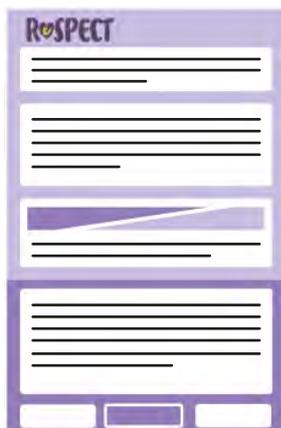


How to care for someone with a ReSPECT form



Once the ReSPECT process has been adopted in a community it can be used in all settings – the person's home wherever that may be, in all health and care settings, and by transport services. It is therefore important that the person keeps their ReSPECT form with them, and that it is readily available for professionals to see and use it.

There are two types of situation when the ReSPECT process is key: during an emergency situation when a person with a ReSPECT form is unable to make or express choices, and in a non-emergency situation, when the ReSPECT form is reviewed and may need updating.

What to do in an emergency when a person with a ReSPECT form is unable to make or express choices:

1. Confirm

Confirm the identity of the person with the ReSPECT form and that it is the latest version of the form completed for that person.

2. Read

Read the form to understand which recommendations may relate to your role in their care.

3. Act

If the recommendations apply to the current emergency, and the person cannot decide for themselves, then act on the recommendations relevant to your role when caring for that person.

What to do in a non-emergency situation as a clinician:

In non-emergency situations, the recommendations may need to be reviewed and, if necessary updated or cancelled. These situations include:

- 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, such as from home to hospital.

Confirm and Read

As with all ReSPECT forms, confirm the identity of the person and that it is the latest version of the form and read it to identify recommendations may relate to your role in their care.

Discuss

Review and discuss the goals of care and recommendations in the light of the current situation with the person and/or their family or other representatives. If the person's current ReSPECT form requires an amendment or update, cross through the recommendations that are no longer relevant, record the updated recommendations on the same section of the form, and confirm the review by signing section 9. Refer to local policy for specific guidelines.

Update

The form should be cancelled and a new form completed if the goals of care and recommendations have changed significantly, or if there is no space to record an update on the current form.

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

Once the recommendations are updated, this information should be shared with relevant health and social care staff involved in the person's care.

SUMMARY

In an emergency when a person with a ReSPECT form is unable to make or express choices:

- Confirm the identity of the person.
- Read the form.
- Act on the recommendations relevant to your role.

In a non-emergency situation (as a clinician):

- Confirm and read the form.
- Review and discuss the goals of care and recommendations - if amending or updating the ReSPECT form, cross through the recommendations that are no longer relevant, record the updated recommendations on the same section of the form, and confirm the review by signing section 9.
- Cancel a form and complete a new form if the goals of care and recommendations have changed significantly, or if there is no space to record an update on the current form.
- ReSPECT forms that are no longer valid should be clearly marked "CANCELLED", with two diagonal lines, your legible signature (and legible name and registration number), and the date.
- Once the recommendations are updated share the information with relevant health and social care staff involved in the person's care.

How to care for someone with the ReSPECT form in the hospital

In the case of an emergency for which there are recommendations on the form, and the person cannot decide for themselves, follow the recommendations. If a situation arises that is not addressed on the form, or staff are unsure what to do, they should ask for help from their seniors, or other members of the clinical team such as the doctors or nurses.

The form should be reviewed prior to transfer between wards and between hospitals. The clinical team should ensure appropriate handover, ensuring the receiving team are aware of the ReSPECT form and the person's recommendations. Upon discharge, the clinical team should check that the recommendations remain valid and consistent with the person's preferences and clinical condition at the time of discharge. These details need to be passed on to the GP and or the community teams caring for the person. The form should be shown to the ambulance clinicians, or other staff who are providing the transport, and it should travel with the person.

If the person's situation has changed such that acting on the recommendations would no longer be in their best interests, then care for the person by acting in their best interests, ideally guided by consensus decisions by a multidisciplinary team, and review the recommendations on the ReSPECT form.

