RESPECT Recommended Summary Plan for Emergency Care and Treatment for:

Preferred Name :
Emily

1. Personal details

Full name	Date of birth 01-Jun-1975	Date completed
DUMMY, Emily (Ms.)	Address: 29 Apple Road, Yate, Bristol, BS37 4DQ	01-Oct-2019
NHS number 444 555 6666		

2. Summary of relevant information for this plan (see also section 6)

Including diagnosis, communication needs (e.g. interpreter, communication aids) and reasons for the preferences and recommendations recorded.

Has pancreatic cancer, late diagnosis with metastases in liver, surgical treatment not possible, has had palliative chemotherapy. She is divorced and lives alone but son lives near by and visits most days. Has a dog who she is very fond of. **Patient aware of diagnosis**

Hearing impairment - has hearing aids

Mobile outside with aid - is quite frail, uses stick to go out of house , **Cognitive impairment** - memory is rather poor, but no diagnosis of dementia, has capacity to make decisions

Details of other relevant planning documents and where to find them (e.g. Advance Decision to Refuse Treatment, Advance Care Plan). Also include known wishes about organ donation.

Has anticipatory care plan - in house by the fridge

Wishes to be donor - would want to donate organs

3. Personal preferences to guide this plan (when the person has capacity)

How would you balance the priorities for your care (you may mark along the scale, if you wish):

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☑ 7

Prioritise sustaining life, even at the expense of some comfort

Prioritise comfort, even at the expense of sustaining life

Prioritise comfort, even at the expense of sustaining life (Tick box 7)

Considering the above priorities, what is most important to you is (optional):

I want to be kept comfortable at home, I would not want to go into hospital even for life sustaining treatment, but if I was unable to cope at home I wouild want to go into the hospice, My son can look after my dog

4. Clinical recommendations for emergency care and treatment

Focus on life-sustaining treatment as per guidance below	Focus on symptom control as per guidance below
☐ Clinician signature	☑ Clinician signature

Now provide clinical guidance on specific interventions that may or may not be wanted or clinically appropriate, including being taken or admitted to hospital +/- receiving life support:

Do not readmit to hospital, arrange care at home if possible, otherwise hospice care. Give antibiotics only if essential for symptom relief, not for intravenous fluids.

24-Sep-2019 **Not for attempted CPR (cardiopulmonary resuscitation)**

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	Appleton Clinician signature

5. Capacity and representation at time of completion

Does the person have sufficient capacity to participate in making the recommendations on this plan?	24-Sep-2019 **Has mental capacity to give consent** - Has capacity to participate in the ReSPECT plan
Do they have a legal proxy (e.g. welfare attorney, person with parental responsibility) who can participate on their behalf in making the recommendations? If so, document details in emergency contact section below	Has appointed person for personal health and welfare Lasting Power of Attorney with authority for life sustaining decisions. Name: John Dummy , Relationship: Son, Contact number: 07777 666 777

6. Involvement in making this plan

☑	**A.** This person has the mental capacity to participate in making these recommendations. They have been fully involved in making this plan.
☐	**B.** This person does not have the mental capacity to participate in making these recommendations. This plan has been made in accordance with capacity law, including, where applicable, in consultation with their legal proxy, or where no proxy, with relevant family members/friends.
☐	**C.** This person is less than 18 (UK except Scotland) / 16 (Scotland) years old 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.

Record date, names and roles of those involved in decision making, and where records of discussions can be found:

: Patient - Emily Dummy, Son - John Dummy, GP - Andrew Appleton , Discussion recorded in GP notes

7. Clinicians' signatures

Designation (grade/speciality)	Clinician name	GMC/NMC/ HCPC Number	Signature	Date & time
GP	APPLETON, Andrew S (Dr.)	3005000		1/10/19 10.30ar

8. Emergency contacts

Role	Name	Telephone	Other details
Legal proxy/parent	Has appointed person for personal health and welfare Lasting Power of Attorney with authority for life sustaining decisions. Name: John Dummy , Relationship: Son , Contact number: 07777 666 777		
Family/friend/other	Jenny Dummy	07777 555 444	Daughter
GP	APPLETON, Andrew S (Dr.)	01454 313874	Courtside Surgery
Lead Consultant	Dr Cornish	0117 930 4444	St Peter's Hospice

9. Confirmation of validity (e.g. for change of condition)

Review date	Designation (grade/speciality)	Clinician name	GMC/NMC/ HCPC Number	Signature

