

**TO BE COMPLETED BY ICU TEAM**

Affix patient sticker here

**Hospital admission date:**

**Date of assessment:**

**Time of assessment:**

**Assessment number** *(for repeat assessments)*

**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 out-comes? 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: \_\_\_\_\_