**Tips for New Docs Guide - Preparing an Emergency Health Care Plan (EHCP)**

**What is an EHCP?**

An Emergency Health Care plan is a document that you might spot in the patient’s notes. It allows patients’ wishes or best interests to be followed in an emergency. Traditionally this is used to avoid hospital admissions which may be unnecessarily harmful or against the patient’s wishes. For example, in a patient with COPD, who does not want further admissions for breathlessness. It works alongside and is **not** a replacement for Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documents, advance directives or advance statements.

**IMPORTANT:** your hospital/trust may *not* have an EHCP system in place, or it may be called something different. This guide covers basic principles of advanced care planning: make sure you check with a senior before going near EHCP for the first time! This guide is based on the system in the North East of England.

**Who can have an EHCP?**

Anyone can have an EHCP. These are often used in patients with chronic health conditions, but could be put in place by any patient who has strong feelings about their care.

**When are EHCPs put in place?**

EHCPs are mostly put in place and managed by General Practitioners, in the community. However, you may be asked to write an EHCP as a junior doctor working on any kind of ward. They are generally written in the buildup to discharge.

**Who needs to be involved in writing an EHCP?**

The patient is always at the centre of the EHCP and if they have capacity, their wishes should be at the foundation of the written EHCP. If they do not have capacity, then the relevant capacity documentation needs to be completed. Relatives, partners, clinicians and anyone important to the patient or their care should be taken into account and communicated with.

**How do I write one?**

Your region or hospital may have a set template for EHCPs. They generally require you to fill in the patient’s details, contact details for relatives and GP or other relevant healthcare professionals. You should include their underlying diagnoses, with the most serious or pertinent conditions listed first. Important essential medication should be included, including oxygen therapy, recent surgery or chemotherapy. Important information for healthcare professionals to be aware of should be documented, including patient wishes or capacity issues.
This is followed by the bulk of the EHCP, which addresses anticipated emergencies. There are clearly limitless emergencies which could happen - you do not have to anticipate all of them. You should however try to cover common or predictable issues. These may also include those brought up by the patient.
These may include:

- Shortness of breath
- Suspected infections
- Falls
- Suspected fractures
- Chest pain
- Confusion
- Drowsiness
- Reduced oral intake
- Pain

The plan for each of these will be unique for that patient. The key in writing each plan is to make it *specific*. You should include if the patient would like to come into hospital or not, who should be contacted or involved prior to any admission and what treatments to attempt prior to admission. These should be laid out in a logical order to provide a stepwise approach to management. It’s important to note that even if you’re writing a plan to avoid hospital admissions, there are some cases in which it would be appropriate to bring a patient to hospital, such as in the case of fractures.

After writing these specific plans, make sure you run through the document with the patient and/or carers, to make sure there are no misunderstandings. It would then be appropriate to get your consultant to read and sign the document, and contact the patient’s GP to let them know the EHCP has been put in place.

**How do I discuss EHCPs with patients and relatives?**

As with any advanced planning document, patients and relatives may have preconceived ideas. Therefore, the topic can be quite emotive and should therefore be approached sensitively. See our DNACPR and Breaking Bad News guides for tips on sensitive communication skills. The general principle here may be to discuss the EHCP as an opportunity for improved communication in the community, to make sure any caregivers who might otherwise be unfamiliar with the patient are completely aware of the patient’s wishes and that there is a plan. Framing the conversation as aiming to improve communication is a much more sensitive and collaborative way to discuss EHCP than simply aiming to avoid hospital admissions.

For more information and some useful examples of what to write go to:

http://www.necn.nhs.uk/common-themes/deciding-right/regional-forms/