



ReSPECT

Recommended Summary Plan for Emergency Care and Treatment

Easy read information for patients,
parents, partners and families

Leaflet no.6 – Understanding the form ReSPECT-3

v4



This form is important

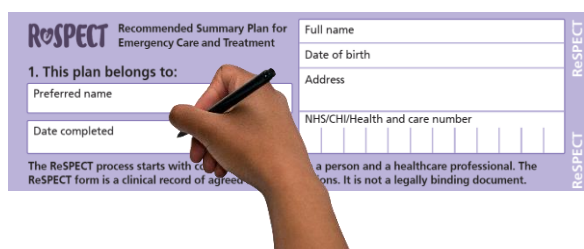
The ReSPECT form helps people know what you want if there is an emergency.

Doctors and nurses will know what you want if you can't tell them

The ReSPECT form is yours to keep

Please keep it safe

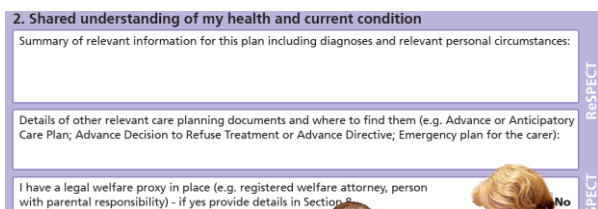
It needs to be where doctors and nurses can find it.



Section 1:

This plan belongs to you

This is where your name and address will go



Section 2:

Shared understanding

This is about your health and any illnesses you have

This is about any carers and any health plans



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
What I most value:	What I most fear / wish to avoid:

ReSPECT

Section 3: What matters to me about my treatment



This is about what is most important to you, and what you do not want to happen

You can say if you want treatment to make you live longer, or you can say that you prefer to be kept comfortable

4. Clinical recommendations for emergency care and treatment

Prioritise extending life	Balance extending life with comfort and valued outcomes	Prioritise comfort
clinician signature	clinician signature	clinician signature
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	For modified CPR Child only, as detailed above	CPR attempts NOT recommended Adult or child
clinician signature	clinician signature	clinician signature

Section 4: This section is about what can help or what can't help in an emergency

You will talk to your doctor or nurse about this section

You can say you want to go to hospital or you can say you want to stay at home

CPR means when the doctors try to start your heart or breathing again

The doctor or nurse will ask you what you want

They will tell you what could help

They will tell you what can't help



5. Capacity for involvement in making this plan

Does the person have capacity to participate in making recommendations in this plan?	<input type="checkbox"/> Yes	If no, in what way does this person lack capacity?
Document capacity assessment in the clinical notes	<input type="checkbox"/> No	
		If the person lacks capacity a ReSPECT conversation must take place with the family and/or legal welfare proxy.

Section 5: This section is about if you can make a decision by yourself



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: _____

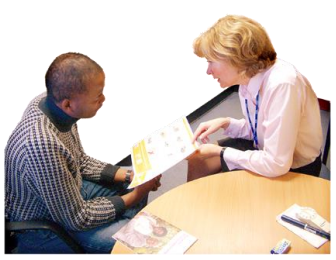
8. Emergency contacts and those involved in discussing this plan

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

Sections 6, 7 and 8:

These sections are about who has helped you with this form

This could be doctors, nurses, your family or your carers.



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

Review date	Grade/speciality	Name	GMC/NMC/HCPC No.	Signature

Section 9:

This section shows when the form has been changed



There are 5 other leaflets

They describe what ReSPECT is

They explain how you can make your choices

They give examples of people using the ReSPECT form

They explain how you can decide about your care



For further information go to

www.respectprocess.org.uk