
ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express what matters to them. It provides health and care professionals responding to that emergency with a summary of recommendations to help them to make immediate decisions about that person's care and treatment.

- ✓ **1.** The process is based on one or more conversations between a person and their clinicians. It is supported by a plan, which acts as a summary of the discussion and is retained by the person (patient). The clinician completing it must always sign and date the plan (in section 7).
- ✓ **2.** The conversation(s)'s first aim is to establish a shared agreement about the person's main clinical problems and needs, and the ways in which these could change to create an emergency. Record the outcome in Section 2 of the plan.
- ✓ **3.** Next, the person's preferences for their future care and treatment in any such emergency are a key part of the discussion. Use Section 3 of the plan to record these.
- ✓ **4.** Next, discuss recommendations for emergency care and treatments. Be as specific as possible when recording in Section 4:
 - a) care or treatments to be considered (e.g. treat supraventricular tachycardia with adenosine)
 - b) care or treatments that are not recommended (e.g. not for invasive ventilation).
- ✓ **5.** Complete sections 5, 6 and 7 fully and carefully to confirm that the process has been followed and that the recommendations are lawful (e.g. compliant with capacity and human rights legislation). If a person lacks capacity to contribute to the ReSPECT process, the process must take place with their legal proxy (e.g. Welfare Attorney) if they have one, or otherwise with a close family member. The clinicians involved must sign and date section 7.
- ✓ **6.** Ensure that ReSPECT conversations and plan entries are documented in detail in the person's records and that these include an alert to show that they have a ReSPECT plan.
- ✓ **7.** Record in section 8 those involved in discussing the plan (including the person), and essential emergency contacts. They may sign the plan if they wish, but their signatures are purely optional and do not make the plan legally binding.
- ✓ **8.** Ensure that all entries on the plan are legible and unambiguous. Make sure that the wording used will be easy for all community, ambulance and acute hospital staff to read, understand and be guided by.
- ✓ **9.** The patient holds the plan so they need to know:
 - a) what's on it – and to understand why.
 - b) what they should do with it.
- ✓ **10.** Remember to review the entries on the plan with the person whenever their condition changes or when they move from one care setting to another (e.g. Hospital to Nursing Home).

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