An introduction to ReSPECT

ReSPECT Awareness

Please type your name in the chat box as you arrive so we know who has attended and pop yourself on mute ☺

Presentation contents

Background to **ReSPECT**

What is **ReSPECT** and how is it different to what we have been used to previously?

Who is **ReSPECT** for?

How to care for someone with a **ReSPECT** form

What does the form look like?

When the form should be updated

Learning objectives

At the end of this presentation you will have:

- An awareness of what ReSPECT is and what the form looks like
- An awareness of how, why and when ReSPECT forms are used
- An awareness of how to use and store ReSPECT forms effectively
- And how to promote and encourage high-quality discussions and documentation

Background to ReSPECT

ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices.

It provides healthcare professionals responding to that emergency with a summary of recommendations to help them to make immediate decisions about that person's care and treatment.

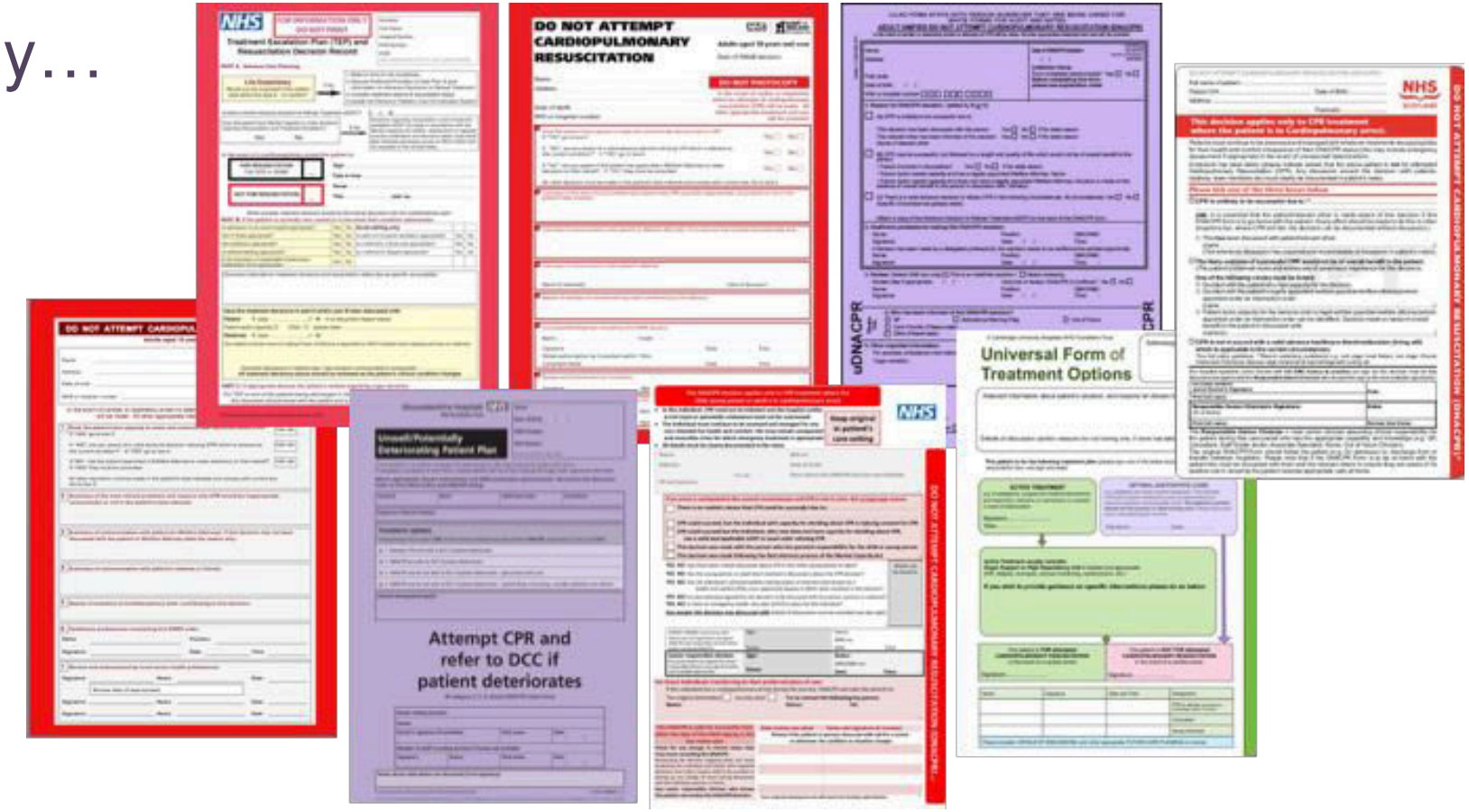
Background to DNACPR forms

Previously DNACPR decisions and discussions have led to:

- negative patient / public perceptions
- negative clinicians' perceptions
- Poor or absent communication
- Bad decision-making
- Poor or absent documentation

Background

Previously…



What ReSPECT means and how it is different?

