

Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)

Why ReSPECT?

- A ReSPECT plan summarises personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express what is important to them. It might include recommendations of when transfer to hospital would be desirable or not and the rationale for this.
- ReSPECT is a summary of clinical recommendations to help you make immediate decisions about that person's care and treatment. It contains recommendations about whether CPR should be attempted.
- A ReSPECT plan contains much more than a CPR recommendation: it is to promote recording of an emergency care and treatment plan, and may recommend active treatment, **including attempted CPR** if it should be needed.
- The ReSPECT process is used across the UK.

Who is it for?

ReSPECT can be for anyone but will have increasing relevance for people who have complex health needs, people who are likely to be nearing the end of their lives, and people who are at risk of sudden deterioration or cardiac arrest. It can also be used in neonates, children and young people.

Where is the plan?

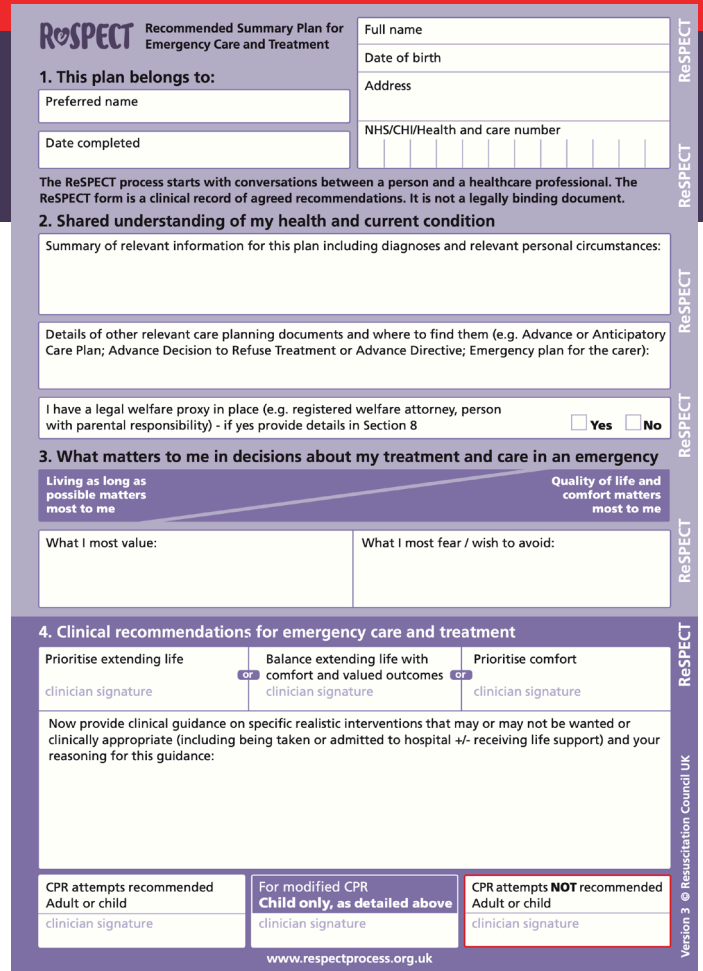
It should be with the person, and readily available for us. The person should take it with them if they go out or travel away from their home, and make sure that their family, friends or carers know about it, and where to find it in an emergency. The plan is a summary - the full care plan sits with/behind it.

How can ReSPECT help us?

- The plan may support decisions around use of person-centred care documents and can enable the person to remain at home.
- The plan should highlight circumstances in which the person should be conveyed to hospital and the rationale for this.
- It provides us with a summary of realistic and person-centred clinical recommendations to help us make immediate decisions about a person's care and treatment.
- It should have details of key contacts/care providers, community teams and access to pathways.
- The plan is used to inform decision-making when a person is unable to make informed choices or express what is important to them.

Is a ReSPECT form legally binding?

No, just like a DNACPR form, it's not legally binding, you still need to use clinical judgment and may decide not to follow the recommendations on a ReSPECT plan. It is a guide to immediate decision-making. You should be prepared to justify valid reasons for overriding the recommendations on a ReSPECT plan. For example you may decide to attempt resuscitation of a choking person - if you believe that that was not the circumstance envisaged when the recommendation not to attempt CPR was agreed.



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 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 clinician signature _____	Balance extending life with comfort and valued outcomes <input checked="" type="checkbox"/> clinician signature _____	Prioritise comfort clinician signature _____
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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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Review date?

The ReSPECT plan doesn't have a set review timeframe. A review date should be planned according to each person's situation.

Why doesn't the form show the NHS logo?

ReSPECT is for wider use than just the NHS and was not developed by or within the NHS. It should be used and recognised by all communities and organisations involved in health and social care, including care homes, hospices and private hospitals that are not managed by the NHS.

Which areas uses ReSPECT?

ReSPECT is used widely across the UK. Best practice is for any person that has a health condition(s) to be offered a ReSPECT conversation and the opportunity to develop a plan.

Is it ok if the form is printed in black and white?

Yes.

What if the form is a photocopy?

The ReSPECT plan should not be photocopied to avoid difficulties with version control. However in an emergency a ReSPECT plan copy should be considered to be a source of truth unless there is clear reason to judge otherwise.

Can we use an electronic version of ReSPECT?

Yes. Many areas have developed digital ReSPECT plans. The ReSPECT plan should be shared across any electronic patient record systems (open Electronic Health Records) where systems allow.

Visit [respectprocess.org.uk](https://www.respectprocess.org.uk) for more information