

Supporting Guidance for Advance Care Planning (ACP) and ReSPECT forms during COVID-19 pandemic

It is helpful to remember that ReSPECT stands for **Recommended Summary for Emergency Care and Treatment**.

It therefore offers the following opportunities:

- for health care professionals to provide information about a patient's overall condition and what treatments may or may not be offered
- for patients to make informed decisions when considering their options and state their preferences, preferably following discussion with their family and loved ones.
- Provides documentation that treatment escalation discussions have been held, that can then be shared with other healthcare professionals

It does not necessarily mean that a patient is not for escalation to hospital, or not for cardiopulmonary resuscitation.

It might be helpful to consider your patients in the following groups:

Patient Group	Guidance
Those who are normally well, or have minimal underlying health problems	This group of patients would be fully escalated if they were to develop complications from COVID 19 and therefore do not need a ReSPECT form (but could have one if requested)
Those that have some health problems/ degree of frailty but for which the outcome would be uncertain depending on the severity of the illness that they experience from COVID 19 – admission to hospital potentially could provide some benefit. They may not survive, and if they do they may have a lower functional level or longstanding harm from the infection.	This group should have a ReSPECT form if possible. You cannot make a judgement on whether the potential outcome would provide an acceptable quality of life or not. Our role is therefore to explain what could or could not be offered if they were to accept the offer of hospital admission (full escalation with ventilation vs ward based care only which may include fluids, oxygen & medicines) based on their current functional level or health status, to allow the patient to make an informed decision about what they would or would not accept. Also, to discuss with them what they would want the focus of care to be – promoting quality of life vs accepting all life sustaining treatments no matter what level of discomfort. The possibilities of what can be offered need to be realistic in the current health climate. Remember that a patient cannot demand treatments that are not felt to be of benefit, but they can decline treatments if they are deemed to have capacity to do so.
Those that are living with terminal illness and nearing the end of their lives e.g. due to advanced malignancy, severe frailty, advanced heart failure – it is unlikely that this patient group have the reserve to handle any complications from COVID 19	Many of these patients will already have an ACP but it may be helpful to re-visit if the opportunity arises. They do need to have ACP discussions if these have not already taken place. These patients will not fare well in hospital and our priority should be providing good palliative care at home or in the hospice.

If you would like to discuss further, please contact the hospice on 01293 447333 and ask to speak to one of the medical team.

Helpful resources can be found on: <https://www.resus.org.uk/respect/>