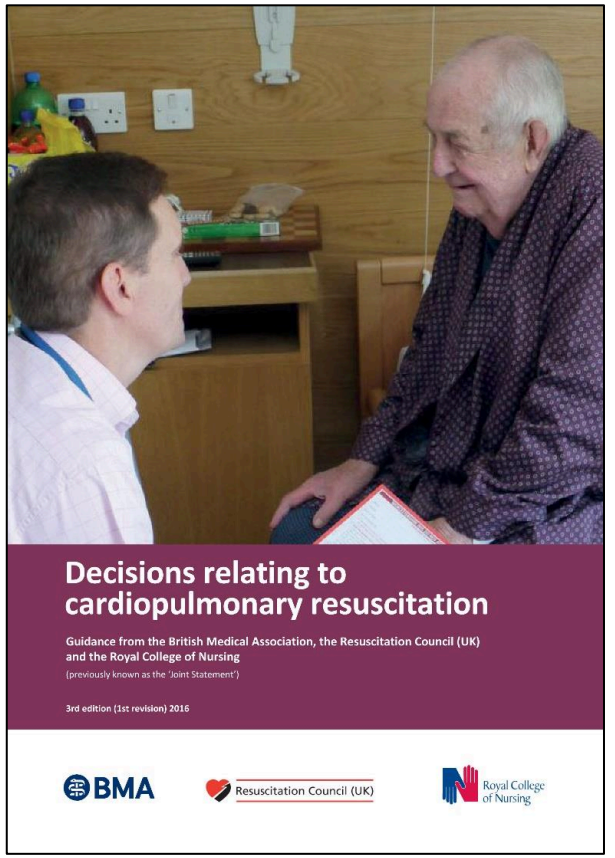
ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment

ReSPECT is different from previous DNACPR's and treatment escalation plans because:

- ReSPECT is proactive and not reactive.
- ReSPECT is personalised.
- ReSPECT involves more than just the person.
- ReSPECT is about much more than CPR decisions.
- ReSPECT applies nationally and in all settings.
- ReSPECT has been developed by national experts and members of the public.

National Guidance on CPR

“…there are clear benefits in having (CPR) decisions recorded on standard forms that are… recognised across geographical and organisational boundaries within the UK



Who is ReSPECT for?

ReSPECT can be for anyone who wants to record their care and treatment preferences, but particularly those who have complex health needs, are likely to be nearing the end of life, or at risk of sudden deterioration or cardiac arrest.

There are some triggers that may prompt healthcare professionals to consider initiating a **ReSPECT** conversation:

- A new **diagnosis of a serious life-limiting condition** whether in hospital or primary care.
- People who were **otherwise well who have deteriorated suddenly**
- People who have been identified as **living with moderate or severe frailty**
- People with a chronic condition identified with poor prognostic markers for their condition and therefore may be in the last year of life

What recommendations can be included on the form?

Admission to hospital from the community.

Having intravenous antibiotics for a life-threatening infection.

Urgent interventions, such as adrenaline for anaphylaxis, seizure control treatment and steroids in Addisonian crisis.

Receiving organ support, such as renal dialysis or ventilation.

Having blood products.

Having an operation.

Admission to an intensive care unit (ICU) or high-dependency unit (HDU).

Resucitation status

Professionals who may refer to a ReSPECT form

Ambulance crews

Doctors (All grades and settings)

Nurses (All grades and settings)

Allied health care professionals (All grades and settings)

