



DERBYSHIRE GENERAL PRACTICE – COVID-19 END OF LIFE

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END OF LIFE

COMMUNITY PREPAREDNESS – RESPECT FORMS

ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) is a process that creates personalised recommendations for clinical care in a future emergency. It provides health and care professionals responding to that emergency with a summary of recommendations to help them to make immediate decisions about that person's care and treatment.

The COVID-19 pandemic has a mortality rate of 3.4% on average (World Health Organisation), however, this mortality rate dramatically increases with increasing age to almost 15/100 patients aged >80. With the number of cases rising and intensive care units (ICU) reaching, or exceeding capacity, very difficult decisions will have to be made about who would benefit from ICU care; age will be one of the criteria.

It is therefore more important than ever to have **RESPECT form completion for all care home residents**. Due to the enormous pressure on the NHS **we are asking for the support of care homes in initiating these discussions**.

A ReSPECT DNACPR decision can be made by Healthcare Professionals on clinical grounds if the Healthcare Team determine that the person lacks capacity to make a decision about future CPR, or if any CPR attempts are viewed as unlikely to be successful. Discussions can be difficult.

We would like to support all care staff in initiating these difficult conversations in all of their residents:

1. It is anticipated that ALL Care Home residents will have a higher than average rate of death from coronavirus. RESPECT discussions should be initiated in all residents who do not have a DNACPR decision
2. We recommend identifying those who are at highest risk (oldest + multiple medical problems) and start RESPECT/DNAR conversations with them first. Moving on to other care home residents thereafter
3. Explain to patients (subject to mental capacity) and families that coronavirus has a very high mortality rate in older people. See table:

Age	Case Fatality Rate
≤ 9 years	0%
10 to 19 years	0.18%
20 to 49 years	0.32%
50 to 59 years	1.3%
60 to 69. years	3.6%
70 to 79 years	8.0%
≥80 years	14.8%

<https://www.cebm.net/global-covid-19-case-fatality-rates/>

4. Be Specific when filling in **section 2** with regards to the person's diagnosis.
5. **Section 3** is to record the person's preference for ceiling of care – this may be a difficult conversation with some relatives but realism in the face of the current crisis is imperative.
6. **Section 4** - take care to be specific:
 - A. care or treatments to be considered (e.g. treat supraventricular tachycardia with adenosine)
 - B. care or treatments that are not recommended (e.g. not for invasive ventilation).
 - C. use the anticipatory medications for any distressing symptoms – see prescription sheet (can be specific)
 - D. these can now be signed electronically and e mailed to the care home**
7. Complete **sections 5, 6 & 7** fully and carefully to confirm that the process has been followed and that the recommendations are lawful (e.g. compliant with capacity and human rights legislation). If a person lacks capacity to contribute to the ReSPECT process, this must take place with their legal proxy (e.g. Welfare Attorney) if they have one, or otherwise with a close family member where at all possible. **It can be done in the person's best interest.**
8. Ensure that their ReSPECT conversations and form are documented in the person's records and that an alert is registered showing they have a ReSPECT/DNACPR form..
9. Make sure **section 8** records those involved in discussing this plan and essential emergency contacts.
10. Make sure that the wording used is appropriate for all community, ambulance and acute hospital staff to read, understand and be guided by. Good communication is key with the person, relative and care home staff alike.