Resuscitation Council UK

ReSPECT

Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)
Information for nursing/residential care home staff

What is the ReSPECT process?

ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) is a process that creates personalised recommendations for a person's immediate clinical care in a future emergency in which they cannot make or express choice. It provides a summary plan with recommendations to help health and care professionals to make immediate decisions about that person's care and treatment.

What is it about?

The first stage in the ReSPECT process is about having one or more conversations between a person and their clinician(s). It is supported by a form, which will contain a summary of the discussion. Having ReSPECT conversations can take time but having them before critical events occur is beneficial. This process aims to respect both patient preferences and clinical judgement.

Who is the process for?

The ReSPECT process can be for anyone, but it has clear relevance for people with complex health needs, people likely to be nearing the end of their lives, and people at risk of sudden deterioration or cardiac arrest. Some people may want to record their emergency care and treatment preferences for other reasons.

What is the conversation about?

ReSPECT conversation(s) aim firstly to establish shared agreement about the person's important health and care problems and needs, and the ways in which these could change in an emergency. The person's preferences for their future care and treatment in any such emergency are the next key part of the discussion. This is followed by agreeing and recording recommendations that are realistic and could help the person achieve their goals of care.

Who can have the conversation?

Anyone involved in the person's care can initiate the process, when this seems likely to be helpful. It does not have to be a GP or hospital doctor and may, for example, be a nurse involved in the person's care. Some people may ask for ReSPECT. If the professional who they ask cannot undertake a ReSPECT conversation, they should make sure they arrange for another clinician to do this. Technically, ReSPECT could be completed for any person at any time but, realistically, it will be used mostly for those whose health might deteriorate suddenly.

Who can sign the form?

The clinician having the ReSPECT conversation and completing the form must always sign and date the form in section 7. All those involved in discussing the ReSPECT plan (including the person) should be recorded in section 8 of the ReSPECT form. They may sign the form if they

wish, but their signatures are purely optional and do not make the form legally binding. Emergency contacts should also be recorded in this section.

What happens if a person lacks capacity to have a ReSPECT conversation?

If a person lacks capacity to contribute to the ReSPECT process, this must take place with their legal proxy (e.g. Welfare Attorney) if they have one, or otherwise with a close family member.

Whilst a ReSPECT conversation may take place during an acute admission to hospital, this is often not an ideal time. For many people, ReSPECT will be best discussed when they are relatively stable so their ReSPECT form can guide decision-making if they become acutely ill and emergency treatment is required. Initiation of ReSPECT across a range of community and hospital settings (outpatient and inpatient) will offer many people the maximum opportunity to think ahead and plan for their care in a future emergency.

Where is the ReSPECT process being used?

The ReSPECT process is being adopted in many communities throughout the UK. It is being used in settings including residential and nursing homes, GP practices, hospitals and hospices.

Should all patients in a nursing care / residential care home have ReSPECT conversations and a form?

Ideally most, and possibly all, care home residents should be offered the opportunity to have a ReSPECT conversation and develop a plan. However, that must be done in a controlled and manageable way. Care home staff should expect many of their residents to have a ReSPECT form shortly after the ReSPECT process has been adopted in their locality. Residents should not be coerced into having a ReSPECT conversation and/or form if they make an informed choice not to do so.

Is a ReSPECT form legally binding?

No. ReSPECT recommendations are to guide immediate decision-making by health and care professionals responding to the person in a crisis. However, they should be able to give valid reasons for overriding recommendations on a ReSPECT form.

Should a ReSPECT form be reviewed when the patient is discharged from a hospital and transferred back to our care facility?

When a person is discharged from hospital with a ReSPECT form, the hospital team arranging discharge should review it to ensure that the recommendations remain valid and consistent with the person's condition and preferences at the time of discharge, and that the details are communicated to the GP. GPs may want to take the opportunity to review ReSPECT recommendations with their patient at the next realistic opportunity.

When should a ReSPECT form be reviewed?

Reviews should be planned in each person's individual situation (e.g. frequent review in an acute illness but not usually in an advanced, irreversible, terminal illness or stable long-term condition). A review may also be requested by the person themselves or a member of their family.