHOTOCOPY

Name NHS number Dob Address Post code

4.1 Transfer to e.g. Paediatric Emergency Dept / discuss with PICU / PICU not appropriate/ preferred ward of admission / hospice (always call ahead)

Ambulance staff please call ahead to alert receiving staff that this child / young person has a personal resuscitation / emergency health care plan

4.2 Who to call in the event of a gradual deterioration (with phone numbers)

If at home:

If in school:

If in short break unit:

If in hospital:

PLEASE KEEP VISIBLE AT THE FRONT OF MEDICAL RECORDS AT ALL TIMES
DO NOT PHOTOCOPY

Name NHS number Dob Address Post code

6. Copies of this plan are held by

Parents / guardian	√	at home address and at	
With patient at all times	√	contact details	
School		contact details	C/o
Short break unit		contact details	C/o
Ambulance service	√	contact details	C/o
GP	√	contact details	C/o
Local Notes (CDC or community)		contact details	C/o
Community nurses		contact details	C/o
Hospice		contact details	C/o
Central Audit File		contact details	C/o

PLEASE KEEP VISIBLE AT THE FRONT OF MEDICAL RECORDS AT ALL TIMES
DO NOT PHOTOCOPY

These instructions on how to complete the plan should be deleted before the plan is printed and given to the family.

Background

This individual plan for emergency care and resuscitation is to ensure best care for a child or young person when they have a Life Shortening Condition or Life Threatening Condition. For some children it will be one part of an agreed "End of Life Plan".

The Personal Resuscitation Plan / Emergency Healthcare Plan is a **medical care plan** and is the responsibility of the child / young person's consultant. It is their plan of best care for their patient. It is ideally drawn up with a child / young person and their parents / guardian by a doctor who they know and who knows the child / young person's condition well. This will not always be possible, but discussions about resuscitation should not usually be the first thing mentioned when meeting the child / young person or family for the first time.

Circumstances will vary, from an intelligent, well, 14 year old with a diagnosed incurable life shortening condition to a child in deep coma ventilated on PICU with a severe accidental traumatic brain injury. In all cases the child / young person's parent or if possible both parents or legal guardian will be involved in drawing up the plan. In some cases, e.g. at the suggestion of the doctor or nurse and at the discretion of the parent / legal guardian, the child / young person may also be involved; depending on conscious level, maturity, emotional state, capacity to understand, previously expressed wishes, options available.

This plan is personal and flexible and should be used to empower children / young persons and their families; to affirm what choice / control they have, within the confines of good care. It will help communication between the child / young person and parents / guardian and medical, nursing and other professional services.

Completing the form

The blank template can be used to discuss options with families in a positive way as soon as a life threatening event or deterioration can be predicted as a possibility. They will be glad to have a family held emergency care plan for their child / young person.

The plan is the responsibility of the child / young person's lead consultant or GP and ideally it is that doctor who leads the discussions with the parents / guardian and child / young person if appropriate. The doctor needs to know the prognosis of the child / young person and to be able to predict how the child / young person may deteriorate in order to discuss with the family the best emergency care and resuscitation plan. The child / young person's community nurse will usually be part of the discussions to ensure that the care plan will work in the community setting. The consultant must sign and date the form. The child / young person and or parents / guardian can also sign, but do not need to as they can over-ride this written plan at any time for any reason, i.e. they can change their minds and verbally ask for a different action e.g. more or less intervention.

The plan is regularly reviewed by the medical care team as the child / young person's condition changes over time. The plan must be reviewed at least annually and this review must be documented in the main medical record. The plan does not have to be discussed with the family at each appointment or hospital admission. The family can ask for it to be reviewed at any time. There is no fixed review date written on the plan. The plan cannot "time expire" any more than any other documentation of a discussion about therapeutic options in the patient's notes.

Other than at the time of original distribution the plan should not be photocopied as all copies need to be identified and cancelled if the plan is revised.

PLEASE KEEP VISIBLE AT THE FRONT OF MEDICAL RECORDS AT ALL TIMES
DO NOT PHOTOCOPY

Completing the form continued:

Section 1 – Background
The reason why the child needs a resuscitation plan / emergency healthcare plan. Put the diagnoses and brief description of the patient's Life Shortening or Life Threatening Condition in the box.

Section 2 – is the resuscitation plan in the event of a respiratory or cardiac arrest and also includes the plan for seizures.

Section 4 - is the emergency care plan in the event of a deterioration which may be due to an intercurrent illness or gradual deterioration at the end stage of a life limiting condition. Put any anticipated circumstances in the boxes. Section **4a or 4b** may be appropriate for the child. Select the interventions that are needed after discussion with the parents / guardian, and child / young person if appropriate.
Usually there will be time for the template to be typed to produce a clear plan where the unwanted options or sections are deleted and only the positive instructions are on it. In an emergency a handwritten version of the plan can be left with the family with the unwanted options on the template crossed through using black or blue pen. Make sure any corrections are clearly legible.

The same plan can be used at home or in school, short break unit or hospital, e.g. "mouth to mouth" in the community becomes "bag and mask" on the hospital ward. "Mouth to mouth" becomes "mouth to trachy" or "bag to trachy" for patients with a tracheostomy.

