



# ReSPECT

## Recommended Summary Plan for Emergency Care and Treatment

Easy read information for patients, parents, partners and families



Leaflet no.6 – Understanding the ReSPECT plan ReSPECT-3

v4



### This plan is important

The ReSPECT plan helps people know what is important if there is an emergency.

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

The ReSPECT plan is yours to keep.

Please keep it safe.

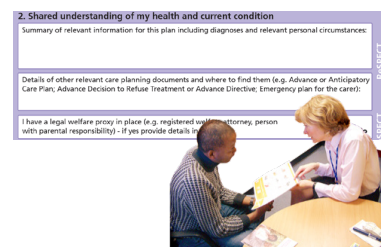
It needs to be where doctors and nurses can find it.



### 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.

## 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.

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 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.

4. Clinical recommendations for emergency care and treatment

Prioritise extending life

Balance extending life with comfort and valued outcomes

Prioritise comfort

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



## Section 5:

### This section is about if you can make a decision by yourself

5. Capacity for involvement in making this plan

Does the person have capacity to participate in making this plan?  Yes  No

Document the assessment in

If no, in what way does this person lack capacity?

If the person lacks capacity a RESPECT conversation must take place with the family and/or legal welfare proxy.



**6. Involvement in making this plan**

The clinician(s) signing this plan have confirmed that (select A, B or C, OR complete section D below):

- A** This person has the mental capacity to participate in making their 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 their 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 not able to give valid consent and clinician select 1 or 2, and also 3, or 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, where known, have been taken into account.
  - 3** Those holding parental responsibility have been fully involved in discussing and making this plan.

If 1 or 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

**8. Emergency contacts and those involved in discussing this plan**

Name (tick if involved in planning)	Role and relationship	Emergency contact no.	Signature

## Sections 6, 7 and 8: These sections are about who has helped you with this plan

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	Clinician name	GMC/NMC/HCPC No.	Signature

## Section 9:

This section shows when the plan has been changed



## There are 5 other leaflets

They describe what ReSPECT is.

They explain how you can record what is important to you.

They give examples of people using the ReSPECT plan.

They explain how you can decide about your care.



For further information go to  
[www.respectprocess.org.uk](http://www.respectprocess.org.uk)