

Talking with people in hospital and families about planning care, death and dying
RED-MAP has 6-steps. Suggested phrases are adapted to the person, family and context of the discussion.
 Ask for help and support from colleagues, senior staff or a specialist. Second opinion if needed.

 RED-MAP for Hospital Professionals	
Ready	Try to build a relationship. Eye contact and tone matter. Speak to and about people by name. <i>Hello, Mrs J. My name is... I am (your title). My role in the team here is...</i> Outline reasons for discussion. Check who should be involved and how to do that. *Can we talk about your treatment and care? Who else do we need to speak to? *We are doing our best to care for you, but we are worried about your condition... *Who should we talk to if you are more unwell or not able to make decisions with us? *I'm sorry we have to speak on the phone not in person at this time.
Expect	Find out what people know and expect. Explore initial questions or worries. *I'll explain what is happening, but do you have any questions or worries just now? *Do you know what the Coronavirus situation might mean for you? *What do you know about treatment/ care if people have COVID/other problems?
Diagnosis	Share information tailored to people's understanding and how they are feeling. Explain what we know in short chunks with pauses; very important on the phone Acknowledge and share uncertainty. Keep terms clear and simple. Kindness matters. *How we care for people is different due to the virus. * You are less well because... * We hope you will improve with these treatments, but I am worried about you... * If treatment with (...) doesn't help or stops working, it is possible he'll not get better. *I am sorry to tell you (person's name) is very ill.... She could die with this illness....
Matters	Pause, and check for a response. Find out what matters to this person and family. *Can we talk about what's important for you now and what we can do to help? *Please tell us how you'd like to be cared for and if there is anything you do not want.
Actions	Talk about realistic options for treatment, care and support for this person/ family. Be clear about what can help or will not work. Options depend on best place of care. *For people who depend on others at home or in a care home, it may be better to care for them in a familiar place when they are very ill and dying, if that's possible. *Giving oxygen with a breathing machine helps some people with infections like coronavirus get better, but means being cared for in a hospital isolation ward. *Intensive care and ventilation do not help everyone. For people with some kinds of health problems, it is better to care for them in different ways. *Has anyone talked about cardiopulmonary resuscitation or CPR? CPR is treatment to restart the heart/breathing. CPR does not work when a person is very ill or dying, so we plan for good care. With these health problems, CPR may work but can leave a person in much poorer health. Any other treatments that can help are always given. * I wish there was more treatment we could give. Can we talk about what we can do? *We give treatment and care for any symptoms like breathlessness, pain or distress. *It's difficult when restrictions mean families can't visit as usual. What we can do is.. *We don't know how quickly things will change, but we will keep you updated.
Plan	Use available forms and online systems to record plans and DNACPR decisions We record and share the plans we make for care so everyone knows what to do.

Avoid language that can make people feel confused, abandoned or deprived of treatment and care.



There is 'nothing more' we can do. 'Ceiling' of treatment or care for a person.
 We are 'withdrawing' treatment. Treatment is 'futile'. Would you like to be resuscitated?