

# 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 forms
- You don’t have to do it all at one sitting, but get basic protections in place ASAP

<b>Re</b>	<b>Resuscitation status; does your patient need, and/or want, the protection of a DNACPR?</b>	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.
<b>S</b>	<b>Situations where admission should be considered, or isn’t appropriate and/or wanted</b>	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)
<b>P</b>	<b>Possible treatments that should be considered: e.g. a limited-time trial of IV ABx? NIV?</b>	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.
<b>E</b>	<b>Existing co-morbidities and functional baseline considered: don’t forget frailty, and prepare for “ordinary dying”</b>	Heart failure, renal failure, COPD and cancers are examples where you need to consider current impacts on patient, and likely disease trajectory.
<b>C</b>	<b>Ceiling of escalation clear: what’s the limit of intervention appropriate for this patient?</b>	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?
<b>T</b>	<b>Treatments that are likely to be futile, inappropriate, and/or that the patient doesn’t want - and why</b>	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 form be used?

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

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