

GUIDANCE FOR CLINICAL STAFF

ReSPECT is a nationally agreed process and plan and will be implemented in all Health and Care settings in Sheffield from 2nd May 2023. Therefore, all clinicians need to be aware of ReSPECT and complete any necessary training.

- The ReSPECT process creates a summary of personalised recommendations for clinical care in a future emergency when the patient is unable to make or express their wishes, to help inform immediate clinical decision making. The process is intended to respect both patient preferences and clinical judgement.
- The agreed realistic clinical recommendations that are recorded include ceilings of care and a recommendation on whether or not CPR should be attempted if the person's heart and breathing stop.
- A ReSPECT plan does not automatically indicate the patient is not for CPR and if there is any doubt, it is expected that CPR is commenced until clarity is achieved.

- 1 Patient details
- 2 About the person and their health
- 3 What is important to the patient
- 4 Clinical care and resuscitation recommendations

- 5 Patient's capacity
- 6 Involvement in plan
- 7 Clinician's signatures
- 8 Emergency contacts
- 9 Confirmation of a review

Action in a life-threatening situation

- Check section 4: 'Clinical recommendations for emergency care and treatment', including CPR recommendation
- Check section 3: for 'What matters to me in decisions about my treatment and care in an emergency'
- Check sections 6&7: 'Involvement in making this plan' and 'Clinician's signatures' to ensure the recommendations have been endorsed by a responsible clinician
- Use the recommendations along with your own clinical expertise and judgement of the presenting patient, to make a decision about what you are going to do next.

ReSPECT Facts:

1. ReSPECT is not legally binding: It is a guide to immediate decision-making. You should be prepared to justify valid reasons for overriding the recommendations on a ReSPECT plan.
2. The plan should be reviewed when a person's state of health changes, they move from one care setting to another and if the person requests a review.
3. There are three tiers of training, Basic Awareness (10 minutes), Awareness and Handling Emergencies (20 minutes) and Authorship for Conducting ReSPECT conversations (30 minutes) available to access on e-Learning for Healthcare or through your organisation's training portal.

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Why ReSPECT?

- A ReSPECT plan summarises treatments to be considered and those that would not be wanted or would not work for the patient in an emergency. It might include recommendations of when transfer to hospital would be desirable or not.
- ReSPECT is a summary of recommendations to help you to make immediate decisions about that person's care and treatment. It contains recommendations about whether CPR should be attempted.
- ReSPECT is widely adopted throughout the UK and will reduce the national variation in DNACPR documentation which we currently see.

A ReSPECT plan contains much more than a CPR decision: it is not just a replacement for a DNACPR form; it is to promote recording a summary emergency care plan and will be relevant for many people, and may recommend active treatment, including a recommendation to attempt CPR.

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.

Where is the plan?

It should be with the person, and readily available. 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 know where to find it in an emergency. The plan is a summary - a detailed Advance Care Plan may sit behind it.

How can ReSPECT help us?

- The plan may support other person-centred care plans and enable the person to remain at home
- It provides us with a summary of recommendations to help us to 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 does not have capacity to make or express choices

Is a ReSPECT plan legally binding?

No, just like a DNACPR form, it is 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 treat a choking person - if you believe that that was not the circumstance envisaged when the person decided that they did not want CPR.

Review date?

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

Which areas uses ReSPECT?

The intention is that ReSPECT will become UK wide. Many areas have introduced it and/or considering it, including all surrounding areas. ReSPECT is being implemented across the whole of Sheffield from 2nd May 2023 and the ask of clinicians is that no new DNACPR forms will be written from this date – only ReSPECT plans created.

What if the plan is a photocopy?

ReSPECT plans should not be photocopied; the original should stay with the person.

Can we use an electronic version of ReSPECT?

Yes. Some organisations in Sheffield are using digital ReSPECT plans, some are using paper plans. In the future, we hope that all organisations will have a digital version of ReSPECT.

Please visit www.resus.org.uk/respect and/or www.sheffieldhcp.org.uk/what-we-do/integrating-care/delivery-groups/ageing-well/anticipatory-care/sheffield-respect-project/ for more information.