

Recommended Summary Plan for Emergency Care and Treatment

ReSPECT Recommended Summary Plan for Emergency Care and Treatment form

Preferred name: _____

1. Personal details

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

2. Summary of relevant information for this plan (see also section 6)

Including diagnosis, communication needs (e.g. interpreter, communication aid) and reasons for the preferences and recommendations recorded.

Details of other relevant planning documents and where to find them (e.g. Advance Decision to Refuse Treatment, Advance Care Plan). Also include known wishes about organ donation.

3. Personal preferences to guide this plan (when the person has capacity)

How would you balance the priorities for your care (you may mark along the scale, if you wish):

Prioritise sustaining life, even at the expense of some comfort	Prioritise comfort, even at the expense of sustaining life
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Considering the above priorities, what is most important to you is (optional): _____

4. Clinical recommendations for emergency care and treatment

Focus on life-sustaining treatment as per guidance below clinician signature	Focus on symptom control as per guidance below clinician signature
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How provide clinical guidance on specific interventions that may or may not be wanted or clinically appropriate, including being taken or admitted to hospital w/ receiving life support:

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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In partnership with

South Central Ambulance Service NHS Foundation Trust

What is ReSPECT?

- **ReSPECT** – a process for discussing, making and recording recommendations about future emergency care and treatment, including CPR, for a patient
- **ReSPECT** – national form, being used across north and mid **Hants** developed by many stakeholders, including patients, doctors, nurses and ambulance clinicians
- **ReSPECT** focuses on treatments to be considered as well as those that are not wanted or would not work
- **ReSPECT** encourages people to plan ahead for their care and treatment in a future emergency in which they are unable to make decisions

The ReSPECT form

- contains recommendations to guide clinician's decision-making in an emergency (including death and cardiac arrest)
- is not a legally binding document, but you should have good reason for ignoring its recommendations
- is lilac in colour **or in lilac folder**, to be easily recognisable
- must be completed correctly and fully
- must be signed and dated by the professional who completes the form
- can be reviewed and updated

The ReSPECT form

- is a universal form, so does not carry the name or logo of any organisation
- should be recognised and recognisable by all health and social care professionals across organisational and geographical boundaries
- should be completed by the most senior health care professional available
- replaces the uDNACPR form
- a summary of discussion with patients should also be documented in the medical / nursing / therapy notes

The ReSPECT form

- the form is kept with the patient
- must travel with the person (patient) – if they have it at home it should go with them to hospital, hospice or other health or care facility
- should be reviewed if the person's condition changes
- should be reviewed as soon as is reasonable if the person moves from one care setting – assume that the recommendations remain valid in the meantime

ReSPECT — aims

- More conversations between people and clinicians
- More planning in advance
- Good communication
- Good decision-making
- Shared decision-making whenever possible
- Good documentation
- Better care

ReSPECT – who is it for?

- Everyone – with increasing relevance for those:
 - with particular healthcare needs
 - nearing the end of their lives or at risk of cardiac arrest
 - who want to record their preferences for any reason
- A **ReSPECT** form is best completed when a person is relatively well, so that their preferences and agreed clinical recommendations are known if a crisis occurs
- If an emergency occurs in someone with no **ReSPECT** form the healthcare team can consider discussing and completing it as soon as possible

ReSPECT – other features

- In North and Mid Hants **ReSPECT** is only being used for adults
- **ReSPECT** can complement other documents such as advance care plans but does not replace them
- If a person has a completed **ReSPECT** form there is no need for a DNACPR form
- If a person already has a DNACPR form, after discussion about other treatments, this can be replaced by a **ReSPECT** form
- People cannot demand treatments that would not work; clinical decisions are final

The ReSPECT form – more detail

First (lilac) section:

- records the person's details and the date of completion
- summarises relevant details about their condition
- records details of other planning documents that you may need to see
- 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 for: Preferred name

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Full name Date of birth Date completed

NHS/CHI/Health and care number Address

2. Summary of relevant information for this plan (see also section 6)

Including diagnosis, communication needs (e.g. interpreter, communication aids) and reasons for the preferences and recommendations recorded.

Details of other relevant planning documents and where to find them (e.g. Advance Decision to Refuse Treatment, Advance Care Plan). Also include known wishes about organ donation.

