**Critical Care: Decision-support Form**

This form can be used to guide and record the decision-making process regarding the critical care support a critically ill patient should receive. It is designed to support best practice in decision-making.

**Evidence: Clinical** *(factors in patient’s acute condition and long term health relevant to decision about escalating treatment)*

**Evidence: Ability to recover from this critical illness based on evidence* (e.g.: functional reserve, trajectory of illness, exercise capacity, dependence, self-reported QoL, frailty score)

**Evidence: Patient values and wishes** *(what is important to the patient with regard to their treatment and the potential outcomes? Please note ReSPECT form/advance decision to refuse treatment if available.) If no information is available please say why.*

Please document source of this information: (patient, family or someone close to patient, advance care plan etc)
### Balancing burdens and benefits of escalating treatment (based on the evidence in section one)

**Benefits of intensive escalation of treatment for this patient** (what good may be achieved and what harms avoided? How likely is this?)

**Burdens of intensive escalation of care for this patient** (what harms are likely to occur due to escalating care)

### Recommended treatment (summary of goals and focus of care, and actual therapy patient is to receive)

### Can this care safely be delivered outside ICU/HDU?
- [ ] Care required can only be delivered on ICU/HDU
- [ ] Care required can be delivered outside ICU/HDU and resources are available to do this safely
- [ ] Care required could be delivered outside ICU/HDU but

### Arrangements for ongoing care/review
- [ ] Patient will be admitted to ICU/HDU.
- [ ] Patient to stay on ward with ongoing ICU or critical care outreach review.
- [ ] Patient to stay on ward. If patient’s condition changes

### Individuals contributing to decision-making

**Patient** (please state if no involvement and reason for this):

**Person close to patient:**

Name: ____________________________

Relationship to patient: ____________________________

Nature of involvement: ____________________________

**ICU team**

Name: ____________________________ Signature: ____________________________

Role: ____________________________ GMC number: ____________________________

**Referring team**

Name: ____________________________ Signature: ____________________________

Further information available: see notes entry dated: