





NHS Foundation Trust

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



In partnership with

South Central Ambulance Service NHS Foundation Trust

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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 decisionmaking 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?

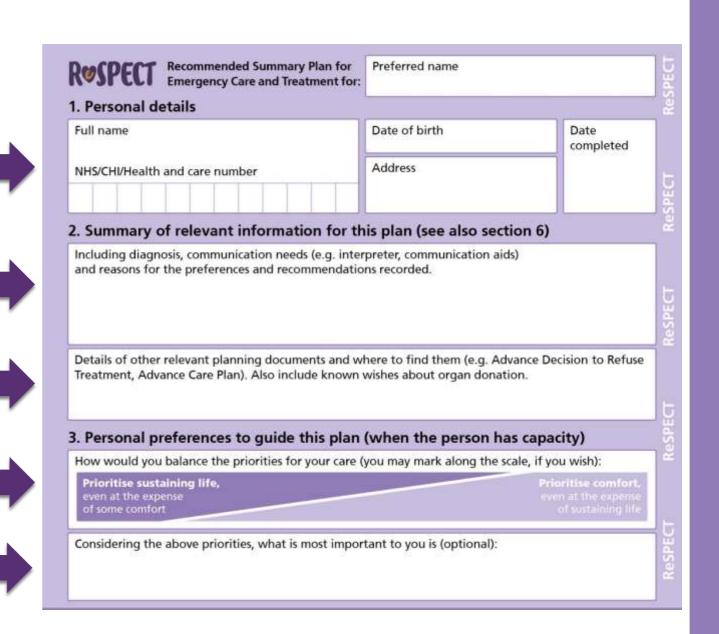
- Everyone with increasing relevance for those:
 - with particular healthcare needs
 - nearing the end of their lives or at risk of cardiac arrest
 - who want to record their preferences for any reason
- A ReSPECT form is best completed when a person is relatively well, so that their preferences and 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

First (lilac) section:

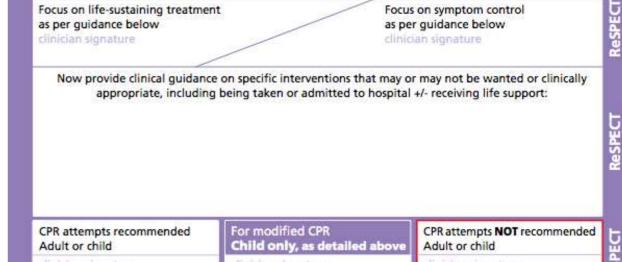
- records the person's details and the date of completion
- summarises relevant details about their condition
- records details of other planning documents that you may need to see
- this scale may have been used to help them to identify priorities for their care
- this box may record what is important to them (optional)



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



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

signed

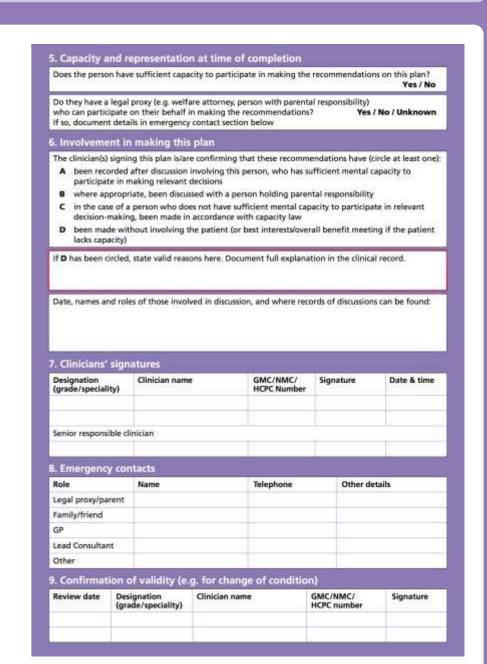
These recommendations are there to guide you when making immediate decisions in an emergency



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

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

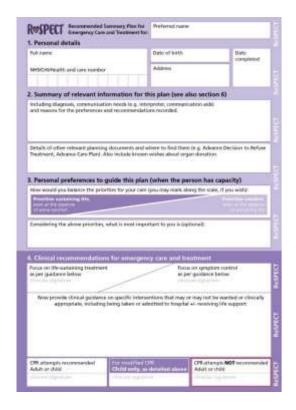
It also lists emergency contacts



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- 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?



- 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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