The following treatment plan should be used as clinical guidance and is not a substitute for ongoing consultation and shared decision-making wherever possible. The clinician should initial ONE of the patient’s priority boxes below, add relevant guidance in the large box and initial a CPR decision. **The form must be signed, named and dated on the reverse.**

**The priority is to get better. Please consider all treatment to prolong life**

Initials: ……………………… 4

**The priority is to achieve a balance between getting better and ensuring good quality of life. Please consider selected treatments**

Initials: ……………………… 4

**The priority is comfort. Please consider all treatments aimed at symptom control**

Initials: ……………………… 4

Please provide clinical guidance on specific interventions that may or may not be wanted or clinically appropriate in community, hospital and critical care settings:

Provide details of other relevant care planning documents and/or documented wishes about organ/tissue donation (name and where held):

**This individual is FOR attempted CARDIOPULMONARY RESUSCITATION**

Signature…………………………………… 6

If the patient dies in transit please take to:

**This individual is NOT FOR attempted CARDIOPULMONARY RESUSCITATION**

Signature…………………………………… 6

Turn over to complete this ECTP
### Does the (adult) individual have capacity? (see guidance notes)
- **YES**
- **NO**

### Do they have a valid advance directive or ADRT?
- **YES**
- **NO**

### Do they have a representative with legal authority to make decisions? (e.g. Welfare Attorney, Guardian, person with Lasting Power of Attorney for Health and Welfare)
- **YES**
- **NO**

If so, record details in box 5

If there has been no shared decision-making with the individual, no shared decision-making with a representative with legal authority to make decisions or no best-interests meeting for the individual who lacks capacity, document a full explanation and a clear plan to address this in the clinical records. Summarise the reason (e.g. describe any potential to cause harm) here:

---

**Plan review:** If the individual’s condition changes (i.e. deterioration OR improvement) review the decisions on this ECTP. Document further conversations in box 8. If necessary, complete a new form, and write “CANCELLED” clearly across both sides of this form with signature and date. The decisions on this form should be reviewed specifically before any procedure during which abrupt deterioration or cardiac arrest may occur (e.g. endoscopy, cardiac pacing, angiography, surgery or anaesthesia). Make an agreed plan on whether or not to revoke temporarily the decisions on this form and, if so, on the treatments that will be considered if abrupt deterioration or cardiac arrest occurs.

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### Designation - (Grade and specialty)

<table>
<thead>
<tr>
<th>Print name &amp; professional registration number</th>
<th>Signature</th>
<th>Date and time</th>
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<tbody>
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</tbody>
</table>

**Senior Responsible Clinician**

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### Emergency contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone numbers</th>
<th>Other relevant details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welfare Attorney, Guardian etc.</td>
<td></td>
<td></td>
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<tr>
<td>Family/friend</td>
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<tr>
<td>GP</td>
<td></td>
<td></td>
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<tr>
<td>Lead Consultant</td>
<td></td>
<td></td>
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<tr>
<td>Specialist worker/key worker</td>
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</tbody>
</table>