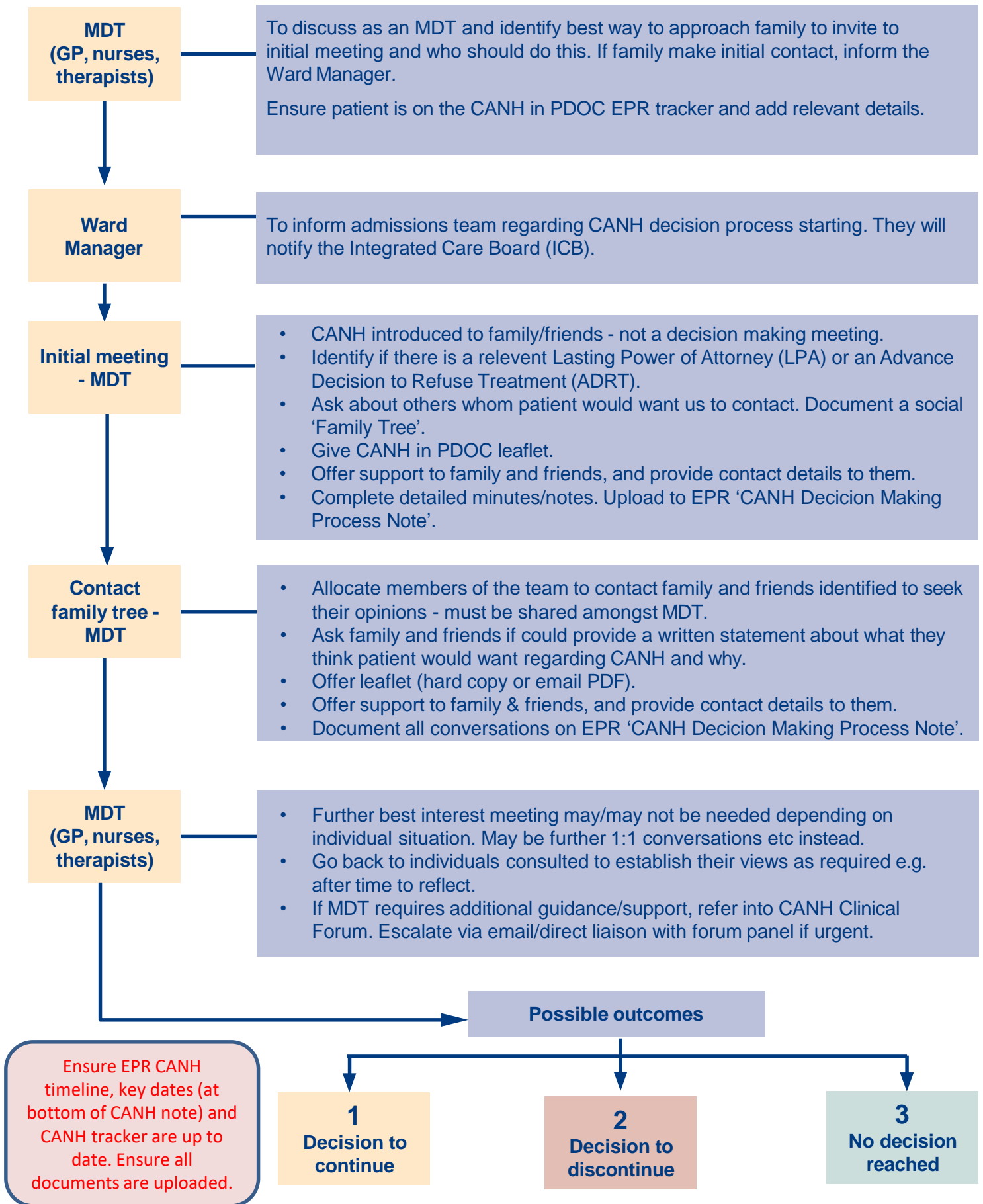


# Process Map: CANH in PDOC decision making

## For CURRENT PATIENTS in Continuing Care



# Process Map: CANH in PDOC decision making

For CURRENT PATIENTS in Continuing Care

## Outcome 1: Decision to continue

Where all agree that it is in the person's best interests to continue CANH:



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Key points to communicate with family. **Nursing team** to take lead on communicating with family, unless clearly delegated to another team member.



1. **Nursing team** to ensure all consulted are aware of the decision and review date. This can be delegated to key family member or friend to disseminate if appropriate.



2. **Most appropriate MDT member** (negotiate this as a team) to complete Continue CANH Decision form (on Clinical Form Index or EPR). It requires a very clear review date and to be signed by the **decision maker** (GP/LPA holder).



