

Revamp your **ReSPECT** discussions

- The classic “Not for CPR, Not for ITU” is practically useless outside hospital settings
- Try this structure to prompt patient-centred discussions and robust ReSPECT plans
- You don’t have to do it all at one sitting, but get basic protections in place ASAP

Re	Resuscitation status; does your patient need, and/or want, the protection of a DNACPR?	Most frail patients <i>need</i> the protection of a DNACPR (in case series, survival after in-hospital CPR is 0-2% in patients with a CFS of 5 or more), and some non-frail people <i>want</i> that protection too, if you ask them
S	Situations where admission should be considered, or isn’t appropriate and/or wanted	Where admissions should be avoided, include details of what <i>should</i> be done in the community. Ideally, include patient’s preferred place of death (where appropriate)
P	Possible treatments that should be considered: e.g. a limited-time trial of IV ABx? NIV?	Please <i>don’t</i> use “admit for reversible causes only” - paramedics tell us that doesn’t help them at all, as they can’t prognosticate at scene
E	Existing co-morbidities and functional baseline considered: don’t forget frailty, and prepare for “ordinary dying”	Heart failure, renal failure, COPD and cancers are examples where you need to consider current impacts on patient, and likely disease trajectory
C	Ceiling of escalation clear: what’s the limit of intervention appropriate for this patient?	This isn’t just about ITU: think wider. Would NIV be appropriate? If patient is in a Community Hospital, should they be transferred back to an acute site in event of deterioration, or not?
T	Treatments that are likely to be futile, inappropriate, and/or that the patient doesn’t want - and why	Specific treatment decisions should be tailored to the individual patient. Ensure the patient/family understand why these decisions are being made.

Final sense checks: where will this ReSPECT plan be used?

ReSPECT plans need to be able to help clinicians in a hurry at 3am on a Sunday morning - be that hospital teams, DNs, or paramedics.

ReSPECT plans often need to be re-done for community use.