

ReSPECT

Recommended Summary Plan for Emergency Care and Treatment

Level 2 Training

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ReSPECT is supported by



Learning Objectives

By the end of this presentation you should be able to:

- Know what ReSPECT stands for
- Know what the aims of the ReSPECT process are
- Understand which patients are suitable for a ReSPECT form
- Know how to interpret a ReSPECT form in an emergency situation
- Know who can complete a ReSPECT form
- Know the answers to commonly asked questions about the use of the ReSPECT form in different settings.



Recommended Summary Plan for
Emergency Care and Treatment

- **Recommended**
- **Summary**
- **Plan for**
- **Emergency**
- **Care and**
- **Treatment**

An alternative process...

...for discussing, making and recording recommendations about future emergency care and treatment, including CPR

Records treatments to be considered...

...as well as those that are not wanted or would not work

ReSPECT – who is it for?

The process can be for everyone but is especially relevant to those:

- With particular health needs that may involve a sudden deterioration in health
- With a life limiting condition, such as advanced organ failure, advanced cancer or frailty
- At risk of sudden events, such as epilepsy or diabetic crisis.
- Who have strong feelings about treatment or outcomes

ReSPECT - how to complete

- Records the person's details and the date of completion (addressograph can be used)
- Summarises relevant details about their condition
- Records details of other relevant planning documents e.g. ADRT
- this scale may have been used to help them to identify priorities for their care
- this box may record what is important to them (optional)

ReSPECT Recommended Summary Plan for Emergency Care and Treatment

Full name	ReSPECT
Date of birth	
Address	
NHS/CHI/Health and care number	

1. This plan belongs to:

Preferred name	ReSPECT
Date completed	

The ReSPECT process starts with conversations between a person and a healthcare professional. The ReSPECT form is a clinical record of agreed recommendations. It is not a legally binding document.

2. Shared understanding of my health and current condition

Summary of relevant information for this plan including diagnoses and relevant personal circumstances:

Details of other relevant care planning documents and where to find them (e.g. Advance or Anticipatory Care Plan; Advance Decision to Refuse Treatment or Advance Directive; Emergency plan for the carer):

I have a legal welfare proxy in place (e.g. registered welfare attorney, person with parental responsibility) - if yes provide details in Section 8 Yes No

3. What matters to me in decisions about my treatment and care in an emergency

Living as long as possible matters most to me	Quality of life and comfort matters most to me	ReSPECT
What I most value:	What I most fear / wish to avoid:	



Full name PAULA PATIENT

Date of birth 05/05/1940

Address THE OLD NURSING HOME
12 RUNAWAY ROAD
WELWYN GARDEN CITY HERTS

NHS/CHI/Health and care number
246321RWHX

1. This plan belongs to:

Preferred name PAULA PATIENT

Date completed 13/05/24

The ReSPECT process starts with conversations between a person and a healthcare professional. The ReSPECT form is a clinical record of agreed recommendations. It is not a legally binding document.

2. Shared understanding of my health and current condition

Summary of relevant information for this plan including diagnoses and relevant personal circumstances:
IHD MULTIMORBIDITIES
FRAILITY

Details of other relevant care planning documents and where to find them (e.g. Advance or Anticipatory Care Plan; Advance Decision to Refuse Treatment or Advance Directive; Emergency plan for the carer):
HAS COMMUNITY DNACPR

I have a legal welfare proxy in place (e.g. registered welfare attorney, person with parental responsibility) - if yes provide details in Section 8 Yes No

3. What matters to me in decisions about my treatment and care in an emergency

Living as long as possible matters most to me Quality of life and comfort matters most to me

What I most value:

What I most fear / wish to avoid:

ReSPECT ReSPECT ReSPECT ReSPECT

4. Clinical recommendations for emergency care and treatment

Prioritise extending life clinician signature	or Balance extending life with comfort and valued outcomes DR FOSTER	or Prioritise comfort clinician signature
--	--	---

Now provide clinical guidance on specific realistic interventions that may or may not be wanted or clinically appropriate (including being taken or admitted to hospital +/- receiving life support) and your reasoning for this guidance:

CPR attempts recommended Adult or child clinician signature	For modified CPR Child only, as detailed above clinician signature	CPR attempts NOT recommended Adult or child clinician signature
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Full name **PAULA PATIENT**Date of birth **05/05/1940**Address **THE OLD NURSING HOME
12 RUNAWAY ROAD
WGC HERTS**

NHS/CHI/Health and care number

246321 RWHX**1. This plan belongs to:**Preferred name **PAULA**Date completed **13/5/24**

The ReSPECT process starts with conversations between a person and a healthcare professional. The ReSPECT form is a clinical record of agreed recommendations. It is not a legally binding document.

2. Shared understanding of my health and current condition

Summary of relevant information for this plan including diagnoses and relevant personal circumstances:

**ALZHEIMERS
DEMENTIA
FRAILTY**

Details of other relevant care planning documents and where to find them (e.g. Advance or Anticipatory Care Plan; Advance Decision to Refuse Treatment or Advance Directive; Emergency plan for the carer):

NONE

I have a legal welfare proxy in place (e.g. registered welfare attorney, person with parental responsibility) - if yes provide details in Section 8

Yes

No**3. What matters to me in decisions about my treatment and care in an emergency**

Living as long as possible matters most to me

X

Quality of life and comfort matters most to me

What I most value:

**TO BE COMFORTABLE &
PAIN FREE**

What I most fear / wish to avoid:

**HOSPITAL ADMISSIONS IF
NOT NEEDED**

4. Clinical recommendations for emergency care and treatment

Prioritise extending life

or

Balance extending life with
comfort and valued outcomes

or

Prioritise comfort

DR FOSTER .

Now provide clinical guidance on specific realistic interventions that may or may not be wanted or clinically appropriate (including being taken or admitted to hospital +/- receiving life support) and your reasoning for this guidance:

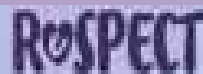
TO REMAIN FOR ACTIVE TREATMENT OF ACUTE &
REVERSABLE CAUSES SUCH AS INFECTIONS & FRACTURES.
1st POINT OF CALL: GP / HOSPITAL AT HOME
ONLY TRANSFER TO HOSPITAL IF ACUTE FALL OR FRACTURE
ANY DISCUSSIONS PLEASE SPEAK WITH STAFF WHO KNOW ME WELL

CPR attempts recommended
Adult or child

For modified CPR
Child only, as detailed above

CPR attempts **NOT** recommended
Adult or child

DR FOSTER .



Recommended Summary Plan for Emergency Care and Treatment

Full name **Mrs PATIENT PATIENT**

Date of birth **01/01/1950**

Address **1 FAKE ROAD
FAKETON
AB1 23C**

NHS/CHI/Health and care number
1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1 | 2 | 3

ReSPECT

1. This plan belongs to:

Preferred name
PATTIE

Date completed
01/01/22

The ReSPECT process starts with conversations between a person and a healthcare professional. The ReSPECT form is a clinical record of agreed recommendations. It is not a legally binding document.

2. Shared understanding of my health and current condition

Summary of relevant information for this plan including diagnoses and relevant personal circumstances:
CANCER OF THE PANCREAS WITH SPREAD TO THE LIVER, INITIAL CHEMOTHERAPY NOT EFFECTIVE. DOES NOT WANT MORE. NO COMMUNICATION DIFFICULTIES. LIVES WITH, AND IS THE MAIN CAREER FOR HER BLIND HUSBAND (HE IS KNOWN TO LOCAL SOCIAL SERVICES)

Details of other relevant care planning documents and where to find them (e.g. Advance or Anticipatory Care Plan; Advance Decision to Refuse Treatment or Advance Directive; Emergency plan for the carer):
REFERRED TO PALLIATIVE CARE FOR FURTHER DISCUSSIONS

I have a legal welfare proxy in place (e.g. registered welfare attorney, person with parental responsibility) - if yes provide details in Section 8 Yes No

3. What matters to me in decisions about my treatment and care in an emergency



What I most value:
MAINTAINING COMFORT. MOST IMPORTANT TO HER IS THAT HER HUSBAND IS CARED FOR IF SHE BECOMES TOO ILL TO HELP HIM.

