Talking with people 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
Ready	Try to build a relationship. Eye contact and tone matter. Speak to and about people by name *Hello, is that Mr RT? My name is…, I am (your title). My role in the team is...* Outline reasons for the discussion. Check who should be involved and how best to do that. ** I'm sorry we have to speak on the phone not in person. Can we make a time to talk about your treatment and care? Is there anyone else you'd like me to speak to?* ** Talking about what's happening and thinking ahead helps people get better care.* **We can make plans with you in case you get less well for any reason.*
Expect	Find out what the person and family know and expect. Explore initial questions or worries. **I'll explain what is happening, but do you have any questions or worries just now?* **Can I ask what you know about your health problems and how you are now?* **Do you know what the Coronavirus situation might mean for you?*
Diagnosis	Share information; tailored to people's understanding and how they are feeling. Explain what we know in short chunks with pauses. This matters even more 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 now because…* *****We hope*** *you will improve with.., but* ***I am worried*** *about how you are…* *****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, available options for treatment, care and support for this person/family. Be honest and clear about what can help or will not work. Options depend on place of care. **For people who depend on others for care at home or in a care home, it may better to care for them in a familiar place when they are very ill and dying, if that's possible.* **Going to hospital has benefits and risks so can we talk about what that might mean?* **I wish we were able to give you that treatment/care. The options we do have are…* **Intensive treatments do not help everyone. Can we talk about that?* **Has anyone talked about cardiopulmonary resuscitation or CPR? CPR is treatment to restart the heart/breathing. CPR does not work when a person is in very poor health or dying, so we plan 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 given.* **We give treatment and care for any symptoms like breathlessness, pain or distress.* **It is 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 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 you like to be resuscitated?*