CLiP

15 minute Worksheet

Planning care in advance

8: Documenting decisions with ReSPECT

Intermediate level

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Aim of this worksheet

To understand how to document preferences on future emergencies using the ReSPECT form
(Recommended Summary Plan for Emergency Care and Treatment)
See workshop 6 in this module for preparing to complete ReSPECT

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, and then turn to the Work page overleaf.
- Work any way you want. You can start with the exercises on the Work page using your own knowledge. The answers are on the Information page - this is not cheating since you learn as you find the information. Alternatively you may prefer to start by reading the Information page before moving to the exercises on the Work page.
- This CLiP worksheet should take about 15 minutes to complete, but will take longer if you are working with colleagues or in a group. If anything is unclear, discuss it with a colleague..
- If you think any information is wrong or out of date let us know.
- Take this learning into your workplace using the activity on the back page.

Case study

Bill is a 54 year old man who had surgery for a carcinoma of the colon. He has been deteriorating steadily and is now reaching the end stages of his disease. He has become increasingly disorientated, chesty and sleepy over the past week. The clinical team agree that he is within days of death as a result of his cancer.
The doctor on the team feels that Bill is not for resuscitation and is adamant that Bill's wife must be asked for permission not to resuscitate Bill. On this basis the doctor has stopped Bill's antibiotics that were started for his chest.

v3

INFORMATION PAGE: Documenting decisions with ReSPECT

ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)

Introduced in 2017 this differs from previous DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) forms:
- summarises decisions about *any* emergency care, both preferences and refusals
- provides the opportunity to document the balance between sustaining life and prioritising comfort
- is applicable to any age and condition, including fully treatable crises (eg. epilepsy)
- ensures the clinicians signature is to confirm compliance with capacity legislation, not simply to state participation
- allows the option *not* to make a CPR decision if the patient or the facts are unclear

Examples of those for whom ReSPECT could be helpful

Anyone in whom an emergency can be expected could benefit.

This includes those with life-threatening illness such as cancer, motor neurone disease or dementia; those with life-limiting illness such as multiple sclerosis, long term respiratory diseases or neurodegenerative diseases in children and young people; those with a normal life expectancy and expecting a full recovery eg. epilepsy, adrenocortical insufficiency; it also includes those whose conditions are not life-threatening but are associated with reduced life expectancy such as individuals with a learning disability.

True or false answers:

1. **F** ReSPECT (like DNACPR) is not legally binding- common sense prevails. If it is clear that the circumstances are different to what was anticipated in the original decisions then the actions will be governed by the circumstances at the time of the emergency.
2. **T** All decisions about care must comply with capacity legislation and covers those who have capacity as well as those who lack capacity for specific decisions. See workshop 2 in this module on *Issues around capacity.*
3. **F** An individual aged 18 and over can legally refuse treatment in advance under specific circumstances, but cannot demand treatment if it is clear that this cannot succeed. However, those preferences for treatment must be taken into account if Bill does not have the capacity to make a decision about emergency treatment.
4. **T** Evidence shows that health professionals are notoriously inaccurate when judging a individual's quality of life. For those who lack capacity for a treatment decision and if time allows, the 2005 Mental Capacity Act requires carers to go through a minimum 9 point checklist to estimate an individual's best interests (see worksheet 3 in this module on *Best interests*).
5. **F** If no decision is in place about a specific treatment, there is an *initial* presumption in favour of that treatment (eg.CPR). However, if it is clear that that treatment could never work (eg. massive bleed or already dead) then you are not expected to carry out CPR.
6. **F** Dialogues about future emergency care must be an the patient's pace and with their consent. It must never be a required part of care. CPR may not be relevant for individuals if there is no reason to believe that the individual will have a cardiac or respiratory arrest. For others it may become more important at a later stage in their illness.

Possible wording of an emergency plan

Seizure: *If seizure does not resolve after 5 mins, give 5mg buccal midazolam (in fridge). Repeat after 5 mins if no response. Admit to hospital if seizure persists.*

Fall with suspected fracture: *Immobilise limb. Start analgesia. Only consider admission and surgery if current condition improves*

Pneumonia: *If at home, call GP to treat with oral antibiotic. If no response do not admit to hospital and treat symptoms as needed (see ADRT)*

Bowel obstruction: *Exclude constipation. Start 6mg daily SC dexamethasone daily. If no response, do not admit to hospital (or return home) and manage symptoms only.*

Unresolved seizures causing irreversible hypoxic brain damage: *If in hospital, return home and treat symptoms.*

Other aspects of the ReSPECT form

The ReSPECT form includes an option to indicate along a spectrum whether the aim is to *Prioritise life sustaining treatment, Prioritise comfort* or somewhere in between.

In discussion with Bill, his wife the decision may be to prioritise comfort. This helps clinicians to understand the general approach regarding Bill's emergency care.

The clinician's signature on a ReSPECT form is to confirm that they have complied with capacity legislation in making the decisions on the form. It is not simply confirmation of their participation.

Any details about the process of decision making must be documented in the individual's care record. There is no room to do this on a single form, but the place where the documentation is held is recorded on the ReSPECT form.

The ReSPECT form is supported by the Resuscitation Council and many UK organisations (see www.respectprocess.org.uk. The aim is for it to replace all UK DNACPR forms.

WORK PAGE: Documenting decisions with ReSPECT

Reflect

Think briefly about the doctor's wish to ask Bill's wife for permission not to offer cardiopulmonary resuscitation.
Do you agree, disagree or are you unsure?

Write **down examples of individuals for whom documenting preferences for emergency care could be helpful:**

	Examples
Individuals wishing to decide in advance about emergencies	
Individuals who cannot take part in the decision making process	
Individuals who expect to make a full recovery	

True or false

1.	The decisions in an emergency plan such as ReSPECT are legally binding	True	False
2.	The decision making process must comply with legislation	True	False
3.	If Bill had demanded treatment (eg. CPR) this must be followed	True	False
4.	Estimates about a patient's quality of life should *not* be used when deciding about CPR	True	False
5.	If no decision has been made, life sustaining treatment (eg. CPR) must be carried out	True	False
6.	An emergency plan must always be completed in full (including a CPR decision)	True	False

Write **Suggest some wording for Bill's emergencies**

Seizure:

Fall with painful hip:

Pneumonia:

Bowel obstruction:

Unresolved seizures resulting in hypoxic brain damage:

FURTHER ACTIVITY: Documenting decisions with ReSPECT

Find out what your resuscitation policy says in your clinical setting.

Does it follow the principles of the 2007 BMA/RC/RCN Joint Statement?

FURTHER READING: Documenting decisions with ReSPECT

Key documentation

ReSPECT website and resources: www.respectprocess.org.uk
Mental Capacity Act: *https://www.legislation.gov.uk/id/ukpga/2005/9*
MCA Code of Practice: *https://assets.publishing.service.gov.uk/.../Mental-capacity-act-code-of-practice.pdf*
Capacity, care planning and advance care planning in life limiting illness: a guide for health and social care staff. NHS End of Life Care Programme, 2011: http://www.ncpc.org.uk/publication/advance-care-planning-guide-health-and-social-care-staff

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