**Patients with Uncertain Recovery – Planning, Liaising, Engaging (PURPLE)**

**PILOT**

**Aim:**

To identify patients whose prognosis is uncertain, but have reasonable possibility of dying during or soon after admission.

To ensure a thorough management plan has been formulated and communicated to the patient and carers, regarding (but not limited to): current management, prognosis, plans if treatment is unsuccessful and how this will be assessed, escalation, ceilings of therapy and resuscitation decisions.

To highlight patients at risk of dying to primary care services to plan their ongoing management should they deteriorate further.

**Inclusion:**

Is the Patent Suitable for PURPLE care bundle?

1. Is the patient deteriorating despite active medical therapy?
2. Is reversibility potentially limited?
3. Are they at a significant risk of dying during this admission or soon after?

If the answer is “yes” to these questions, proceed to PURPLE care bundle.

**Insert Patient ID Label:**

**PILOT**

**Interventions:**

**MDT meeting to discuss onward care (First 4 hours)**

|  |  |
| --- | --- |
| **Date of meeting** |  |
| **Those present** |  |
| **Current key issues and therapies administered** |  |
| **Anticipated outcomes** | Improvement | How assessed: | Plan: |
| Further deterioration on current treatment | How assessed: | Plan: |
| **UP Status****(complete form and attach to notes)** | 1. Attempt CPR refer to DCC if patient deteriorates | 🞎 |
| 2. DNACPR but refer to DCC if patient deteriorates | 🞎 |
| 3. DNACPR and do not refer to DCC if patient deteriorates – ward care | 🞎 |
| 4. DNACPR and do not refer to DCC if patient deteriorates – EoL care | 🞎 |
| **Have ‘just-in-case’ meds been prescribed?** | Yes 🞎  | No 🞎 |
| **Is a Palliative Care referral required?** | Yes 🞎 | No 🞎 |
| **Has a Palliative Care referral been made?** | Yes 🞎  | No 🞎 |
| **Plan agreed by MDT?** | Yes 🞎  | No 🞎 |

**PILOT**

**Patient and carer discussion (First 12 hours)**

|  |  |
| --- | --- |
| **Date of meeting** |  |
| **Those present** |  |
| **Does patient have capacity?** | Yes 🞎 | No 🞎 |
| **Preferred place of care** |  |
| **Patient/Carer concerns or wishes** |  |
|  |
| **Uncertain recovery and treatment options explained?** | Yes 🞎 | No 🞎 |
| **Summary of Conversation/Comments** |  |

**PILOT**

**Daily Review:**

Is the patient still suitable for PURPLE?

Have there been any changes to medical management?

Have you re-iterated the plan/communicated changes with the patient/family?

**Discharge:**

Have plans for re-admission been discussed with the patient?

Have primary care services been informed of the plan/prognosis, including community DNAR if appropriate and listing for gold standards framework?

Is there a requirement for community palliative care involvement and has a referral been made?

Signature …………………………………………….. Date Completed ……………………………………………..

Print Name …………………………………………..