

RESPECT_Form-v0











Header






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| Template Name | RESPECT_Form-v0 |
| Meta Data | Template ID: a8e84871-b1c0-428b-90a7-37c2961c9d10 MetaDataSet:Sample Set : MetaDataSet:Sample Set |
| Purpose | Representing the dataset for capture, reporting and auditing the details of ReSPECT. |











Data








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| ReSPECT Form  Composition | Document to communicate relevant patient information and summary recommendations from ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) process. | |
| 2. Summary of relevant information  Section | Heading containing summary of relevant information for the ReSPECT process. | |
| 2.0 Relevant information  Section | Narrative and structured details of relevant information. | |
| Narrative summary  Text | This field is intended to capture relevant summary information about diagnoses, reasons for preferences and recommendations in a narrative format. It is envisaged that some of this information can be derived from more structured data, but this field allows the capture of a shared understanding between patient and clinician of the most important diagnoses and social factors, and it should act as a quick overview or snapshot which could be used for example in an emergency situation to gain a quick understanding of the most relevant information for this patient. | |
| Interpreter required  Boolean | Statement whether interpreter is required. | |
| Language  Cluster Optional, repeating | Details about a spoken, written or symbolic system of communication. | |
| Language name  Text Mandatory | The name of the language. Comment: For example: Norwegian, Mandarin, Swahili, Maori or Navajo. Coding of 'Language' with a terminology is preferred, where possible. Notes.Authors Note: SNOMED CT Subset ID 80181000000131 | |
| Comment  Text Optional, repeating | Additional narrative description about the language. | |












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| Type of interpretation  Choice | Identification of the type of interpretation needed. | <ul style="list-style-type: none"> • T Coded Text <ul style="list-style-type: none"> ◦ Sign language [Sign language interpreter.] ◦ Spoken language [Spoken language interpreter.] ◦ Tactile signing [Tactile signing interpreter.] • T Text |
| Other communication needs T Text | Details of other communication needs such as communication aids. | |
| 2.1 Key diagnoses  Section | Details of the key diagnoses leading to the need for a ReSPECT form. | |
| ReSPECT key diagnosis  Evaluation Optional, repeating | One or more key diagnoses leading to the need for a ReSPECT form. | |
| Key diagnosis T Text Mandatory | The name of the key diagnosis, preferably coded, e.g. 'Bronchial carcinoma'. | |
| Clinical description T Text | Narrative description about the problem or diagnosis. Comment: Use to provide background and context, including evolution, episodes or exacerbations, progress and any other relevant details, about the problem or diagnosis. | |
| 2.2 Other relevant conditions  Section | Details of other significant conditions relevant to the ReSPECT form. | |
| ReSPECT other relevant condition  Evaluation Optional, repeating | Details of other significant conditions relevant to the ReSPECT form, e.g. Diabetes. | |
| Other relevant condition T Text Mandatory | The name of other significant condition relevant to the ReSPECT form, preferable coded, e.g. 'Diabetes'. | |
| Clinical description T Text | Narrative description about the problem or diagnosis. Comment: Use to provide background and context, including evolution, episodes or exacerbations, progress and any other relevant details, about the problem or diagnosis. | |
| 2.3 Other relevant planning documents  Section | 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. | |
| Advance planning documentation  Evaluation Optional, repeating | Pointer to advance planning documentation. | |

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| Advance planning document  Cluster Optional, repeating | Statement about presence and location of advance planning documents such as Advance Decision to Refuse Treatment or Anticipatory Care Planning. | |
| Name  Text | Description or name of advance planning document such as advance decision to refuse treatment or anticipatory care planning. | |
| Location  Text | Location of advance planning document. | |
| Link to document  Multimedia | Multimedia representation of the clinical observation or finding. | |
| Organ donation preferences Admin Entry | Organ donation preferences. | |
| On NHS Organ Donor register  Boolean | Statement whether the subject is on the NHS Organ Donor register. | |
| Preference  Coded Text | Subject's preference regarding organ donation. | <ul style="list-style-type: none"> • Opted in [The subject has explicitly opted in to donate their organs.] • Opted out [The subject has explicitly opted out from organ donation.] • Not stated or not known [The subject has not stated whether they wish to donate their organs or their preference is not known.] |
| All organs  Boolean | Statement whether the subject wishes to donate all organs. | |
| Specific organs  Choice Optional, repeating | Description of which organ or organs the subject wishes to donate. | <ul style="list-style-type: none"> •  Coded Text <ul style="list-style-type: none"> ◦ Kidneys [The subject wishes to donate their kidneys.] ◦ Heart [The subject wishes to donate their heart.] ◦ Liver [The subject wishes to donate their liver.] ◦ Pancreas [The subject wishes to donate their pancreas.] ◦ Small bowel [The subject wishes to donate their small bowel.] ◦ Lungs [The subject wishes to donate their lungs.] ◦ Corneas [The subject wishes to donate their corneas.] ◦ Tissue [The subject wishes to donate tissue.] •  Text |