What I most fear / wish to avoid:
HUSBANDS WELFARE IS NOT LOOKED AFTER

ReSPECT

4. Clinical recommendations for emergency care and treatment

Prioritise extending life clinician signature	Balance extending life with comfort and valued outcomes clinician signature <i>Dr Signature</i>	Prioritise comfort clinician signature
Now provide clinical guidance on specific realistic interventions that may or may not be wanted or clinically appropriate (including being taken or admitted to hospital +/- receiving life support) and your reasoning for this guidance: INTERVENTION RECOMMENDED: HOSPITAL ADMISSION FOR INTRAVENOUS ANTIBIOTICS AND BLOOD PRODUCTS IF SHE NEEDS THESE. INTERVENTIONS <u>NOT</u> RECOMMENDED: CPR. ADMISSION TO AN INTENSIVE CARE UNIT. SHE DOES NOT WANT FURTHER CHEMOTHERAPY TO TREAT HER CANCER. NB IF SHE IS ADMITTED, PLEASE CONTACT MY EMERGENCY CONTACT WHO WILL CALL SOCIAL SERVICES TO LOOK AFTER ME PATIENT.		
CPR attempts recommended Adult or child clinician signature	For modified CPR Child only, as detailed above clinician signature	CPR attempts NOT recommended Adult or child clinician signature <i>Dr signature</i>

ReSPECT - how to interpret

Section 4 records agreed recommendations to guide decision-making (still front page):

- The main aim of treatment
- specific types of care and treatment that the person would or would not want that would not work in their situation
- whether or not attempted CPR is recommended



4. Clinical recommendations for emergency care and treatment		
Prioritise extending life clinician signature	Balance extending life with comfort and valued outcomes clinician signature	Prioritise comfort clinician signature
Now provide clinical guidance on specific realistic interventions that may or may not be wanted or clinically appropriate (including being taken or admitted to hospital +/- receiving life support) and your reasoning for this guidance:		
CPR attempts recommended Adult or child clinician signature	For modified CPR Child only, as detailed above clinician signature	CPR attempts NOT recommended Adult or child clinician signature

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These recommendations are there to guide you when making immediate decisions in an emergency

ReSPECT - Emergency Guidance

- A ReSPECT form does not always mean DNACPR.
- You must get in the habit of looking into both boxes on the form to see which applies.

4. Clinical recommendations for emergency care and treatment

Prioritise extending life clinician signature	or Balance extending life with comfort and valued outcomes clinician signature	or Prioritise comfort clinician signature
--	--	---

Now provide clinical guidance on specific realistic interventions that may or may not be wanted or clinically appropriate (including being taken or admitted to hospital +/- receiving life support) and your reasoning for this guidance:

CPR attempts recommended Adult or child clinician signature	For modified CPR Child only, as detailed above clinician signature	CPR attempts NOT recommended Adult or child clinician signature
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ReSPECT - how to interpret

Sections 5-8 should be completed fully

If the patient lacks capacity a mental capacity assessment needs to be completed and recorded in the medical notes

- Section 7 should be signed by clinicians to confirm that all statements and recommendations are valid
- Section 8 lists emergency contacts
- Section 9 may be blank for use by a clinician reviewing this ReSPECT form at a future time or may record a review confirming validity

5. Capacity for involvement in making this plan

Does the person have capacity to participate in making recommendations on this plan? Yes No

If no, in what way does this person lack capacity?

Document the full capacity assessment in the clinical record. If the person lacks capacity a ReSPECT conversation must take place with the family and/or legal welfare proxy.

6. Involvement in making this plan

The clinician(s) signing this plan is/are confirming that (select A, B or C, OR complete section D below):

A This person has the mental capacity to participate in making these recommendations. They have been fully involved in this plan.