How to care for someone with the ReSPECT form in the community

In the case of an emergency for which there are recommendations on the form, and the person cannot decide for themselves, follow the recommendations. If a situation arises that is not addressed on the form, or staff are unsure what to do, they should ask for help from their seniors, or other members of the clinical team such as the GP or community nurses.

Ideally, the form should be reviewed upon each encounter with the person. The community teams should ensure appropriate handover so that the wider team are aware of the ReSPECT form and the person's recommendations. If the person is moving to a hospital, care home, hospice or other organisation then the community team should check the recommendations remain valid and consistent with the person's preferences and clinical condition at the time of transfer. The form should be shown to the ambulance clinicians, or other staff who are providing the transport, and it should travel with the person.

If the person's situation has changed such that acting on the recommendations would no longer be in their best interests, then care for the person by acting in their best interests, ideally guided by consensus decisions by a multidisciplinary team, and review the recommendations on the ReSPECT form.

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

All staff should be aware of the content of the ReSPECT form, where to find it. In the case of an emergency for which there are recommendations on the form, and the person cannot decide for themselves, follow the recommendations. 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.

How to care for someone with the ReSPECT form in a hospice

All staff should be aware of the content of the ReSPECT form, where to find it. In the case of an emergency for which there are recommendations on the form, and the person cannot decide for themselves, follow the recommendations. If a situation arises that is not addressed on the form, or

staff are unsure what to do, they should get help from the senior nurse, hospice manager or doctors.

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

How to care for a child or young person with a ReSPECT form

Advance care planning is already well established in children's services. Frameworks like the Child and Young Persons Advance Care Plan (CYPACP) are widely used, and where time allows, should be the primary planning process used for any child with complex or life limiting conditions. The ReSPECT process fully integrates with such plans by providing a universally recognised, concise summary, of the family's preferences regarding treatments that might be required in an emergency. Where an advance care plan has been completed it will usually be possible to complete a ReSPECT form using the emergency preferences that have already been recorded in the plan.

The principles surrounding the ReSPECT process and completion of the form are essentially the same for babies, children and young people. The key difference is that, on most, but not all occasions, the child's parents or those holding parental responsibility will be the principal decision makers. This process should only be facilitated in this context by health and social care professionals who have experience with the ethical and legal frameworks relevant to consent in childhood.

Wherever possible the wishes of the child should be established and considered to influence the recommendations that are recorded, irrespective of age. Where the patient is a young person or older child, and demonstrates competence with regard to understanding the issues at hand, their wishes must be given significant weighting. Should their wishes be in conflict with those expressed by their parents, and this cannot be resolved, it may be necessary to seek legal advice before completing any documentation. It is important to note that the Mental Capacity Act applies to patients over the age of 16 and therefore its principles must be applied in this age group.

When a young person reaches their 18th birthday they must be treated according to adult guidelines, policies and laws. In most circumstances, no changes will be required to the information recorded on their ReSPECT form. However, if the middle box in section 4, that refers to 'Modified CPR' has been completed then the clinical team must consider the best course. This will usually be to engage in further discussions with the person and their family to revise the recommendation to remove this option. Whilst in some areas this 'third way' CPR decision remains an acceptable recommendation, it cannot be guaranteed that this will be recognised elsewhere. Therefore, the best option will always be to negotiate with the person and their family transitioning to the adult model of preferences.

SPECIALIST INFORMATION

Doctor (out of hospital)

As a GP/community doctor, when you are seeing a person with a ReSPECT form for a consultation (for any reason) you should ask yourself and/or the person whether the ReSPECT recommendations need to be reviewed. Make sure that there is a recorded plan for review at intervals appropriate for the person's clinical condition and circumstances.

Nurse (out of hospital)

As a community nurse, when you are seeing a person with a ReSPECT form for a consultation (for any reason) you should ask yourself and/or the person whether the ReSPECT recommendations

need to be reviewed. Make sure that there is a recorded plan for review at intervals appropriate for the person's clinical condition and circumstances.