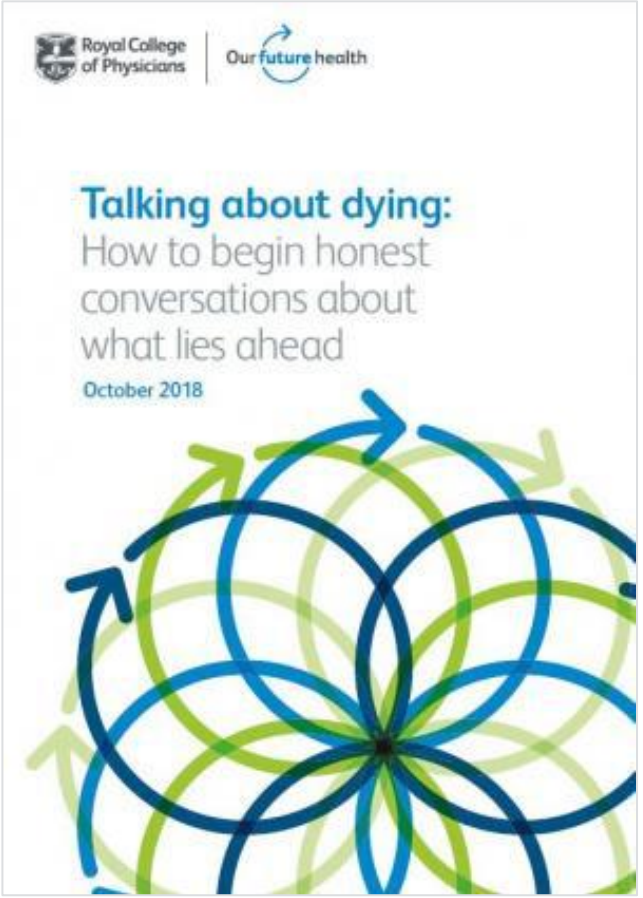
Social care professionals

Skills to support conversations about ReSPECT

Active listening skills

Advanced communication skills

Taking care of yourself and your colleagues



How to care for someone with a ReSPECT form in a care home?

All staff should be aware of the content of the ReSPECT form, where to find it, and how to get support if the person suffers an emergency for which there are recommendations on the form and the person cannot decide for themselves. If a situation arises that is not addressed on the form, or staff are unsure what to do, they should escalate the situation to the senior nurse, care home manager or the GP.

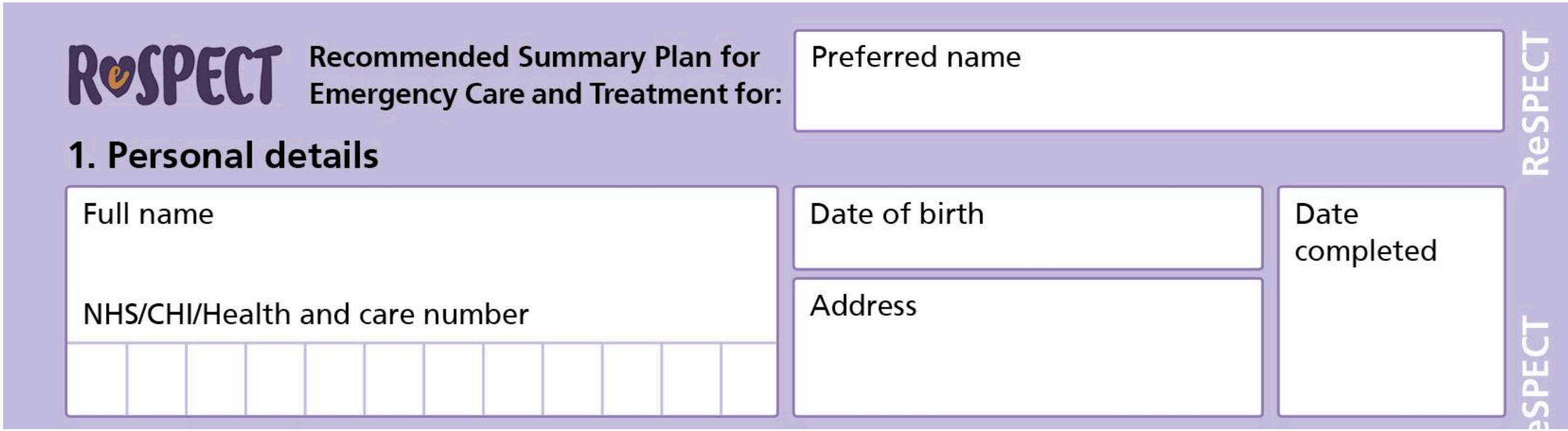
If a person is to be transferred to hospital, the form should be shown to the ambulance clinicians and should travel with the person.

Storing a ReSPECT form

At home the ReSPECT form should be kept somewhere accessible, so that their family or other representatives know exactly where to find the ReSPECT form if an emergency occurs.

In a hospital, care home, hospice or other organisation the form must be stored in a clearly defined and rapidly accessible place, whether it is in paper or electronic format.