ReSPECT

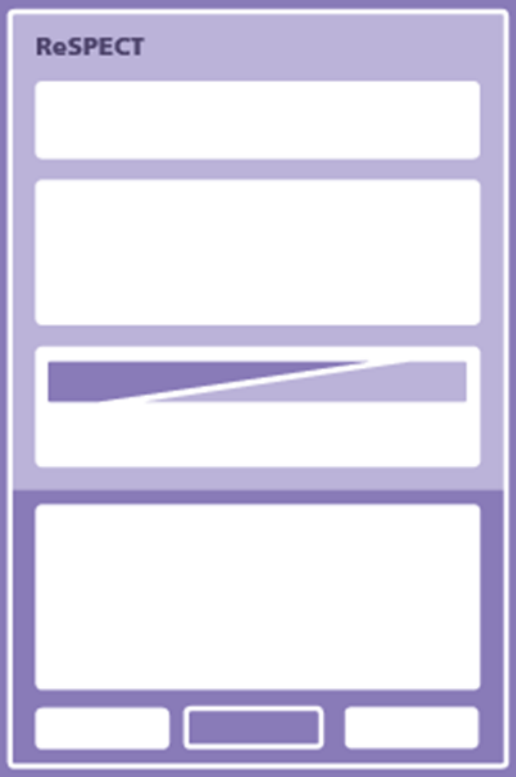
Making a Recommended Summary Plan for Emergency Care & Treatment (ReSPECT)

What should happen to you in an emergency?

What is it?
The ReSPECT process creates personalised recommendations for your clinical care in emergency situations in which you are not able to decide for yourself or communicate your wishes.

Who is it for?
This plan is for anyone, with increasing relevance for people who have particular needs; who are likely to be nearing the end of their lives; or who want to record their care and treatment preferences for any other reason.

How does it work?
The plan is created through conversation between health professionals and you. You keep the plan with you and try to make sure that it will be available immediately in an emergency to health professionals, such as ambulance crews, out-of-hours doctors, or hospital staff if you are admitted.



What does it cover?
The plan guides clinicians who have to make rapid decisions for you in an emergency, so that they can choose the right balance between focusing treatment mainly on prolonging life and focusing mainly on providing comfort. It includes recommendations about specific treatments that you would want to be considered for or would not want, or those that would not work in your situation or could cause you harm. One of these is a recommendation about attempting CPR. Details of other important planning documents and of people to be contacted in an emergency are also recorded.

What does it NOT cover?
The plan does not allow you to demand treatments that are clinically inappropriate for you. Although the recommendations on this plan are not legally binding, in an emergency they can help to ensure that you get the treatment that is best for you and that you would have wanted.

Why is this available?
In a crisis, health professionals may have to make rapid decisions about your treatment, and you may not be able to participate in making choices. This plan empowers you to guide them on what treatments you would or would not want to be considered for, and to have recorded those treatments that could be important or those that would not work for you. Many life-sustaining treatments involve risks of causing harm, discomfort and loss of dignity, or the risk of dying in hospital when you may have wanted to be at home. Many people choose not to take those risks if the likelihood of benefit from treatment is small. This plan is to record preferences and recommendations for emergency situations, whatever stage of life you are at.

What else can I do?
If you have any questions about ReSPECT, speak to a member of your healthcare team. There are other steps you can take to try to ensure that your wishes for your future care and treatment are known about and respected. For example, you can give legal authority to someone who you would want to make decisions on your behalf, or you can try to make sure that people close to you know your preferences, so that they can help professionals to make the best decisions for you in an emergency. In England and Wales you can make a legally binding Advance Decision to Refuse Treatment (ADRT), but clearly documenting your wishes about future care is helpful wherever you live in the UK.

version 1.0

Find out more at www.respectprocess.org.uk

Supplementary Patient Summary

Problems

Active

27-Oct-2018	Non-diabetic hyperglycaemia
01-Mar-2015	Acquired hypothyroidism
15-Feb-2015	Advance care planning
04-Apr-2012	Epilepsy
10-Aug-2010	Asthma

Medication

Acute

Drug	Dosage	Last Issued On
Morphine sulfate 10mg/1ml solution for injection ampoules	2.5mg 1 hourly PRN for pain by s/c injection, as directed by anticipatory drugs chart	
Co-amoxiclav 500mg/125mg tablets	One To Be Taken Three Times A Day	
Paracetamol 500mg tablets	One To Be Taken Every 4-6 Hours Up To Four Times A Day	
Paracetamol 500mg tablets	Two To Be Taken Twice A Day	
Instillagel Gel (6 Ml Syringe)	Insert as directed	
Mirena 20micrograms/24hours intrauterine device (Bayer Plc)	insertion by medical practitioner	
Trimethoprim 200mg tablets	One To Be Taken Twice A Day	
Salbutamol 100micrograms/dose inhaler CFC free	One Or Two Puffs To Be Inhaled Four Times A Day When Required	
Depo-Medrone 40mg/1ml suspension for injection vials (Pfizer Ltd)	1 vial	

Repeat

Drug	Dosage	Last Issued On
Lamotrigine 25mg dispersible tablets sugar free	use as directed**This Auth was never Issued**	
Ibugel Forte 10% gel (Dermal Laboratories Ltd)	apply 3 times/day**This Auth was never Issued**	

Allergies

No allergies recorded.