3. Personal preferences to guide this plan (when the person has capacity)

How would you balance the priorities for your care (you may mark along the scale, if you wish):

Prioritise sustaining life, even at the expense of some comfort Prioritise comfort, even at the expense of sustaining life

Considering the above priorities, what is most important to you is (optional):

ReSPECT

The ReSPECT form – more detail

Section 4 (purple) records agreed recommendations to guide decision-making:

- the main focus 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

Focus on life-sustaining treatment as per guidance below
clinician signature

Focus on symptom control as per guidance below
clinician signature

Now provide clinical guidance on specific interventions that may or may not be wanted or clinically appropriate, including being taken or admitted to hospital +/- receiving life support:

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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If decision changes, please cross through old signature – never have two boxes signed

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

The ReSPECT form – more detail



Page 2 of the form verifies the basis for the recommendations:

- capacity
- discussion
- shared decision-making
- clinicians signature

It also lists emergency contacts

5. Capacity and representation at time of completion

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

Do they have a legal proxy (e.g. welfare attorney, person with parental responsibility) who can participate on their behalf in making the recommendations? **Yes / No / Unknown**
If so, document details in emergency contact section below

6. Involvement in making this plan

The clinician(s) signing this plan is/are confirming that these recommendations have (circle at least one):

- A** been recorded after discussion involving this person, who has sufficient mental capacity to participate in making relevant decisions
- B** where appropriate, been discussed with a person holding parental responsibility
- C** in the case of a person who does not have sufficient mental capacity to participate in relevant decision-making, been made in accordance with capacity law
- D** been made without involving the patient (or best interests/overall benefit meeting if the patient lacks capacity)

If **D** has been circled, state valid reasons here. Document full explanation in the clinical record.

Date, names and roles of those involved in discussion, and where records of discussions can be found:

7. Clinicians' signatures

Designation (grade/speciality)	Clinician name	GMC/NMC/HCPC Number	Signature	Date & time

Senior responsible clinician

8. Emergency contacts

Role	Name	Telephone	Other details
Legal proxy/parent			
Family/friend			
GP			
Lead Consultant			
Other			

9. Confirmation of validity (e.g. for change of condition)

Review date	Designation (grade/speciality)	Clinician name	GMC/NMC/HCPC number	Signature

The ReSPECT form – more detail

5. Capacity and representation at time of completion

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

Do they have a legal proxy (e.g. welfare attorney, person with parental responsibility) who can participate on their behalf in making the recommendations? **Yes / No / Unknown**
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Senior responsible clinician				

8. Emergency contacts

Role	Name	Telephone	Other details
Legal proxy/parent			
Family/friend			
GP			
Lead Consultant			
Other:			

9. Confirmation of validity (e.g. for change of condition)

Review date	Designation (grade/speciality)	Clinician name	GMC/NMC/ HCPC number	Signature

- Sections 5-8 should be completed fully
- Section 7 should be signed by clinicians to confirm that all statements and recommendations are valid
- Section 8 lists emergency contacts (community use – this could also indicate faith workers patient wishes to be contacted)
- 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

ReSPECT – who keeps it?

ReSPECT Recommended Summary Plan for Emergency Care and Treatment for

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1. Personal details

Full name: _____ Date of birth: _____ Date completed: _____

NHS/Health and care number: _____ Address: _____

2. Summary of relevant information for this plan (see also section 6)

Including diagnosis, communication needs (e.g. interpreter, communication aids) and reasons for the preferences and recommendations recorded.

Details of other relevant planning documents and where to find them (e.g. Advance Decision to Refuse Treatment, Advance Care Plan). Also include known wishes about organ donation.

3. Personal preferences to guide this plan (when the person has capacity)

How would you balance the priorities for your care (you may mark along the scale, if you wish):

Prevent suffering (e.g. avoid all the options) Prevent disability (e.g. avoid all the options)

Considering the above priorities, what is most important to you (optional): _____

4. Clinical recommendations for emergency care and treatment

Focus on life-sustaining treatment as per guidance below Focus on symptom control as per guidance below

Now provide clinical guidance on specific interventions that may or may not be wanted or clinically appropriate, including being taken or admitted to hospital w/ receiving life support:

CPR attempts recommended: Adult or child Child only, as detailed above CPR attempts NOT recommended: Adult or child Child only, as detailed above

- The recommendations on the form are (whenever possible) shared decisions, made for the benefit of the person to try to ensure that future decisions about their care are in their best interests
- In hospital paper versions of the form will be kept in the front of the medical notes, in purple wallet
- When a person is discharged, their discharge summary that they have a **ReSPECT** form, the paper copy of form should go with the patient

ReSPECT – on presentation of emergency

- Always ask a patient (or their relative or carer) if they have a **ReSPECT** form
- If a patient doesn't have one and is interested, suggest that they discuss it with their team or use the opportunity to discuss wishes then and complete **ReSPECT** form
- Always use clinical judgement in conjunction with its recommendations
- If a treatment will not work, it should not be offered
- A **ReSPECT** form may indicate whether or not a person wishes to be admitted / taken to hospital
- Always take into account the exact circumstances that you are faced with

ReSPECT – feedback

Your feedback is crucial

ReSPECT aims to be a dynamic process that responds to and develops further from your feedback

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