3. **Ward manager** to notify **admissions team** who will send notification of the continue decision and the review date to the ICB.



4. Decision to be reviewed as per review date. This should be at least annually, as part of the patient's annual review. This is also an opportunity to review TEP and other decisions. Ensure clearly documented.

Ensure EPR CANH timeline, key dates (at bottom of CANH note) and CANH tracker are up to date. Ensure all documents are uploaded.



# Process Map: CANH in PDOC decision making

For CURRENT PATIENTS in Continuing Care

## Outcome 2: Decision to discontinue

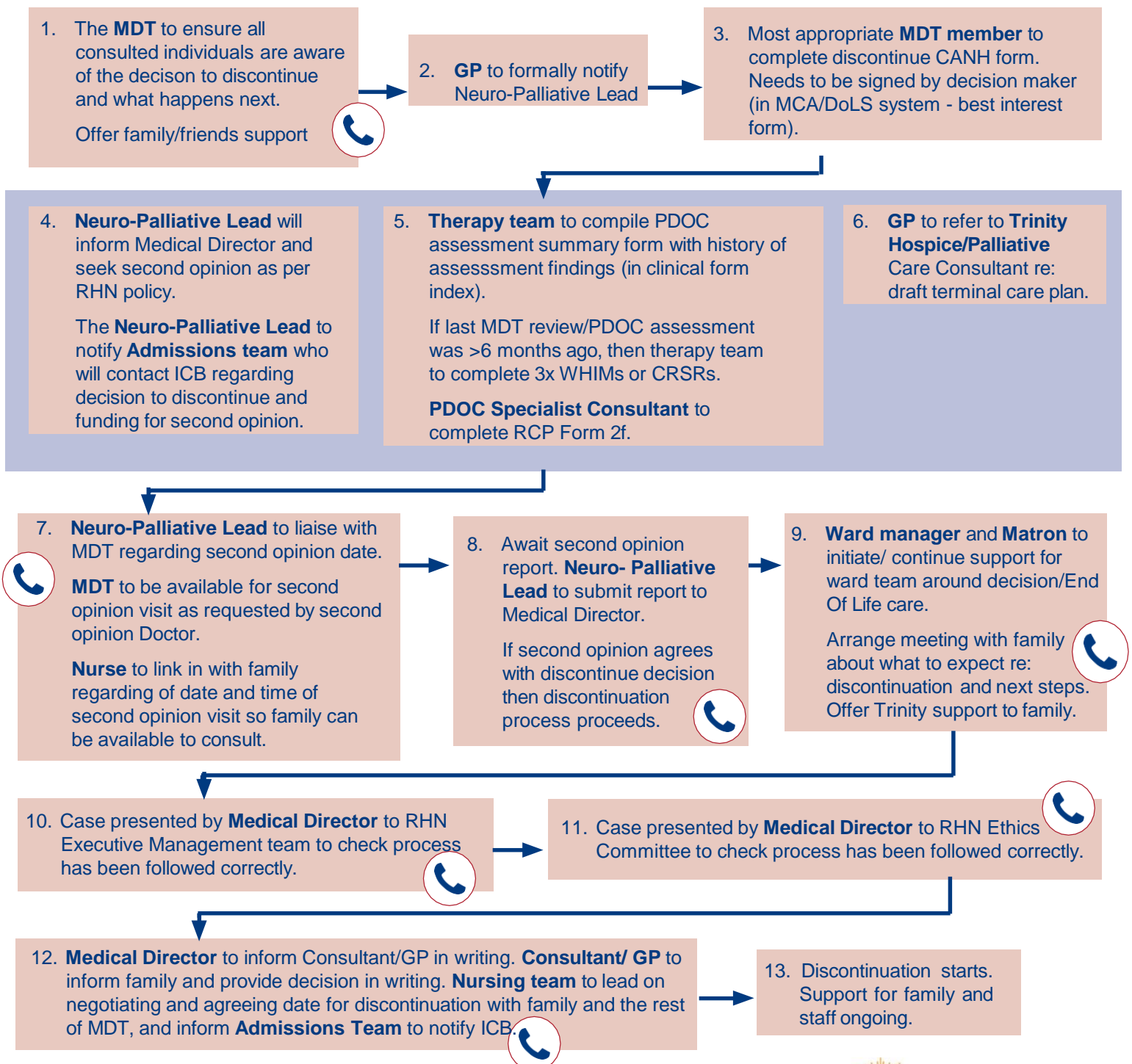
Where all agree that it is in the person's best interests to discontinue CANH:



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Key points to communicate with/update family. Nursing team to take lead on communicating with family, unless clearly delegated to another team member.