Fill in the boxes at 2.1 and 4.1 to say where, if anywhere, the child should be transferred and at 2.2 and 4.2 to say who should be called, e.g. parent and bleep children's community nurse if child is in short break unit or school, bleep community children's nurse if child at home, or if in hospital the cardiac arrest /emergency medical support team – ensuring that they are made aware of the resuscitation plan.

It may be appropriate to call 999 paramedic ambulance if the child / young person is outside hospital with uncontrolled symptoms. In which case ambulance control should be told that there is a personal resuscitation plan when the ambulance is called and ambulance staff must be given the plan on arrival - ideally the original signed plan in colour which should be with the child / young person at all times.

Some families will have completed a 'choices' document which details other aspects of their child's 'End of Life Plan'. A copy of this will be with the family and their key worker and may be filed in the main medical notes. A summary of the family choices at end of life can be recorded at **Section 5** if appropriate, and with family permission.

It is important to document who it is in the family that the plan has been discussed with and it may be helpful to record the family's understanding of the situation in **Section 3.**
If the child / young person has been involved in the discussions, usually with parent or guardian support, they can sign **Section 3**, to acknowledge this, but do not have to. Similarly the parents / guardian do not have to sign. If they agree with the plan verbally but do not want to sign it, then another member of the clinical team usually a senior nurse in addition to the consultant should witness that parents agreed with the plan and sign at **Section 3**.

The child's consultant must sign Section 3, even if the plan has been raised with the family by another senior member of the team.

The plan does not need to be reviewed at any fixed time but should be reviewed whenever the child's condition or circumstances change. It must be reviewed at least annually by the lead consultant and this must be documented in the child / young person's main medical record but does not need to be documented on the plan itself. The plan must be reviewed on discharge from hospital when consideration of where copies of the plan should be held is essential, **Section 6.**
Old versions should be crossed out with 2 bold single diagonal lines, on each page. Sign and date the crossing out. File in the back of the medical records.

PLEASE KEEP VISIBLE AT THE FRONT OF MEDICAL RECORDS AT ALL TIMES
DO NOT PHOTOCOPY

Personal Resuscitation Plan / Emergency Healthcare Plan process for Medical/Nursing/Secretarial Staff

When a child, because of their medical condition, needs an emergency care/resuscitation plan, a senior member of the child's medical team and ideally the child's keyworker or community nurse should develop the plan with the family and sometimes the child/young person themselves. The use of this template to document the plan ensures it is recognised by emergency staff across the East Midlands.

The plan can be typed by the consultant directly into the PRP template on Medical Office, completing and deleting sections as appropriate. Alternatively a handwritten plan can be made and given to the family as a temporary record and for their further consideration at their leisure. A copy of that should be filed in the child's main medical record and a copy is passed to the secretary for typing into the template.

Secretary:

Ensure that the hand written copy is filed at the front of the child's main medical record.

Secretary or consultant types the plan using the template on Medical Office or word document to scan onto electronic record later.

Date plan created and Consultant responsible plus 24 hour contact number for any queries about the plan needs to be on the front page.

Secretary starts a process tracking sheet in a central audit file.

The Consultant needs to sign three typed originals of the plan printed in colour. Consultant or senior member of medical/nursing team needs to meet with the family for the parent/carer signature on each of the three originals.
If amendments are made at this point, return back to secretary to make changes.

If no amendments required, the three signed and colour printed plans are: -
1 Stays in the family home.
2 Is kept with the child at all times.
3 Is brought back to the secretary to initiate the distribution.

If ReSPECT form has been completed attach it to the front of the plan before distribution.

Ambulance staff will follow the plan that is with the child, ideally a signed, original colour printed version. A copy of the plan can be sent to EMAS via Roger.watson@nhs.net and also their generic email - cadadmin@nhs.net.

If the plan states that the child should be transferred to the hospice it must also state that the hospice needs to be contacted prior to transfer.

Secretary:

If the copy has been signed by Consultant and parent/carer authorise on NOTIS and proceed to distribution.

If amendments are made following signing by Consultant, the Consultant makes amendments and puts an amended date on the front of the plan.

There may be several drafts before the final version is agreed and each amended copy should be kept in the notes (not at the front).

All amended copies should be crossed through with 2 diagonal lines to show that this plan has been amended and is not the up to date copy.

Secretary:

Distribution of plan as follows:

Original signed colour version of the plan which has come back with Consultant and parent signatures is used to make photocopies which are distributed according to the list on the plan itself. After distribution no further copies should be made.

The GP copy is sent the plan electronically if possible and also by post with a covering letter if appropriate requesting GP to complete the special patient notes on the GP OOH system.

Copies to be **distributed personally** by Keyworker to all other sites of care e.g School, Short Breaks Service and Community Nurses.

The original colour version is then filed at the front of the child's main medical record.

Flag and scan on to hospital / community electronic record systems (e.g. NOTIS / Medway / System One.

In the event of the death of the child/young person be sure to notify all sites holding copies of the plan including EMAS.