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| 3. Personal preferences  Section | Details of personal preferences to guide this ReSPECT plan (where the person has capacity). | |
| Preferred priorities of care  Evaluation | The subject's preferred priorities of care and 'What matters'. | |
| Care priority scale  Count | Indication on a scale of 1 - 100 of where priority for care should be. 1 indicates absolute priority on sustaining life (even at the expense of comfort) and 100 indicates absolute priority on comfort (even at the expense of sustaining life). | 1..100 |
| Patient care priority  Text | A narrative statement by the patient on their preferred priorities of care. Comment: In the UI, this should be represented as 'Considering the above priorities. what is most important to you? (optional)'. | |
| 4. Clinical recommendations  Section | Summary of clinical recommendations for emergency care and treatment. | |
| Clinical recommendation  Evaluation | Summary of agreed and realistic clinical recommendations for emergency care and treatment. | |
| Clinical focus  Coded Text | Focus on life-sustaining treatment or symptom control according to clinical guidance on specific interventions specified below. | <ul style="list-style-type: none"> Life-sustaining treatment [Focus on life-sustaining treatment.] Symptom control [Focus on symptom control.] |
| Clinical guidance on interventions  Text Optional, repeating | Clinician's guidance on specific interventions that may or may not be wanted or be clinically appropriate, including being taken or admitted to hospital +/- receiving life support. Comment: This includes but is not restricted to the following: 1 Admission to hospital 2 Admission to Intensive Care 3 Non-invasive ventilation 4 Invasive Ventilation 5 Oral Antibiotics 6 Intravenous antibiotics | |
| CPR decision  Evaluation | The advance recommendation as to whether cardio-pulmonary resuscitation should be undertaken or not. This is generally referred to in UK clinical guidance as the CPR (Cardio-pulmonary resuscitation) decision. | |
| CPR decision  Coded Text | The advance recommendation as to whether cardiopulmonary resuscitation (CPR) should be attempted. In some cases a clear answer may not be available to the recording clinician. | <ul style="list-style-type: none"> CPR attempts recommended adult or child [Cardio-pulmonary resuscitation is recommended for adult or child.] CPR attempts not recommended adult or child. [Cardiopulmonary resuscitation is not recommended for adult or child.] CPR decision status unknown [There is no clear information on the outcome of the CPR decision.] For modified CPR child only [Modified CPR is recommended |

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| | | for child only.] |
| Date of CPR decision  Date/Time | The date at which the CPR decision was originally taken or last reviewed. | |
| Modification for Modified CPR child only  Text | Narrative description of modification where modified CPR for child only has been selected. | |
| Protocol | | |
| 5. Capacity and representation  Section | Details of capacity and representation at the time of completion of the ReSPECT form. | |
| Sufficient capacity  Boolean | Does the person have sufficient capacity to participate in making the recommendations on this plan? | |
| Legal proxy  Coded Text | Do they have a legal proxy (e.g. welfare attorney, person with parental responsibility) who can participate on their behalf in making the recommendations? | <ul style="list-style-type: none"> • Yes [The person has a legal proxy.] • No [The person does not have a legal proxy.] • Unknown [It is not known whether the person has a legal proxy.] |
| Person name  Cluster Optional, repeating | Details of personal name of an individual, provider or third party. | |
| Name of person holding parental responsibility  Text | Name in free text unstructured format. | |
| 6. Involvement in making plan  Section | Details of those involved and discussions in making the ReSPECT plan. | |
| Involvement in recommendations  Cluster | The clinician(s) signing this plan is/are confirming that these recommendations have at least one of A, B or C or valid reason for not selecting A,B or C fully documented in clinical record. | |
| Involvement  Coded Text Mandatory, repeating | Details of involvement in making this plan. | <ul style="list-style-type: none"> • A Person has mental capacity [This person has the mental capacity to participate in making these recommendations. They have been fully involved in making this plan.] • B Person does not have mental capacity [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.] • C1 Person less than 18 or 16 with sufficient maturity [This person is less than 18 (UK except Scotland) / 16 (Scotland) and they have sufficient maturity and understanding to |

