Recommended Summary Plan for Emergency Care and Treatment		Full name Jane Jones							
		Date of birth 01/01/1950							
1. This plan belongs to:	Address								
Preferred name Jane		My House, Manchester							
Date completed 31/05/2023		NHS/CHI/Health 000000000000000000000000000000000000	and care number		ļ.				
The ReSPECT process starts with co	nversations betwe	een a person and a	a healthcare profes	sional The	PE				
ReSPECT form is a clinical record of		•	•		ReS				
2. Shared understanding of	my health and	d current cond	ition						
Summary of relevant information Advanced Heart Failure, diagnosed & Disease, stage 3.	•		•						
Currently retired due to ill health, living	ng with husband in a	ground floor flat. Ab	ole to mobilise 10 yard	ds unaided.	ReSPEC				
Care Plan; Advance Decision to Re	Details of other relevant care planning documents and where to find them (e.g. Advance or Anticipatory Care Plan; Advance Decision to Refuse Treatment or Advance Directive; Emergency plan for the carer): Husband has LPA for Health and Welfare								
I have a legal welfare proxy in pla with parental responsibility) - if ye		-	person [Yes No	SPECT				
3. What matters to me in de	ecisions about	my treatment	and care in an	emergency	Re				
Living as long as			Oua	ality of life and	i e				
possible matters most to me				omfort matters most to me					
possible matters		What I most fear	co	omfort matters	ECT				
possible matters most to me	mily. To be at		/ wish to avoid:	omfort matters	ReSPECT				
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what I most value: Good symptom control, time with fa home at the end of life. 4. Clinical recommendations Prioritise extending life	for emergence	Unnecessary ho Being very brea cy care and tre	/ wish to avoid: pspital admissions. thless atment Prioritise comfor	most to me	SPECT ReSPECT				
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5. Capacity for	r involvement	in making	this plan							
Does the person have capacity to participate in making recommendations on this plan? Document the full capacity assessment in										
the clinical record. If the person lacks capacity a ReSPECT contact take place with the family and/or legal we										
6. Involvement in making this plan										
The clinician(s) signing this plan is/are confirming that (select A,B or C, OR complete section D below):										
A This person has the mental capacity to participate in making these recommendations. They have been fully involved in this plan.										
B This person does not have the mental capacity, even with support, to participate in making these recommendations. Their past and present views, where ascertainable, have been taken into account. The plan has been made, where applicable, in consultation with their legal proxy, or where no proxy, with relevant family members/friends.										
	C This person is less than 18 years old (16 in Scotland) and (please select 1 or 2, and also 3 as applicable or explain in section D below):									
		•	standing to partici	•						
	ot have sufficient own, have been ta		d understanding to ount.	partio	cipate in this plan	. Their views,				
3 Those hold	ding parental resp	ponsibility ha	ve been fully invol	lved in	discussing and m	aking this plan.				
D If no other opt		ected, valid re	asons must be stat	ed he	e: (Document full	explanation in				
the chilical reci	oru.)									
7. Clinicians' s	ignatures									
7. Clinicians' s Grade/speciality		ie	GMC/NMC/HCPC	no.	Signature	Date & time				
	Clinician nam	n e	GMC/NMC/HCPC 999999999	ino.	Signature Dr Smith	Date & time 31/05/2023				
Grade/speciality Consultant Cardio ED, ACP	Clinician nam			no.						
Grade/speciality Consultant Cardio	Clinician nam	all	99999999		Dr Smith	31/05/2023				
Grade/speciality Consultant Cardio ED, ACP Senior responsible of	Clinician name of the second o	all	99999999999999999999999999999999999999		Dr Smith S Ball Dr Smith	31/05/2023				
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