Talking with people and families about Care Planning and CPR
RED-MAP is a 6-step guide developed in Scotland. Adapt suggested phrases to the people and situation.
Always talk about CPR as part of a wider discussion about Care Planning.

✅	RED-MAP Guide for Ambulance Services
R eady	**We need to make a plan for treatment and care.**

Try to build a relationship. Eye contact and tone matter. Speak to and about people by name.
Hello Mrs Y, my name is……, I am (your title/role).
Reassure everyone you are here to look after the person, and make a good plan for their care.
If possible, check who should be involved in the discussion and how best to do that.
*We need to talk about **what we can do** to help you now, and **if** you get more unwell.*
Is there anyone else we need to speak to about what is happening with your health and care?
She is seriously ill so we need to decide quickly what care is going to be best for her.

E xpect	**It would help to hear what you know about your health problems.**

I'll explain what I think is happening, but do you want to tell me anything important first?
How have you been doing recently/today? What has changed?
*Has anyone talked with you about planning ahead **if** you (person's name) are less well or very ill?*

D iagnosis	**There are things we know about your health, and things we're not sure about.**

Share information; tailored to people's understanding and how they are feeling.
Explain what we know in "short chunks with pauses" to check for people's reactions/questions.
Acknowledge and share uncertainty. Use clear language with no jargon and short sentences.
***We hope** you will improve with.., but **I am worried** about how you are… **I wish it was possible** to…*
***It is possible** he'll not get better if…   **I'm afraid, she is seriously ill** now with…..*

M atters	**We'd like to know what's important to you, and how best to care for you.**

*Can we talk about what's important for you now, and **what we can do** to help?*
*Can we talk about how you **would like** to be cared for, and any things you **do not want** to happen?*
*Can you tell us **what you think** (person's name) **would say** in this situation, if we could ask him?*

A ctions	**Let's talk about what we can do to care for you and things that may not help.**

*We want to do our best to care for you (and your family). *What we can do to help you at home is…*
Going to hospital has benefits and risks in this situation. What would be the best choice for you?
* Hearing what you have said and looking at the situation, would it help if I say what I think...*
Can I ask if you know anything about cardio-pulmonary resuscitation or CPR?
  - CPR is treatment to restart the heart and breathing.
  - CPR does not work when a person is in very poor health or dying.
  - Even if it works, CPR can leave people with these health problems in much poorer health.
  If CPR will not help, it is better to focus on planning other treatment and care.
We can give treatment for any symptoms like breathlessness, pain or distress.
We don't know how quickly things will change, but this is how to get help.

P lan	Use available forms and online systems to record and share care plans and DNACPR decisions.
	We record and share plans we make for treatment and care so everyone knows about them.

🚫 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 he 'want to be' resuscitated?

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