



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

ReSPECT

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Version 3 © Resuscitation Council UK

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
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What I most value:	What I most fear / wish to avoid:
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4. Clinical recommendations for emergency care and treatment

Prioritise extending life clinician signature	or	Balance extending life with comfort and valued outcomes clinician signature	or	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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5. Capacity for involvement in making this plan

Does the person have capacity to participate in making recommendations on this plan? **Yes** **No**
 Document the full capacity assessment in the clinical record.

If no, in what way does this person lack capacity?

If the person lacks capacity a ReSPECT conversation must take place with the family and/or legal welfare proxy.

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 this plan.
- B** This person does not have the mental capacity, even with support, to participate in making these recommendations. Their past and present views, where ascertainable, have been taken into account. The plan has been made, where applicable, in consultation with their legal proxy, or where no proxy, with relevant family members/friends.
- C** This person is less than 18 years old (16 in Scotland) 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.)

7. Clinicians' signatures

Grade/speciality	Clinician name	GMC/NMC/HCPC no.	Signature	Date & time
Senior responsible clinician:				

8. Emergency contacts and those involved in discussing this plan

Name (tick if involved in planning)	Role and relationship	Emergency contact no.	Signature
Primary emergency contact: <input type="checkbox"/>			optional
<input type="checkbox"/>			optional
<input type="checkbox"/>			optional
<input type="checkbox"/>			optional
<input type="checkbox"/>			optional

9. Form reviewed (e.g. for change of care setting) and remains relevant

Review date	Grade/speciality	Clinician name	GMC/NMC/HCPC No.	Signature

If this page is on a separate sheet from the first page: **Name:** _____ **DoB:** _____ **ID number:** _____

People have different views about what care or treatments they would want if they were suddenly ill and could not make choices. ReSPECT conversations allow a person and their health professionals to plan together for such a future emergency. If a person does not have capacity to participate, ReSPECT conversations should include their legal proxy (if they have one), family members or other carers.

1

Ensure that all involved in the conversation understand the purpose of ReSPECT.

2

Start the ReSPECT process with one or more conversations between each person and their health professionals to establish and record in **section 2** a shared understanding of the person's present condition or situation and how these might change....

3

Next, discuss, agree and record in **section 3** those things that the person thinks would matter most to them (values and fears) if they suddenly became less well, both in their daily lives and as a possible outcome of future emergency care and treatment.

Living as long as possible matters most to me

Quality of life and comfort matters most to me

Using the scale may help you to discuss and agree priorities. Use the discussed / agreed goals of care to guide further planning discussions

4

Then discuss, agree and record in **section 4** recommendations about those types of care or realistic treatment that:

- would be wanted (to try to achieve the goals of care),
- would not be wanted,
- that would not work in this person's situation.

As part of this, discuss, agree and record a recommendation about CPR.

5

Clinicians should fill in sections 5 - 7 to document the process of creating the ReSPECT plan. Finally, in **section 8** include appropriate emergency contact details. Those involved in the plan can optionally choose to sign it to show they have been actively involved in the conversation.

Now you have had a ReSPECT conversation and have a plan....

Keep it somewhere easy to find

Make sure your ReSPECT form will be easy to find if you were to become ill and need emergency care. Keep it in a prominent place when you are at home, and take it with you if you are out and about. It will help if your family or carers know where to find your ReSPECT form in case you are unable to access it yourself in an emergency.

Take it to medical appointments

So that your health professionals know your preferences, take the form with you to medical appointments or if you are admitted to hospital. It is your form to keep hold of, though it may be scanned for record keeping or audit.

Review your plan with your health professionals

You can and should review with your health professionals the recommendations on the form if your health condition, circumstances or wishes change. This is to make sure that the plan is kept up to date so that clinicians can make the best possible decisions about your care in an emergency.

Tell your close family, friends and carers about your plan

If your family, friends and carers know about your plan before you need emergency care, they will be able to advise any clinicians treating you and show them your ReSPECT form. Remember to tell family, friends and carers what has changed, if your ReSPECT form is updated.

Frequently asked questions for patients, carers, and treating clinicians

Is it legally binding?

No. A person's ReSPECT form contains recommendations to guide immediate decision-making by health or care professionals who respond to them in an emergency. However, they should have valid reasons for not following the recommendations on a ReSPECT form. The ReSPECT form is not an Advance Decision to Refuse Treatment (ADRT).

Is ReSPECT the same as a DNACPR (Do Not Attempt CPR) form?

No. A person's ReSPECT form makes recommendations about emergency treatments that could be helpful and should be considered, as well as those that are not wanted by or would not work for them. It includes a recommendation about CPR, but that may be a recommendation that CPR is attempted, or a recommendation that it is not attempted.

Who needs to sign the form?

The health professional must sign the form to confirm their responsibility in adhering to best practice, following the ReSPECT process and for complying with capacity and human rights legislation. Patients, or their legal proxy and/or family members, can sign the form if they wish but do not have to. Signing the form allows patients or their legal proxy/family members to demonstrate that they have been actively involved in the discussion and recommendations about the person's care and treatment.

How do I get advice or more information?

You can get more information at www.respectprocess.org.uk, or by asking your GP or hospital doctors.