What a ReSPECT form looks like:



What a ReSPECT form looks like:

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.

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ReSPECT

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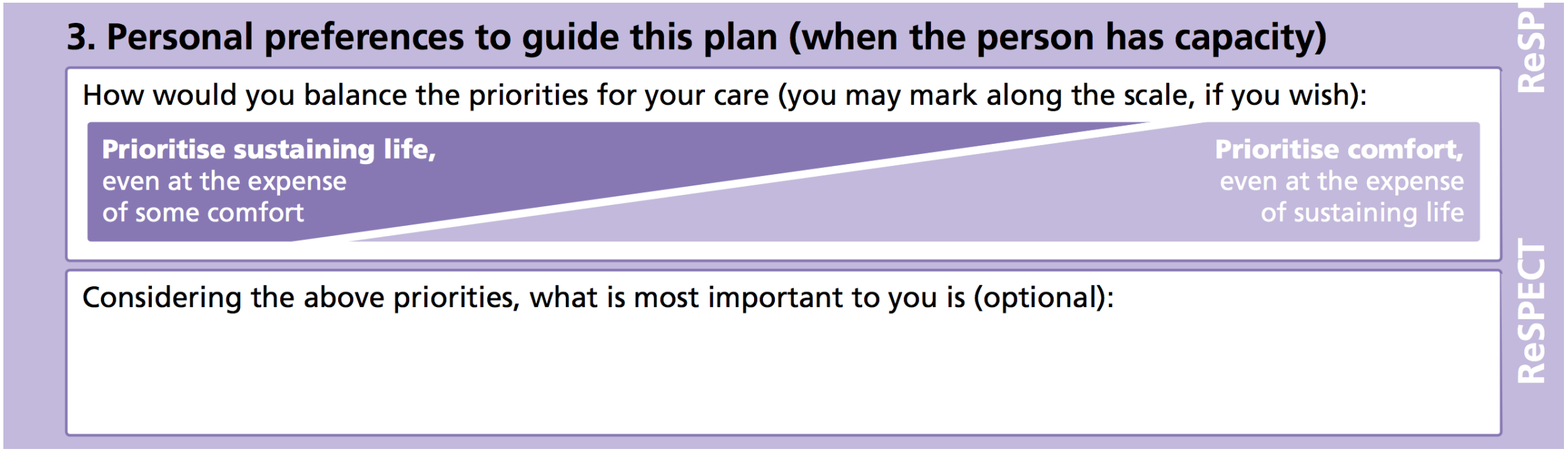
What a ReSPECT form looks like:



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

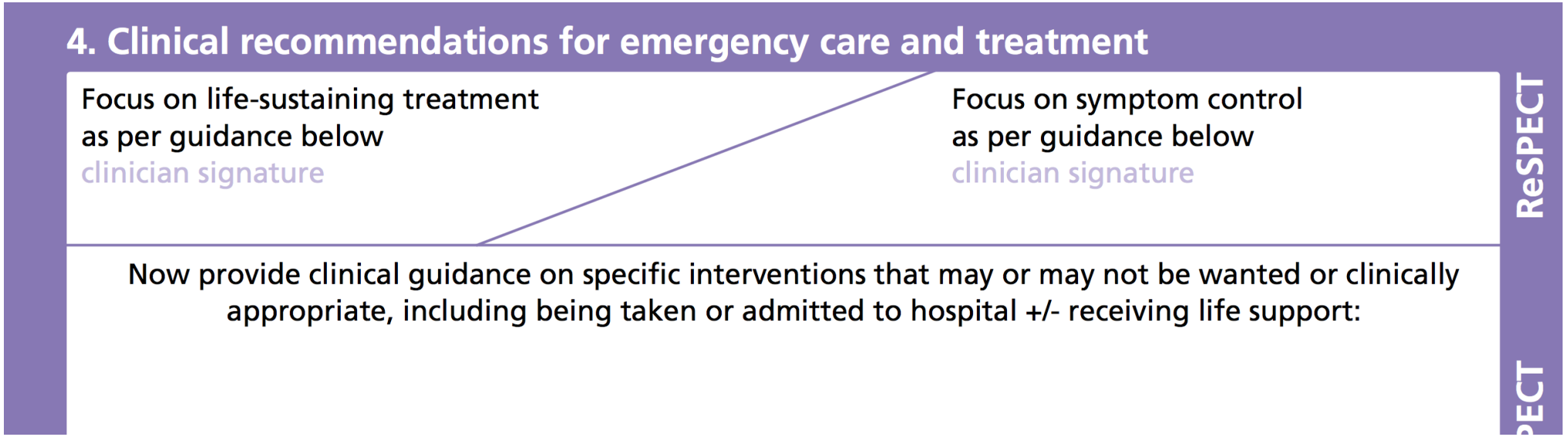
Prioritise comfort, even at the expense of sustaining life