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| | | <p>participate in making this plan.]</p> <ul style="list-style-type: none"> • C2 Person less than 18 or 16 without sufficient maturity [This person is less than 18 (UK except Scotland) / 16 (Scotland) and they do not have sufficient maturity and understanding to participate in this plan. Their views, where known, have been taken into account.] • C3 Person less than 18 or 16 parental decision [This person is less than 18 (UK except Scotland) /16 (Scotland) and those holding parental responsibility have been fully involved in discussing and making this plan.] • D No other option selected [No other option has been selected, and valid reason is stated below. Full explanation is documented in clinical record.] |
| Reason for not selecting Options A or B or C  Text | <p>Description of reason for not selecting Options A, B or C or where C1 or C2 is selected without selecting C3.</p> <p>Comment: Additional implementation guidance: in an electronic format, if someone selects D we could have a line coming up explaining that the only legal reasons for selecting D are:</p> <ol style="list-style-type: none"> 1. if the physician thinks it would cause the patient physiological or psychological harm 2. if the patient lacks capacity, and it is not practicable or appropriate to contact those close to them. <p>If C1 or C2 has been selected without selecting C3, please document why involvement of those holding parental responsibility has not been possible.</p> | |
| Location of record of discussion  Text | <p>Details of location(s) of full documentation of conversations and decision-making process.</p> <p>Comment: For example in GP Records dated xx/xx/xxxx.</p> | |
| Link to record of discussion  Multimedia | <p>Multimedia representation of the clinical observation or finding.</p> | |
| Date recommendations made  Date/Time | <p>Date when recommendations are made.</p> | |
| Name of person involved in decision making  Text | <p>Name in free text unstructured format.</p> | |
| Role of person involved in decision making  Text | <p>The employment grade or position or role of the healthcare professional or carer.</p> | |
| 7. Clinician signatures  Section | <p>Details of clinicians involved in making ReSPECT plan.</p> <p>Comment: Implementation guidance - Add prompt to UI: The clinical signature is to indicate that the decision-making process has fully complied with relevant capacity and Human Rights legislation.</p> | |

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| Relevant contact Admin Entry Optional, repeating | Relevant contact for the patient or client, including formal and informal carers, next of kin, legal proxy and key workers. | |
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| Individual professional demographics (UK)  Cluster | Professional demographics details including name(s) , adresse(s) and telecommunication contact details. | |
| Person name  Cluster | Details of personal name of an individual, provider or third party. | |
| Clinician name other than Senior Responsible Clinician  Text | Name in free text unstructured format. | |
| Comms contact details  Cluster Optional, repeating | Personal or organisational communication contact details, including telephone, fax, and email or other telecommunications details e.g skype address. | |
| Telephone  Text | An unstructured description of telecom or other contact details. | |
| Comms contact details #1  Cluster | Personal or organisational communication contact details, including telephone, fax, and email or other telecommunications details e.g skype address. | |
| Email  Text | An unstructured description of telecom or other contact details. | |
| Clinician Specialty  Text | The speciality of the healthcare professional or carer. | |
| Clinician Grade  Text | The employment grade or position or role of the healthcare professional or carer. | |
| Clinician Professional Identifier  Identifier | Professional identifier of the individual. | |
| Senior Responsible Clinician name  Text | Name in free text unstructured format. | |
| Comms contact details  Cluster Optional, repeating | Personal or organisational communication contact details, including telephone, fax, and email or other telecommunications details e.g skype address. | |
| Telephone  Text | An unstructured description of telecom or other contact details. | |

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| Email T Text | An unstructured description of telecom or other contact details. | |
| Senior Responsible Clinician Specialty T Text | The speciality of the healthcare professional or carer. | |
| Senior Responsible Clinician Grade T Text | The employment grade or position or role of the healthcare professional or carer. | |
| Senior Responsible Clinician Professional Identifier ID Identifier | Professional identifier of the individual. | |
| 8. Emergency contacts Section | Details of emergency contacts for ReSPECT plan. | |
| Name T Text | Name in free text unstructured format. | |
| Comms contact details Cluster Optional, repeating | Personal or organisational communication contact details, including telephone, fax, and email or other telecommunications details e.g skype address. | |
| Telephone T Text | An unstructured description of telecom or other contact details. | |
| Email T Text | An unstructured description of telecom or other contact details. | |
| Role T Text | For an informal carer, the personal relationship with the client/carer e.g spouse or friend. For a formal carer, the professional role or responsibility of the carer with respect to the person which should help identify them as being an appropriate contact for an aspect of care, usually a professional role or care pathway name. | <ul style="list-style-type: none"> • Legal proxy or parent • Family or friend or other • GP • Lead consultant |
| Other details T Text | Any additional comment or note about the healthcare professional or carer or their role. | |
| 9. Confirmation of validity Section | Details of review dates and clinician for the confirmation of validity (e.g. for change of condition). | |
| Clinician name T Text | Name in free text unstructured format. | |
| Comms contact details Cluster Optional, repeating | Personal or organisational communication contact details, including telephone, fax, and email or other telecommunications details e.g skype address. | |
| Telephone T Text | An unstructured description of telecom or other contact details. | |
| Email T Text | An unstructured description of telecom or other contact details. | |

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| Specialty  Text | The speciality of the healthcare professional or carer. | |
| Grade  Text | The employment grade or position or role of the healthcare professional or carer. | |
| Professional Identifier  Identifier | Professional identifier of the individual. | |
| Review date  Date/Time | The date and/or time on which the service is intended to be performed. Comment: Only for use in association with the 'Service scheduled' pathway step. | |