Introduction:
Treatment escalation plans (TEPs) are vital in communicating a ceiling of care in a case of deterioration [2]. Having a clear plan in place reduces anxiety and eases decision making for both patients and clinicians particularly at time when patient loses their capacity to participate in the decision making.

Methods:
This retrospective audit looked at patients in Neuro and Cardiac ICU with a 7 day stay or longer between 1/7/19 – 20/08/19. This specific length of stay is due to both units having planned admissions with a one night stay and not suitable for audit. Local database ‘Ward Watcher’ which records patient stay in ICU was used to find suitable patients. Electronic medical records were then accessed via ‘iCLIP’ to view if discharge summaries included a TEP.

Results:
Between 1/7/19 to 20/08/19 in Cardiac ICU 24 patients who fitted the audit criteria were identified. 10/24 (41.6%) had a TEP in place. In Neuro ICU 15 patients were found and 12 (80%) had a TEP. The combined result is 22 patients out of 39 (56%) had escalation plans in place. Few TEP were specific to what treatment would be suitable in a case of deterioration i.e fluids, non-invasive ventilation, etc.

Conclusion:
This is a small audit which although it did not include general ICU still reflects the need for encouraging clinicians and patients to speak freely regarding escalation plans. Medical decisions is clinician led however this audit was carried by nursing staff as we have a duty to be advocate for our patients involvement in medical care [1].

References: