



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.

ReSPECT form is a clinical record of agreed recommendations. It is not a legal	thcare professional. The ly binding document.
Preferred name Date completed AnGCHMeath and co The lastPCC process starts with conventions between a person and a least Establishment of a signal memoralistics. It has not a legislated to the convention of	thcare professional. The ly binding document.
Date completed ANSCRIMABIN and ca the MSPECT process starts with conversations between a person and a hashard testerCT from it a clinical record of agreed recommendations. It is not a layed S. Shared understanding of my hashard and current condition Summary of relevant information for this plan including diagnoses and relevant The Complete of	thcare professional. The ly binding document.
Date composed The RSPCET process starts with conversations between a person and a haalest start of the RSPCET process of the RSPCET from its a clinical record of agreed recommendations. It is not a legality of the RSPCET from its a clinical record of agreed recommendations. It is not all replaced to the RSPCET from its not all records and current condition. Summary of relevant information for this plan including diagnoses and relevant information for this plan including diagnoses and relevant information for this plan including diagnoses and relevant information.	thcare professional. The ly binding document.
The ReSPECT process starts with conversations between a person and a half RESPECT from it a divide record of agreed recommendations. It is not legals S. Shared understanding of my helanth and current condition Summary of relevant information for this plan including diagnoses and relevant start of the plan including diagnoses and relevant to the plan including diagnoses to the plan including to the plan in	ly binding document.
tesPCT from is a dirical record of agreed recommendations. It is not a legal 2. Shared understanding of my health and current condition Summary of relevant information for this plan including diagnoses and relev	ly binding document.
 Shared understanding of my health and current condition Summary of relevant information for this plan including diagnoses and relevant. 	
Summary of relevant information for this plan including diagnoses and relev	ant personal circumstances:
•	ant personal circumstances:
Details of other relevant care planning documents and where to find them (r	
Details of other relevant care planning documents and where to find them (
Details of other relevant care planning documents and where to find them (
Details of other relevant care planning documents and where to find them (
Care Plan; Advance Decision to Refuse Treatment or Advance Directive; Emer	gency 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
Living as long as possible matters most to me	comfort matters most to me
What I most value: What I most fear / wish	to avoid:
4. Clinical recommendations for emergency care and treatme	
Prioritise extending life Balance extending life with Prioritise extending life with Prioriti	ritise comfort
	cian signature

- Patient details
- About the person and their health
- What is important to the patient
- Clinical care and resuscitation

Does the pers		city	Yes	If no, in what wa	y does	this person lack cap	pacity?
o participate ecommendat		olan?	No -				
ocument the	full capacity					ty a ReSPECT conve	
he dinical rea				ake place with the	e famil	ly and/or legal welf	are proxy.
. Involvem	ent in mal	king th	is plan				
The dinician(s	i) signing this	s p l an is/a	are confirm	ing that (se l ect A,	B or C,	OR complete secti	on D below):
	son has the n illy involved i			articipate in maki	ng the	se recommendation	ns, They have
recomm	nendations. T t. The plan ha	'heir past as been n	and present nade, wher	nt views, where as	scertair	t, to participate in nable, have been to tion with their lega	iken into
	son is less tha				dease s	elect 1 or 2, and al	so 3 as
						in making this plan	
	o not have su known, have				to par	ticipate in this p l an	Their views,
					olved i	in discussing and m	aking this plan
the elipical	record)					ere: (Document ful	- coloren
the clinical	record.)						
. Clinicians	signature			GMC/NMC/HO		Signature	Date & time
the clinical	signature	es					
the clinical of the clinical of the clinicians	signature	es					
the clinical Clinicians Grade/special	record.) ' signature ity Clinici	es					
the clinical of the clinical of the clinicians of the clinicians of the clinical of the clinic	record.) ' signature ity Clinici le clinician:	es ian name		GMC/NMC/HCI	PC no.	Signature	
the clinical in Clinicians Grade/special Senior responsibility.	signature ity Clinici ile clinician:	es ian name	hose inve	GMC/NMC/HCI	PC no.	Signature this plan	Date & time
the clinical in Clinicians Grade/special Senior responsible Emergence Name (tick if i	signature ity Clinici ite clinician: cy contacts involved in pl	es ian name	hose inve	GMC/NMC/HCI	PC no.	Signature	Date & time
the clinical in Clinicians Grade/special Senior responsible Emergence Name (tick if i	signature ity Clinici ite clinician: cy contacts involved in pl	es ian name	hose inve	GMC/NMC/HCI	PC no.	Signature this plan	Date & time Signature optional
the clinical in Clinicians Grade/special Senior responsible Emergence Name (tick if i	signature ity Clinici ite clinician: cy contacts involved in pl	es ian name	hose inv	GMC/NMC/HCI	PC no.	Signature this plan	Date & time Signature optional optional
the clinical in Clinicians Grade/special Senior responsible Emergence Name (tick if i	signature ity Clinici ite clinician: cy contacts involved in pl	es ian name	hose inv	GMC/NMC/HCI	PC no.	Signature this plan	Date & time Signature optional optional optional
the clinical in Clinicians Grade/special Senior responsible Emergence Name (tick if i	signature ity Clinici ite clinician: cy contacts involved in pl	es ian name	hose inv	GMC/NMC/HCI	PC no.	Signature this plan	Date & time Signature optional optional optional optional
the clinical in Clinicians Grade/special Senior responsible Emergence Name (tick if i	signature ity Clinici ite clinician: cy contacts involved in pl	es ian name	hose inv	GMC/NMC/HCI	PC no.	Signature this plan	Date & time Signature optional optional optional
the clinical is clinicians Grade/special Senior responsible. Emergence Emergence Name (tick if Primary emerges	signature ity Clinician: lie clinician: cy contact: involved in pi	s and ti	hose inv	GMC/NMC/HO	PC no.	Signature this plan	Date & time Signature optional optional optional optional optional
the clinical is clinicians Grade/special Senior responsible. Emergence Name (tick if it is represented in the control of the	signature ity Clinician: le cinician: cy contact: involved in pi rey contact:	s and ti	hose inv	GMC/NMC/HCG olved in discus relationship care setting) a	essing Emo	Signature this plan regency contact no.	Date & time Signature optional optional optional optional optional
the clinical is clinicians Grade/special Senior responsible. Emergence Name (tick if it is represented in the control of the	signature ity Clinician: le cinician: cy contact: involved in pi rey contact:	s and ti	hose invo	GMC/NMC/HCG olved in discus relationship care setting) a	essing Emo	Signature this plan regency contact no	Date & time Signature optional optional optional optional optional
the clinical is clinicians Grade/special Senior responsible. Emergence Name (tick if it is represented in the control of the	signature ity Clinician: le cinician: cy contact: involved in pi rey contact:	s and ti	hose invo	GMC/NMC/HCG olved in discus relationship care setting) a	essing Emo	Signature this plan regency contact no	Date & time Signature optional optional optional optional optional
the clinical is clinicians Grade/special Senior responsible. Emergence Name (tick if it is represented in the control of the	signature ity Clinician: le cinician: cy contact: involved in pi rey contact:	s and ti	hose invo	GMC/NMC/HCG olved in discus relationship care setting) a	essing Emo	Signature this plan regency contact no	Date & time Signature optional optional optional optional optional
the clinical is clinicians Grade/special Senior responsible. Emergence Emergence Name (tick if Primary emerges	signature ity Clinician: le cinician: cy contact: involved in pi rey contact:	s and ti	hose invo	GMC/NMC/HCG olved in discus relationship care setting) a	essing Emo	Signature this plan regency contact no	Date & time Signature optional optional optional optional optional

- 5 Patient's capacity
- 6 Involvement in plan
- 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.

ROSPECT Recommended Summary Plan for Emergency Care and Treatment

Details of other relevant care planning documents and where to find them (e.g. Advance or At Care Plan; Advance Decision to Refuse Treatment or Advance Directive; Emergency plan for the

I have a legal welfare proxy in place (e.g. registered welfare attorney, per with carental responsibility) - if yes provide details in Section 8



GUIDANCE FOR CLINICAL STAFF

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.