



**To minimise the risk of misinterpretation by other HCPs involved in your patient's management, these are some of the phrases you may find useful when completing RESPECT Contingency/ Escalation plans**

**When you are completing a form for someone without capacity or when you are writing on behalf of someone with capacity:**

- Consider all clinically appropriate interventions to sustain life including Cardiopulmonary Resuscitation
- Consider all clinically appropriate interventions to sustain life excluding CPR
- Consider all clinically appropriate interventions including transfer to hospital but do not undertake CPR. If after a period of time the likelihood of recovery/improvement is extremely low and further attempts to improve the situation look futile all interventions including those to sustain life should be withdrawn as long as comfort can be maintained.
- Consider all clinically appropriate interventions in usual/current place of care but avoid transfer to an acute hospital for any reason\* even if life is at risk, as long as comfort can be maintained. Transfer of care would only be appropriate if there appears to be suffering and symptoms cannot be managed in the current location.
- Recommendation is for no intervention at all to sustain life including oral antibiotics. Care should be delivered in usual/current place of care and avoid transfer to an acute hospital for any reason\* even if life is at risk. Transfer of care and/or interventions would only be appropriate if there appears to be suffering and/or symptoms cannot be managed in the current location.

\*you may wish to add if appropriate: (including stroke, heart attack, sepsis, seizure, haemorrhage or for possible fracture not amenable to operative intervention)

NB: If considering doing investigations – eg bloods - in situations when not for transfer - “investigations may be appropriate to support symptom management: results should not result in an admission as long as comfort can be maintained” – you may wish to add similar wording to ReSPECT form and/or when requesting investigation and/or when notifying OOH

## For someone with capacity who wishes to be more involved in the process of writing the form

- I would accept all appropriate interventions to sustain my life including Cardiopulmonary Resuscitation
- I would accept all clinically appropriate interventions to sustain in my life **excluding** Cardiopulmonary Resuscitation.
- I would accept all clinically appropriate interventions if it was thought that I had a reasonable chance of recovery, but I would not want CPR. If after a period of time the likelihood of recovery is extremely low and further attempts to improve the situation or sustain my life look futile then I would want all life sustaining interventions to be withdrawn as long as my comfort can be maintained.
- I would accept all clinically appropriate interventions **in my usual/current place of care** – including oral antibiotics and fluids if appropriate but I would not want to be transferred to an acute hospital for any reason (including stroke, heart attack, sepsis, seizure, haemorrhage or for possible fracture not amenable to operative intervention) as long as my comfort can be maintained. This applies even if my life is at risk. I would accept transfer and interventions if I appeared to be suffering and my symptoms cannot be managed in the current location.
- I would prefer **no intervention at all to sustain my life including oral antibiotics** as long as my comfort can be maintained. I wish to remain **in my usual/current place** of care and not be transferred to an acute hospital for any reason (including stroke, heart attack, sepsis, seizure, haemorrhage or for possible fracture not amenable to operative intervention). This applies even if my life is at risk. I would accept transfer and interventions if I appeared to be suffering and my symptoms cannot be managed in the current location