B This person does not have the mental capacity, even with support, to participate in making these recommendations. Their past and present views, where ascertainable, have been taken into account. The plan has been made, where applicable, in consultation with their legal proxy, or where no proxy, with relevant family members/friends.

C This person is less than 18 years old (16 in Scotland) and (please select 1 or 2, and also 3 as applicable or explain in section D below):

1 They have sufficient maturity and understanding to participate in making this plan

2 They do not have sufficient maturity and understanding to participate in this plan. Their views, when known, have been taken into account.

3 Those holding parental responsibility have been fully involved in discussing and making this plan.

D If no other option has been selected, valid reasons must be stated here: (Document full explanation in the clinical record.)

7. Clinicians' signatures

Grade/speciality	Clinician name	GMC/NMC/HCPC no.	Signature	Date & time
Senior responsible clinician:				

8. Emergency contacts and those involved in discussing this plan

Name (tick if involved in planning)	Role and relationship	Emergency contact no.	Signature
Primary emergency contact: <input type="checkbox"/>			optional
<input type="checkbox"/>			optional
<input type="checkbox"/>			optional
<input type="checkbox"/>			optional
<input type="checkbox"/>			optional

9. Form reviewed (e.g. for change of care setting) and remains relevant

Review date	Grade/speciality	Clinician name	GMC/NMC/HCPC No.	Signature

If this page is on a separate sheet from the first page: Name: DoB: ID number:

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ReSPECT - who completes it?

- Any doctor/nurse competent to do so can begin the ReSPECT conversation
- The form can be completed by a doctor/competent nurse looking after the patient
- The senior responsible clinician (e.g. the hospital consultant or GP) with whom it has been discussed should be named on the form and sign it.
- Other healthcare professionals may complete competency based training to become 'ReSPECT writers' if they have the support of their area (e.g. CNS).

ReSPECT - who keeps it?

ReSPECT Recommended Summary Plan for Emergency Care and Treatment

Full name: _____ Date of birth: _____
 Address: _____
 NHS/CHI Health and care number: _____

1. This plan belongs to:
 Preferred name: _____
 Date completed: _____

The ReSPECT process starts with conversations between a person and a healthcare professional. The ReSPECT form is a clinical record of agreed recommendations. It is not a legally binding document.

2. Shared understanding of my health and current condition
 Summary of relevant information for this plan including diagnoses and relevant personal circumstances: _____

Details of other relevant care planning documents and where to find them (e.g. Advance or Anticipatory Care Plans, Advance Decision to Refuse Treatment or Advance Directive; Emergency plan for the carer): _____

I have a legal welfare proxy in place (e.g. registered welfare attorney, person with parental responsibility, if you provide details in section 8) Yes No

3. What matters to me in decisions about my treatment and care in an emergency
 Living as long as possible matters most to me: _____ Quality of life and comfort matters most to me: _____

What I most value: _____ What I most fear / wish to avoid: _____

4. Clinical recommendations for emergency care and treatment
 Prioritise extending life with comfort and valued outcomes Prioritise comfort
 Clinician signature: _____ Clinician signature: _____ Clinician signature: _____

Now provide clinical guidance on specific realistic interventions that may or may not be wanted or clinically appropriate (including being taken or admitted to hospital w/ receiving life support) and your reasoning for this guidance: _____

CPR attempts recommended Adult or child Child only as specified above CPR attempts NOT recommended Adult or child
 Clinician signature: _____ Clinician signature: _____ Clinician signature: _____

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5. Capacity for involvement in making this plan
 Does the person have capacity to participate in making recommendations on this plan? Yes No
 Document the full capacity assessment in the clinical record. If the person lacks capacity a ReSPECT conversation must take place with the family and/or legal welfare proxy.

