Summary: Prompt list for phone and in person urgent conversations about withdrawing or withholding life-sustaining treatments in UK critical care

PREPARE	 Check LPA / ADRT status Clarify what you are going to say, including arrangements and information you will provide at the end If possible, find a comfortable, private place
START AND SIGNPOST	 Introduce yourself, your role, name the patient, check who you are speaking to Are you able to talk? Are you safe to talk at the moment (e.g. not driving)? If possible, signpost by explaining reason for call, for instance 'i'm going to give you an update on'
EXPRESS EMPATHY	 Tone of voice, sorry statements, show understanding about emotion but don't overclaim you understand: Something like: 'We know this is really tough, I can't imagine how hard it is for you right now'
FORECAST, CHECK UNDERSTANDING	 Explain, in a way that forecasts what is to come, that you need to talk about the patient's condition Find out what they know, understand already
CLINICAL COMMENTARY	 Be clear and honest about condition If the patient is dying, use that word or a non-ambiguous alternative (e.g. will not survive) Convey uncertainty if appropriate, avoid raising hopes unnecessarily
ELICIT PATIENT'S WISHES & CLARIFY WHO WILL ACTUALLY MAKE THE DECISION	 Check who is with them now, who they can talk to after Ask about the patient's values, goals, and wishes, allowing time Explain it's a medical decision, but that their views and their knowledge of the patient's views are important (unless LPA Health and Welfare in place – see full guidance)
VOICE THE DECISION	 Clearly summarise what they have said Give the team's clinical opinion Rieterate this is a collective clinical decision, in which the patient's views are taken into account With empathic statements, check the need for further explanation, articulate the decision
SUMMARISE AND SUPPORT	 Check need for further explanation. Senstively restate the decision, explain what will happen next Emphasise care will continue, that the team is not abandoning the patient Allow time for emotions to be expressed Signpost to support and who will next contact them and when

V = Value comments made by the family A = Acknowledge family emotions L = Listen U = Understand the patient as a person E = Elicit family questions