Doctor (hospital)

As a hospital doctor seeing a person with a ReSPECT form on admission, you should read the ReSPECT form, check whether the recommendations remain valid and consider whether any discussion and possible revision is needed.

As a hospital doctor continuing the care of a person with a ReSPECT form, you should read the ReSPECT form, be aware of the recommendations agreed with the person that you are caring for and make sure that there is a recorded plan for review at intervals appropriate for the person's clinical condition and circumstances.

Nurse (hospital)

As a hospital nurse seeing a person with a ReSPECT form on admission, you should read the ReSPECT form, check whether the recommendations remain valid and consider whether any discussion and possible revision is needed.

As a hospital nurse continuing the care of a person with a ReSPECT form, you should read the ReSPECT form, be aware of the recommendations agreed with the person that you are caring for and make sure that there is a recorded plan for review at intervals appropriate for the person's clinical condition and circumstances.

Allied health professional

As an allied health professional seeing a person with a ReSPECT form, you should read the ReSPECT form so that you understand what recommendations you should use to guide decision-making in an emergency.

Ambulance clinician

As an ambulance clinician seeing a person with a ReSPECT form, you should read the ReSPECT form so that you understand what recommendations you should use to guide decision-making in an emergency.

Healthcare assistant or carer

As a healthcare assistant or carer looking after a person with a ReSPECT form, you should read the ReSPECT form and be aware of the recommendations agreed with the person that you are caring for, in case they have a sudden event whilst you are looking after them.

FURTHER READING

How do I know if the form is 'valid'?

The ReSPECT form should enable an attending clinician, who does not know the person, to access the person's relevant information in an emergency. Any aspect of a completed form that causes that clinician to doubt the relevance and accuracy of what is written (i.e. a completion date that is a long time ago, the wrong date of birth, a misspelled name or a lack of a signature) is a potential risk as it

jeopardises the emergency decision-making process but it does not make the form itself and its recommendations 'invalid'.

The validity of the ReSPECT form is about the extent to which the summary accurately and relevantly reflects the patient-centred conversations that have occurred, and that the due capacity process and human rights legislation have been followed. Documentation of such a conversation in a person's health records would not be regarded as invalid information if the senior responsible clinician had not signed it. Therefore, the same principle should apply to the ReSPECT form.

When does the senior responsible clinician have to sign the ReSPECT form?

If the professional having the ReSPECT conversation and completing the form is not the senior responsible clinician, then the senior responsible clinician should be informed and agree to the plan's completion. They should review and endorse the recommendations by adding their signature at the earliest possible opportunity. In some circumstances, they may consider further discussion and possible revision of the plan. If an emergency occurs, where the recommendations of the ReSPECT form come into effect, and the form remains unsigned by the senior responsible clinician who is aware of the plan, the recommendations on the form should still guide care.

In healthcare settings where the senior responsible clinician is readily available, such as a hospital ward, a countersignature within 48 hours may be realistic. However, in the community, where the senior responsible clinician may visit less frequently, the timeframe for a countersignature may be longer. It is important to refer to local policy for further guidance.

How often should a completed ReSPECT form be reviewed?

The need for review must be considered carefully for each person at each stage of their clinical progress. In an acute illness, frequent review may be needed, so you should plan for this.

If the person remains stable then refer to local policy for suggested time of routine review. Reviewing the form every six months may be sufficient in these cases.

What to do if the ReSPECT form cannot be found in an emergency?

If the form is not available during an emergency where the person is unable to make or express choices, then care for the person by acting in their best interests. Those who know the person well can help recall their wishes and aid in urgent decision making.

What happens if the person changes their mind?

People have the right to change their minds about what is recorded on their ReSPECT form or if they do not want the form any longer. The recommendations recorded on a ReSPECT form are the ones that are right for that person at the time they were recorded, but if their condition or circumstances change, or if they want to change their mind for any other reason, the recommendations can be changed. If they decide that they do not want a ReSPECT form, the form should be cancelled and the person be offered chances to have further discussion and reconsider having a ReSPECT form at a later time or date. The clinician should record details of discussions in the health records.