

## Resuscitation in young adults with palliative care needs & 'modified CPR' recommendations on ReSPECT plans

This summary sheet is intended to provide information for healthcare professionals who are caring for young adults with palliative care needs. It is particularly relevant to those young adults who have transitioned from being under the care of Children and Young People's services, where a ReSPECT plan was previously completed (including where 'modified CPR' was recommended).

On a ReSPECT plan there are 3 categories of CPR that a clinician can recommend. These are:

- CPR attempts recommended
- CPR attempts NOT recommended
- For modified CPR

The latter category is typically only selected in children's services (for Children and Young People).

The purpose of this information sheet is to explain the limited differences between children's and adult services, and that carefully thought out resuscitation plans should be thoroughly considered, personalised and respected, irrespective of age.

### The pathophysiology of children and young adults and how 'Modified CPR' is typically used

The pathophysiology of children means that in illness they are generally at higher risk of a primary respiratory arrest than adults. Therefore, for some patients it may be very appropriate to intervene with respiratory based resuscitation without proceeding to cardiac compressions if the heart eventually stops – hence a recommendation for 'modified CPR' that may emphasise respiratory focussed interventions.

For young adults with palliative care needs who have recently transitioned from the care of children and young people's services to adult services, their pathophysiology will typically remain similar to children rather than the older population where cardiac problems are more likely to contribute to acute illness. Therefore, in the event of requiring resuscitation the need to adopt a personalised or modified, approach to interventions should be considered for this patient group.

For example, a young adult with Duchene Muscular Dystrophy may have deteriorating respiratory function due to their underlying muscle weakness, often with a reduced ability to clear secretions, potentially leading to a respiratory arrest. It therefore is entirely reasonable for that young adult to be supported in a request for bag and mask ventilation if their breathing stops, even if they did not want cardiac compressions in the event of cardiac arrest.

Whilst the term ‘modified CPR’ may not be familiar to many adult practitioners, the approach of ‘modified CPR’ is to draw attention to specific recommendations for care given in section 4 of the plan or other supporting, relevant documentation (for example the CYPACP which is explained below). This means that any modifications to treatment will not be radically different to adult practice, as the approach provides personalised recommendations for emergency care, which is the essence of the ReSPECT process.

## What to do if you are caring for a young adult who has ‘modified CPR’ recommended on a previously completed ReSPECT plan

ReSPECT plans and advance care plans are a means of facilitating and recording a conversation between a healthcare professional, a patient and those important to them about what clinical care may be appropriate in the event of a deterioration in their condition or a medical emergency. Such a plan must be accessible and designed to help guide decision making of those caring for them in the future if the individual is unable to express their wishes.

As such, if a healthcare professional is presented with a ReSPECT plan in an emergency it will always be good practice to use the information it contains to help frame and guide a conversation about treatment options in an emergency situation. This will be especially true if the plan was completed by a clinician who knows the person and their condition well and the clinical context the plan was written in is still relevant.

In short, if you are caring for someone in an emergency situation who has a ReSPECT plan this should be used to guide the conversation about treatment options even if the plan was completed when the person it concerns was categorised as a child or young person and is now an adult.

## Advance Care Plans

It is good practice to offer patients with palliative care needs an advance care plan and their ReSPECT plan may be incorporated into this. One such advance care plan is the Child and Young Person’s Advance Care Plans (CYPACP), and you may see this document (or similar) completed for the young adult with palliative care needs who has transitioned from children’s services.



The CYPACP contains ReSPECT at the back for easy reference in emergencies. However, it also contains much more in depth documentation of medical backgrounds, values and wishes throughout life, at the end of life and after death.

In addition, it contains an easy to reference ‘modified’ intervention list in case of acute significant deterioration. This may be used in

conjunction with ReSPECT (where 'Modified CPR' is selected in the ReSPECT document) to help guide treatment for the young adult. If present this could also be used to help guide decision making conversations in an emergency situation.

### **Does a new ReSPECT plan need completing?**

A point may be reached as the young person transitions into adult services where a healthcare professional who has come to know the person and their condition well thinks it would be appropriate to create a new ReSPECT plan for use under adult services.

The originally completed ReSPECT plan can be used to guide the conversation with the young person and those important to them in the creation of the new plan, including which original clinical recommendations may still be appropriate to include and any that may no longer be appropriate and require further discussion.

As this young person will have transitioned from being classed as a child / young person to an adult it will be more appropriate not to formally select the 'modified CPR' category. However, if the modifications previously recommended remain appropriate then these could be included as clinical recommendations under section 4 of the new ReSPECT plan.

When discussing and documenting clinical recommendations a shared understanding is better established by using precise terms and avoiding ambiguity: this includes being clear about which elements of CPR are being recommended, and ensuring there are no misunderstandings about whether or not chest compressions could be of benefit.

Both the ReSPECT and CYPACP are plans created with patients, or those important to them, to guide clinicians in an emergency when the patient lacks capacity. As neither are legally binding it is therefore important to remember that at the time of a medical emergency, the clinician needs to make a best interest decision: what treatments would this patient benefit from given their preferred and feared outcomes.

It should be noted that transition between services is often a time of great anxiety and stress for young adults and their families. Healthcare professionals should be encouraged to be understanding and flexible when discussing and making clinical recommendations and decisions regarding the care of this discrete and vulnerable group of patients.