



Lightning Learning: ReSPECT

#EM3

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East Midlands Emergency Medicine Educational Media

STOP!

ReSPECT is a framework for discussion & documentation about emergency treatment, including CPR in adults and children.

ReSPECT will *replace* the UHL DNACPR form & can be used to guide treatment even if the patient is **FOR CPR**.

It is appropriate for patients who...

- Have complex health needs
- Are nearing the end of their life
- Are at risk of cardiac arrest
- Want to record their preferences for any reason

YOU NEED TO KNOW...

- What the form looks like
- Where to find recommendations for emergency treatment including CPR
- How to complete the form (*if you currently complete DNACPR forms*)

LOOK

1. Personal details
Full name, Date of birth, Date completed, NHS/CHI/Health and care number

2. Summary of relevant information for this plan
Including diagnosis, communication needs (e.g. interpreter, communication aids) and reasons for the preferences and recommendations recorded.

3. Personal preferences to guide this plan
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 vs. Prioritise comfort, even at the expense of sustaining life.
Considering the above priorities, what is most important to you in (opinion)

4. Clinical recommendations for emergency care and treatment
Focus on life-sustaining treatment as per guidance below vs. 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 +/- receiving life support:

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

Date & patient details

Summary of medical conditions & details of other important documents

Patient priorities of care

Main focus of treatment & agreed emergency treatment recommendation

CPR recommendations

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) 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 (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 making this plan.
B This person does not have the mental capacity to participate in making these recommendations. This plan has been made in accordance with capacity law, including, where applicable, in consultation with their legal proxy, or where no proxy, with relevant family members/friends.
C This person is less than 18 (UK except Scotland) / 16 (Scotland) years old and (please select 1 or 2, and also 3 as applicable or explain in section 7 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 making this plan. Their views, when known, have been taken into account.
3 These 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.

Record date, names and roles of those involved in decision making, and where records of discussions can be found:

7. Clinicians' signatures
Designation (grade/speciality), Clinician name, GMC/NMC/HPC Number, Signature, Date & time

8. Emergency contacts
Role, Name, Telephone, Other details, Responsible clinician

9. Confirmation of validity (e.g. for change of condition)
Review date, Designation (grade/speciality), Clinician name, GMC/NMC/HPC number, Signature

Capacity assessment

Who was involved in the discussion?

Signature & date of completion

Confirmation of review

Emergency contact details for patient NOK

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LEARN

(Level 1) ReSPECT training video <http://bit.ly/respectlevel1>

(Level 2) ReSPECT training video <http://bit.ly/respectlevel2>

ReSPECT local eLearning (UHL HELM) <http://bit.ly/uhlhelmrespect>

