

Frequently asked questions about the ReSPECT process and COVID-19

1. What is the difference between DNACPR and the ReSPECT process?

The objectives of the ReSPECT process are to support and enhance the recommendations in “Decisions relating to cardiopulmonary resuscitation” by promoting more advance planning, good communication, shared decision-making, and good documentation with cross-boundary recognition. The resuscitation status of a person is only one aspect of the overall plan of emergency care and treatment.

2. Can a blanket DNACPR decision or “CPR attempts not recommended” be applied to specific groups of patients?

No. Each person is an individual whose needs and preferences must be taken account of individually. By contrast, blanket policies are inappropriate whether due to medical condition, disability, or age. This is particularly important in decisions around not resuscitating a person, which should only ever be made on an individual basis and in consultation with the individual or their family.

3. Should a GP or other Health Care Professional contact a patient/relative only to talk about their resuscitation status?

No. The resuscitation status of a person should be discussed within the broader context of their overall goals of care and treatment. It is essential to understand what is important to them and what they would or would not want in an emergency. The resuscitation status of a person is one part of this.

4. Should a relative be asked to make a decision about the resuscitation status of a patient?

If a person is unable to contribute to making the decision (for example because they are unconscious, severely demented, or too severely ill to participate in the discussion), the decision will be made by the senior clinician responsible for their care, whenever possible after taking advice from those close to the person, such as family members.

Family members are not expected to or entitled to make decisions around the resuscitation status of a person unless they have been given legal power (e.g. Lasting Power of Attorney) to make such decisions on the person’s behalf.

5. Is it appropriate to have a ReSPECT conversation with all patients that are admitted to hospital with COVID-19?

Absolutely. It is important to have conversations with patients early when they are well and are able to communicate what care and treatment they would want or not want to receive in an emergency situation (should they become unwell and unable to communicate themselves). This is important in patients with COVID-19, especially those that have underlying comorbidities.

6. Should I be recording information about care and treatment related to COVID-19 on a ReSPECT form?

Yes. It is important to have a conversation with a patient about the care and treatment that might be required should they deteriorate because of COVID-19, and so their personal wishes are heard. This is particularly important because COVID-19 is an infection that affects the respiratory system and may result in a patient requiring mechanical ventilation and intensive care.

7. Can I have a ReSPECT telephone conversation with a patient, complete and sign the ReSPECT form and post it to the patient?

Yes - during these extraordinary times it is reasonable to have a telephone conversation with a patient, complete and sign the ReSPECT form and then post it to the patient.

8. Can I conduct a review of an existing ReSPECT form by having a telephone conversation with a patient?

Yes, you can have a ReSPECT conversation and update an existing ReSPECT form assuming you have the same version as the patient (ordinarily a patient would have a face to face meeting where a single form could be updated). If the form is available electronically this should not be a problem. Either a new form will need to be written or printed electronically to reflect the changes agreed and this would need to be sent to the patient. The patient would then need to be advised to score through the "old" form and write 'CANCELLED' clearly on the form.

9. If a patient in hospital has COVID-19, lacks capacity and does not have a legal proxy can I have a telephone conversation with the family (who may be unable to visit the patient)?

Yes, it is important to have a conversation with family or friends about a person's situation and explore whether they have previously expressed views or wishes, and this can be done by telephone. It is important to ensure that this information is recorded on the ReSPECT form.

10. What happens if a COVID-19 patient who is ventilated in intensive care has a cardiac arrest without a ReSPECT form or resuscitation decision? (The staff are already wearing PPE.)

Unless it is clear from the circumstances that it would not work, CPR would need to be commenced whilst a senior clinical decision is made about the best way to proceed, taking into account the patient's full clinical picture.

11. If a patient that has COVID-19 is admitted with a ReSPECT form housed in a plastic wallet what should we do with the wallet?

You need to follow your local infection control procedure around COVID-19 for cleaning or discarding the plastic wallet.

12. If we have only just started to adopt the ReSPECT process but there is a need to roll it out quicker are we able to do this?

Yes absolutely. These are extraordinary times and it is important that we introduce processes to ensure we are able to have conversations with patients and/or their families. Please make sure you have completed the responsibilities document in the implementation pack and returned it to us so that we are aware of your implementation. We will do whatever we can to support you with the process.

13. Are there any COVID-19 specific materials available to support us in having these conversations?

Yes, we have an information sheet specifically about COVID-19 and having crisis conversations that is designed for patients, families and members of the public.

This is available on the RCUK website here:

<https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-crisis-conversations/>

There is also NICE guidance around decision making here:

<https://www.criticalcarenice.org.uk/clinical-guidelines>