

This EHCP contains information to help communication in an emergency, to ensure timely access to the right treatment and specialists.

THE ORIGINAL DOCUMENT SHOULD FOLLOW THE INDIVIDUAL IN ALL SETTINGS AND

BE SHOWN IN THE EVENT OF A HEALTH CARE EMERGENCY NHS No: Name: Address: **Hospital No:** Home Tel: Postcode: Date of birth: Mother: Mobile: Mobile: Father: Parental responsibility is with: GP: Surgery: Tel: Lead Nurse: Base: Tel: Lead Consultant: Base: Tel: Emergency out of hours person or service: Other key professionals including base and contact telephone details: Active concerns: Underlying diagnosis: Current treatment (always check with parents / carers for most up to date information on treatment, as changes may have been made since EHCP was agreed): Date of weight: Weight on which these doses were calculated:



What to do in case of health concerns:

For minor illness or injury, see the family doctor or primary care as per usual arrangements, who can link with the paediatric team if need be.

For serious concerns:
Important information for paramedic / ambulance / A&E / nursing / medical staff:
Agreed level of care (Statement about what has been agreed between parents, carers and the individual as far as this
can be ascertained and with the individual's health care team, taking account of the individual's best interests):
Always manage symptoms to ensure comfort and dignity for the individual and support the family, seeking urgent
Always manage symptoms to ensure comfort and dignity for the individual and support the family, seeking urgent senior clinical review as required to ensure the best possible quality of care.
senior clinical review as required to ensure the best possible quality of care.
In the event of hospital assessment or treatment being needed, or if there are health care questions or
senior clinical review as required to ensure the best possible quality of care.
In the event of hospital assessment or treatment being needed, or if there are health care questions or queries about this plan, please contact:
In the event of hospital assessment or treatment being needed, or if there are health care questions or

This EHCP should be reviewed regularly and whenever the individual's condition changes.



GUIDANCE FOR PROFESSIONALS & INFORMATION FOR INDIVIDUALS AND THEIR FAMILIES ON THE PREPARATION AND COMPLETION OF AN EMERGENCY HEALTH CARE PLAN

The priority at all times is to ensure that the individual has the best possible quality of life. Symptoms must **ALWAYS** be addressed, taking the most expert advice that is possible. If you feel out of your depth in managing this situation or consider that the individual is suffering **IN ANY WAY**, you **MUST** seek expert assistance – please use the contact information on the front page.

Once completed, the above two pages can be printed, signed by the lead clinician and then laminated back to back to ensure the plan remains readable as it follows the individual between all settings.

IF THE FOLLOWING ARE NOT MET OR CAUSE CONCERN, PLEASE DISCUSS WITH THE PERSON WHO PREPARED THE PLAN, OR WITH THE FAMILY DOCTOR.

AN EHCP SHOULD

- Make communication easier in the event of a health care emergency.
- Be updated whenever the individual's condition changes significantly, but does NOT time expire and should be taken into account whenever it is presented in an emergency.
- Reflect the views of the individual, in so far as these can be ascertained, their family and the multidisciplinary team.
- Include any emergencies that are likely to occur, including the action to be taken by the lay person and the information needed by front line health workers in order to give the best care to the individual.
- Include what has been discussed and agreed with the individual wherever possible, their family and multidisciplinary team about what level of care is considered to be in the individual's best interests.
 - This may be a statement that confirms that the individual should be assessed and managed as per advanced life support guidelines. It may be nesessary to affirm this, where the individual appears ill or disabled but where front line health workers may inadvertently make false assumptions about the individual's quality of life because of their lack of knowledge about the individual's condition and quality of life when well. It is very important to have a plan to protect the equal right of individuals to full care wherever this is in their best interests.
 - For those where there is uncertainty about the outcome of interventions at the time of an emergency, there should be a clear statement that basic life support should continue until the most senior clinician available at the time can assess the individual and if possible discuss with their next of kin as to the most appropriate care plan in the circumstances, that is in the individual's best interests.
 - For those individuals where, based on best available evidence, it is known that there are no medical or technical interventions that can make a significant positive difference to length of life, it should be clearly stated that at all times:
 - the individual should be afforded dignity, the best possible quality of life and to continue to be as actively involved in decision-making as is possible
 - all symptoms should be actively managed
 - health workers should seek the most expert advice available and know the clinical networks to use to seek the best advice 24/7 for symptom control
 - the individual should be allowed a natural death when their time comes
 - the wishes of the individual and their family about choices for end of life care should be ascertained in advance, recorded and respected

EHCP REVIEW

- The EHCP does not time expire, but the EHCP should be reviewed regularly as the individual's condition changes
- A new EHCP should be written if circumstances change and the previous EHCP should be crossed out and marked as 'invalid'

If there are any doubts about the content of the EHCP there should be a discussion between the individual (if they have capacity), parents/carers and the most appropriate senior available clinician at the time of the emergency to ensure that the EHCP still reflects the individual's best interests and current management plan.