



ReSPECT user guide.

Information for patients and families for writing ReSPECT advance care plans

What is ReSPECT?

ReSPECT stands for ***Recommended Summary Plan for Emergency Care and Treatment***. The ReSPECT process is a national approach, which allows people, in advance, to create a personalised preference for their clinical care in **emergency** situations when they are unable to make decisions or express their wishes.

Who can have a ReSPECT form?

Anyone can have one, but it will have increasing relevance for people who have complex health needs, people who are likely to be nearing the end of their lives, or people who are at risk of sudden deterioration or cardiac arrest. Some people may wish to record their care and treatment preferences for other reasons.

How does a ReSPECT plan work?

The plan is created through conversations between you, any close significant people (such as family members and close friends), and your health professionals. The plan stays with you and should be immediately available to health professionals called to help you in an emergency, whether you are at home or being cared for elsewhere. Health Professionals such as ambulance crews, out-of-hours doctors, care home staff, and hospital staff will be better able to make quick decisions about how best to help you if they can see your ReSPECT plan in an emergency.

Who makes the recommendations?

The ReSPECT process is designed to support conversations between you and your health professionals and other people important to you in order to understand your priorities for your care. These can be used to develop an agreed plan to record what types of care or treatment you would or would not wish to have.

It is important to understand that the ReSPECT plan cannot be used to demand treatments that are unlikely to benefit you, and would not be offered on medical grounds.

In an emergency where you are unable to say what is important to you, clinical decisions will be made by health professionals trying to act in your best interests and for your benefit. If you have a ReSPECT plan in place, then the professionals will take this into consideration when deciding on your best interests.

Why is this available?

In an emergency health or care professionals may have to make rapid decisions about your treatment, when you may not be well enough to discuss what is important to you. Many treatments that can be life-sustaining for some people risk causing harm, discomfort, pain, or loss of dignity. Many people choose not to accept those risks if the likely benefit from that treatment is small. This ReSPECT plan will record your preferences in advance, and agree realistic recommendations for emergency situations, for whatever stage of life you are at.

What does a ReSPECT plan look like?

The current version of the national ReSPECT form (as of April 2025) is double sided, and looks like this: (www.respectprocess.org.uk).

ReSPECT Recommended Summary Plan for Emergency Care and Treatment

1. This plan belongs to:
 Full name: _____
 Date of birth: _____
 Address: _____
 NHS/CHI/Health and care number: _____

2. Shared understanding of my health and current condition
 Summary of relevant information for this plan including diagnoses and relevant personal circumstances: _____
 Details of other relevant care planning documents and where to find them (e.g. Advance or Anticipatory Care Plan; Advance Decision to Refuse Treatment or Advance Directive; Emergency plan for the carer): _____

3. What matters to me in decisions about my treatment and care in an emergency
 I have a legal welfare proxy in place (e.g. registered welfare attorney, person with parental responsibility) - if yes provide details in Section 8 Yes No
 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: _____

4. Clinical recommendations for emergency care and treatment
 Prioritise extending life or Balance extending life with comfort and valued outcomes or Prioritise comfort
 clinician signature _____ clinician signature _____ clinician signature _____
 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: _____

5. Capacity for involvement in making this plan
 Does the person have capacity to participate in making recommendations on this plan? Yes No
 Document the full capacity assessment in the clinical record. 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 is/are confirming that (select A,B or C, OR complete section D below):
 A This person has the mental capacity to participate in making these 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 these 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 less than 18 years old (16 in Scotland) and (please select 1 or 2, and also 3 as 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, when known, have been taken into account.
 3 Those holding parental responsibility have been fully involved in discussing and making this plan.
 D If no 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
Senior responsible clinician:				

8. Emergency contacts and those involved in discussing this plan

Name (tick if involved in planning)	Role and relationship	Emergency contact no.	Signature
<input type="checkbox"/>			optional
<input type="checkbox"/>			optional
<input type="checkbox"/>			optional
<input type="checkbox"/>			optional
<input type="checkbox"/>			optional

9. Form reviewed (e.g. for change of care setting) and remains relevant

Review date	Grade/speciality	Clinician name	GMC/NMC/HCPC No.	Signature

CPR attempts recommended Adult or child For modified CPR Child only, as detailed above CPR attempts NOT recommended Adult or child
 clinician signature _____ clinician signature _____ clinician signature _____

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On the pages below, there are some boxes which you can complete ahead of a conversation with your health professional, in order to help your health professional fill in the ReSPECT form in the way which best meets your needs and preferences.

The main sections are outlined with some spaces for you to make some notes which will help in your discussion with your health professional.

Section 1 has details about the person to whom the plan belongs, including name, address, and date of birth.

Section 2 asks about the person's health and current condition.

What would I like to say about my health and current quality of life?

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Section 3 asks about what matters to the person in decisions about their treatment in an emergency. It asks what they most value, and what they most fear/wish to avoid.

Things which I most value...

Things which I most fear/wish to avoid...

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Section 4 contains the recommendations for emergency care and treatment. This is the section a health professional would read to guide them on your treatment in an emergency, so this is very important.

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The first part asks about your priorities.
Which is most important to you. Please enter a tick in one box.

<i>Prioritise extending my life</i>	<i>Balance extending my life with comfort and valued outcomes</i>	<i>Prioritise my comfort</i>

The next part of Section 4 asks about emergency situations where you might not be able to say what you might or might not wish for. This section will be explored in more detail with your health professional. Please add any thoughts or questions below.

<i>What would I want to happen in an emergency.</i>

The final part of Section 4 is about whether CPR is recommended. CPR stands for **cardiopulmonary resuscitation**. It is an intervention which could be considered by a professional if you stop breathing (respiratory arrest) or your heart stops beating (cardiac arrest). CPR tries to get your breathing and heart going again. If you are somebody who likes more medical information, then please ask your health professional. What we do know is that in certain situations CPR is not appropriate or would not work. Overall, fewer than 1 in 10 people survive an out of hospital cardiac arrest.

Thank you for thinking about this process and making some notes. You may want to discuss with family or friends or people who are important to you. If you have a legal proxy, or someone who has **Lasting Power of Attorney (LPA) for Health and Welfare**, it is important for you to discuss your wishes with them, so that they are aware of your preferences.

Once you are ready to complete this form with a health professional, please contact the GP surgery for an appointment and say you would like to complete a ReSPECT form. If possible, please bring these notes with you. If you would like any further information, please contact the surgery or have a look at this website: <https://www.resus.org.uk/respect/respect-patients-and-carers>