

THE FORWARD BUNDLE

Patient label

Date:
Time:

Feeding via the Oral Route With Acknowledged Risk of Deterioration

Stage 1 : Identification — Is the patient for FORWARD?

Identification	<p>The patient has an unsafe swallow which is not likely to improve <i>This assessment is usually made by a speech and language therapist (SLT) but may be made by a consultant physician</i></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<p>The multidisciplinary team (MDT) have made the decision the patient is not / no longer appropriate for tube feeding OR The patient is choosing not to have a feeding tube OR The patient is already tube fed long term but requests or requires small amounts of oral intake for comfort</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If **YES** to both, proceed to decision making

Stage 2 : Decision making

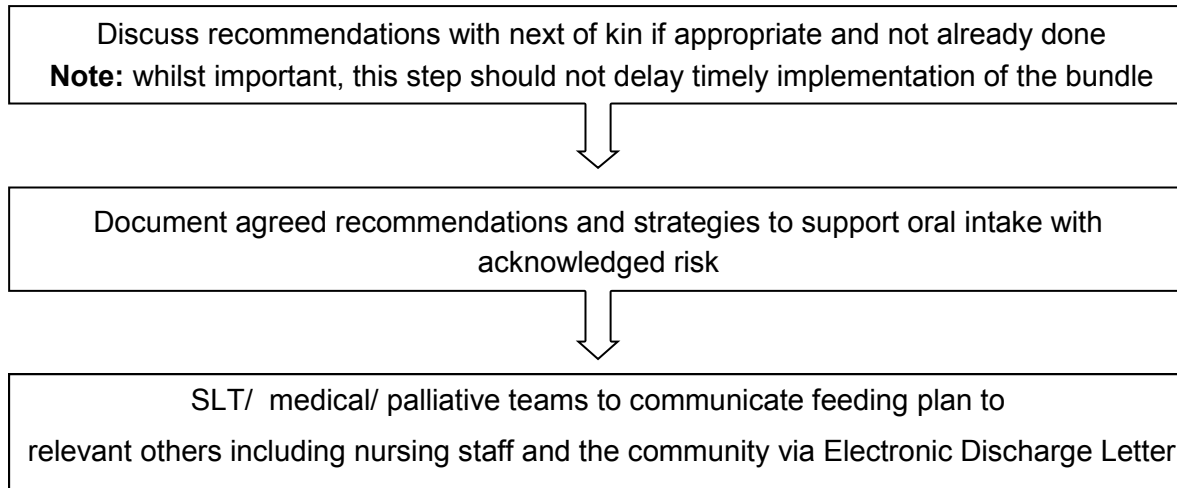
Decision making	<p>Establish possible feeding recommendations that balance risks, burdens and benefits to the patient <i>These are usually determined by an SLT but may be determined by a consultant physician (+/- SLT referral to support patient and family)</i></p>		
	<p>Patient's capacity to consent to these recommendations is assessed and documented</p>		
	<p>The patient has capacity and after discussion, has made an informed decision to eat and drink with acknowledged risk of deterioration</p> <p>OR</p> <p>The patient lacks capacity, but a best interests MDT discussion has taken place that has concluded that he or she should eat and drink with acknowledged risk of deterioration</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If **YES** to either question proceed to implementation



Stage 3 : Implementation and communication

Implementation



Stage 4: Escalation planning

Escalation Planning

Medical team to document suggested management strategies in the event of deterioration, e.g. chest physiotherapy; parenteral fluids; antibiotics; symptom control measures

Has there been documentation of any ceiling of care? (e.g. ward based care only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a DNAR decision been documented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the AMBER care bundle been considered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a PEACE document been considered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Reconsider FORWARD if;

Risks, benefits or burdens change

FORWARD bundle form is completed and filed in medical notes by the managing team.

Name of responsible consultant

Signed by SLT (if applicable) Date

Signed by Doctor Date