**Families should be contacted at least every two weeks, even if no news, during process leading up to discontinuation.**



# Process Map: CANH in PDOC decision making

For CURRENT PATIENTS in Continuing Care

## Outcome 3: No decision reached

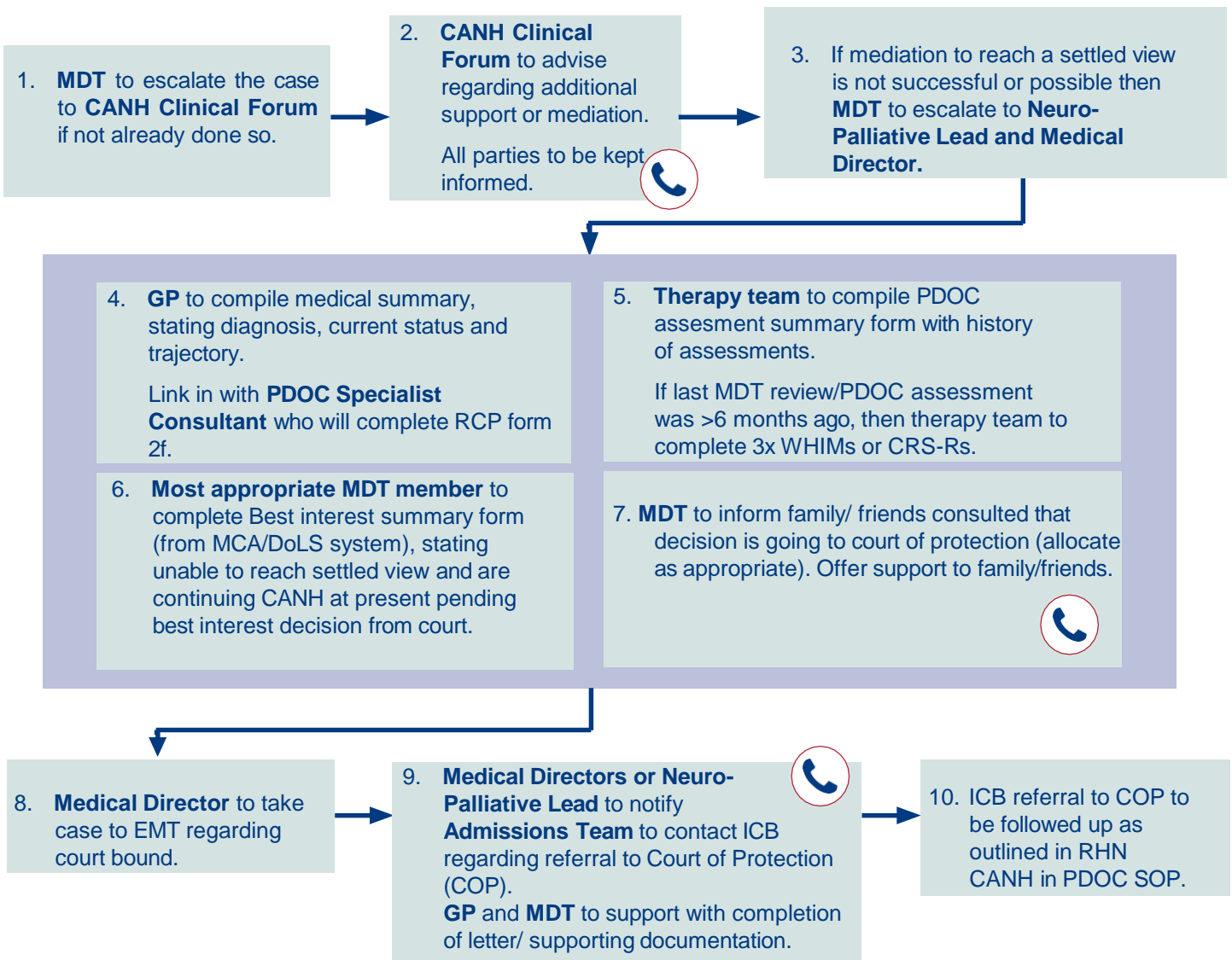
Where the issues are finely balanced or there is disagreement about what is in the person's best interests:



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Key points to communicate with/update family. Nursing team to take lead on communicating with family, unless clearly delegated to another team member.

**Families should be contacted at least every four weeks, even if no news.**



Ensure EPR CANH timeline, key dates (bottom of CANH note) and CANH tracker are up to date. Ensure all documents are uploaded.