6. Involvement in making this plan
 The clinician(s) signing this plan is/are confirming that (select A, B or C, OR complete section D below):
 A This person has the mental capacity to participate in making these recommendations. They have been fully involved in this plan.
 B This person does not have the mental capacity, even with support, to participate in making these recommendations. Their past and present views, where ascertainable, have been taken into account. The plan has been made, where applicable, in consultation with their legal proxy, or where no proxy, with relevant family members/friends.
 C This person is less than 18 years old (16 in Scotland) and (please select 1 or 2, and also 3 as applicable or explain in section D below):
 1 They have sufficient maturity and understanding to participate in making this plan.
 2 They do not have sufficient maturity and understanding to participate in this plan. Their views, when known, have been taken into account.
 3 Those holding parental responsibility have been fully involved in discussing and making this plan.
 D If no other option has been selected, valid reasons must be stated here: (Document full explanation in the clinical record)

7. Clinicians' signatures

Grade/speciality	Clinician name	GMC/NMC/HCPC no.	Signature	Date & time

 Clinician responsible (signature): _____

8. Emergency contacts and those involved in discussing this plan

Name (tick if involved in planning)	Role and relationship	Emergency contact no.	Signature

9. Form reviewed (e.g. for change of care setting) and remains relevant

Review date	Grade/speciality	Clinician name	GMC/NMC/HCPC No.	Signature

If this page is on a separate sheet from the first page: Name: _____ Date: _____ ID number: _____
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- Recommendations on the form are discussed and shared to ensure future decisions about the person's care are in their best interests
- Paper versions of the form should be kept by or with the person and should be accessible immediately to any clinician needing to make an immediate decision in a crisis
- Details from the form can be stored electronically by individual organisations
- Local systems must ensure that all versions are included in any cancellation or change to a **ReSPECT** form

ReSPECT frequently asked Qs

- **Is it legally binding?**
 - is not a legally binding document, but you should have good reason for ignoring its recommendations
- **Does it replace advance care plans?**
 - **ReSPECT** can complement other documents such as advance care plans but does not replace them
- **Will existing DNACPR forms still be valid?**
 - Existing DNACPR forms will still be valid and will not be replaced unless there is a change in condition.
- **If the patient has two forms which one is valid?**
 - The most recent form, whether DNACPR or ReSPECT will be valid. Older forms should be crossed through with **CANCELLED** written on them before filing in patient records.

ReSPECT frequently asked Qs

- **Can it be photocopied?**
 - should not be photocopied for clinical use – if presented with a photocopy consider quickly and carefully why, and whether the recommendations are current and valid
- **Which areas use the document?**
 - Nationally, many areas have already introduced it and many others are in the process of implementing.



What happens when patient changes care setting?

- Document goes with patient and stays with patient
- Documentation on the transfer letter needs to mention a ReSPECT form has been started
- There will be a stock of forms in individual care settings

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1. This plan belongs to:

Full name
Date of birth
Address
NHS/CHI/Health and care number

Preferred name
Date completed

2. Shared understanding of my health and current condition

Summary of relevant information for this plan including diagnoses and relevant personal circumstances:

Details of other relevant care planning documents and where to find them (e.g. Advance or Anticipatory Care Plan; Advance Decision to Refuse Treatment or Advance Directive; Emergency plan for the carer):

I have a legal welfare proxy in place (e.g. registered welfare attorney, person with parental responsibility) - if yes provide details in Section 8 Yes No

3. What matters to me in decisions about my treatment and care in an emergency

Living as long as possible matters most to me / Quality of life and comfort matters most to me

What I most value: / What I most fear / wish to avoid:

4. Clinical recommendations for emergency care and treatment

Prioritise extending life / Balance extending life with comfort and valued outcomes / Prioritise comfort

clinician signature / clinician signature / clinician signature

Now provide clinical guidance on specific realistic interventions that may or may not be wanted or clinically appropriate (including being taken or admitted to hospital +/- receiving life support) and your reasoning for this guidance:

CPR attempts recommended Adult or child / For modified CPR Child only, as detailed above / CPR attempts NOT recommended Adult or child

clinician signature / clinician signature / clinician signature

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<https://youtu.be/dp-qOgmBTRw>







- Further Information

Further training and resources available via:

<https://www.resus.org.uk/respect/respect-healthcare-professionals>