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

ReSP

ReSPECT

What a ReSPECT form looks like:



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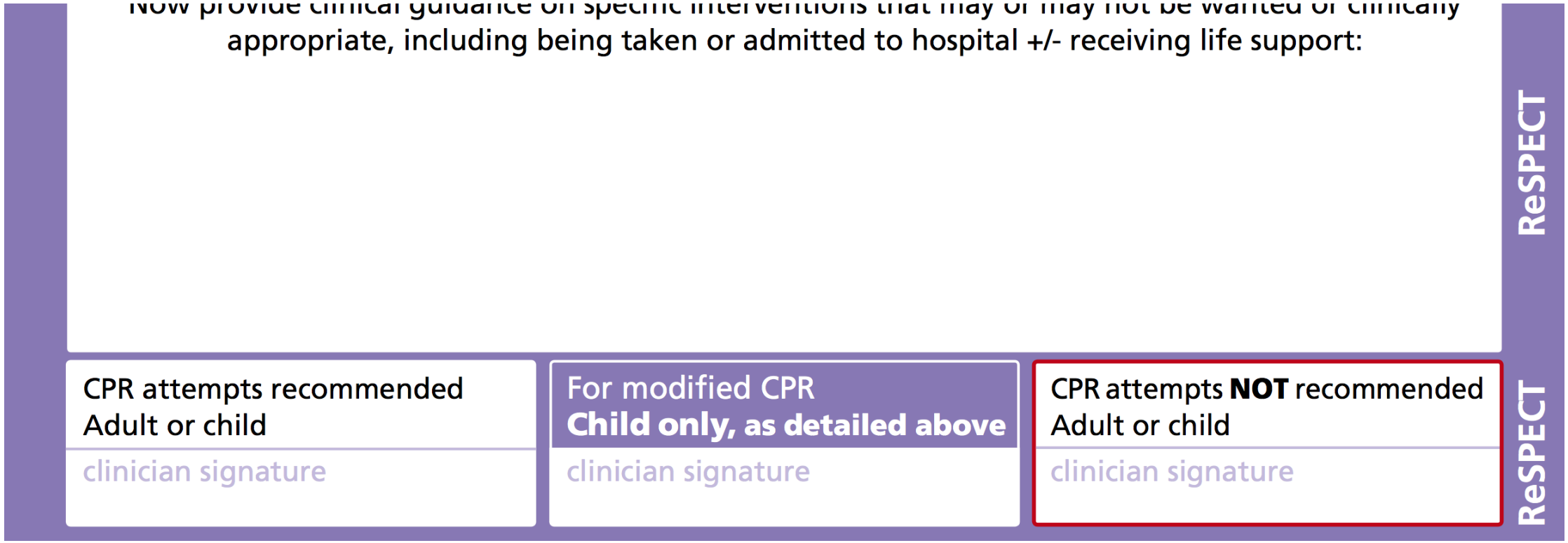

What a ReSPECT form looks like:

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

What a ReSPECT form looks like:

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 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.

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

What a ReSPECT form looks like:

7. Clinicians' signatures

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

What a ReSPECT form looks like:

8. Emergency contacts

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

What a ReSPECT form looks like:

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

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

When a ResPECT form should be reviewed

There is no set review date. Reviews are scheduled according to each person's situation for example:

- when the person (or their representative) asks for this
- when there has been a significant change in the person's condition
- when the person is moving (or has moved) from one setting to another).

Existing DNACPR forms will continue to be valid and will be recognised by all organisations as before and do not need to be replaced immediately. When reviewing a DNACPR form, it may be appropriate to replace this with a ReSPECT form.

ReSPECT forms that are no longer valid will be clearly marked "CANCELLED" with two diagonal lines, a legible signature (and legible name and registration number and the date).

ReSPECT – summary

ReSPECT is used to help with good communication, decision-making and documentation.

ReSPECT is used to help start with a conversations.

ReSPECT is used to help make shared decisions whenever possible.

ReSPECT is used to document a persons preferences for care and treatment not just resuscitation status

Q&A