

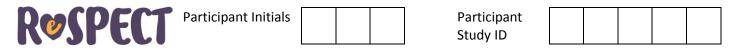
Participant			
Study ID			

# **ReSPECT Evaluation WP3 Case Report Form**

Section 1: Demog	graphics	
<b>1. Gender</b> Male $\Box$	Female $\square$ Not recorded $\square$	
2. Age	Years	
3. Ethnicity		
		Cross ONE
British / Irish / Any	other white background	
Mixed / multiple et	thnic groups	
Indian / Pakistani /	Bangladeshi / Any other Asian background	
Caribbean / African	n / Any other Black background	
Chinese / Other eth		
Section 2: Details  1. Date of admission  2. Patient admission		
		Cross ONE
Transferred from a	nother hospital	Cross ONE
Planned admission	•	
Referral from GP		
Emergency admissi	ion via GP	
	ion via the emergency department	
Other (please specify):		
(p.cacc cpcc.		
3. Type of patient		
		Cross ONE
Medical	Emergency	
	Elective	

Emergency Elective

Surgery



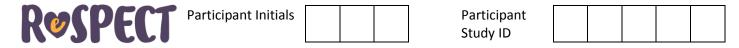
4. Primary reason for admission	Primar	reason	for	admissio	n
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Reason	Cross ONE
Cancer / neoplasm	
Fall / injury / musculoskeletal	
Gastrointestinal conditions	
Respiratory conditions	
Cardiac conditions	
ENT conditions	
Urological conditions	
Central nervous system conditions	
Infectious disease	
Poisoning	
Gynaecological / obstetric conditions	
Mental health conditions	
Other (please specify):	

5. Does the	patient suffer from	cognitive im	pairment?	No □	Yes $\square$
• · • • • • • • • • • • • • • • • • • •			P		

If yes, complete table below.

	No	Yes
Dementia		
Learning difficulty		
CVA / Head injury		
Acute confusional state		
Cause unknown		
Other (please specify):		



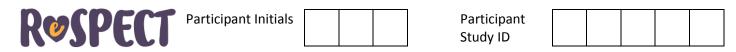
## Section 3: Patient status and co-morbidities

#### 1. GO-FAR score

	No	Yes
1. Neurologically intact or with minimal deficits at admission		
2. Major trauma		
3. Acute stroke		
4. Metastatic or hematologic cancer		
5. Septicemia		
6. Medical noncardiac diagnosis		
7. Hepatic insufficiency		
8. Admit from skilled nursing facility		
9. Hypotension or hypoperfusion		
10. Renal insufficiency or dialysis		
11. Respiratory insufficiency		
12. Pneumonia		

### 2. Charlson Comorbidity Index

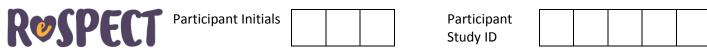
Condition	No	Yes
1. Myocardial Infarction		
2. Congestive Heart Failure		
3. Peripheral vascular disease		
4. Cerebrovascular disease or transient ischemic disease (CVA)		
5. Hemiplegia		
6. Chronic pulmonary disease		
7. Connective tissue disease		
8. Ulcer disease		
9. Mild liver disease		
10. Moderate or severe liver disease		
11. Diabetes		
12. Diabetes with end-organ damage		
13. Moderate or severe renal disease		
14. Cancer		
15. Metastatic solid tumor		
16. Dementia		
17. AIDS		
18. Hypertension		
19. Skin Ulcer		
20. Depression		
21. Warfarin / NOACs		



#### 3. McCabe Scale

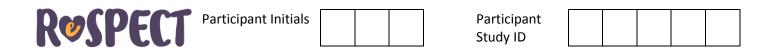
How would you classify the condition or underlying disease of the patient?

	Cross ONE			
Non-fatal				
Ultimately fatal				
Rapidly fatal				
Sections 1-3 completed by				
Name		Signature	Date	
Section 4: ReSPECT Fo	rm			
1. ReSPECT form present	in patient's cas	se notes No 🗆 Yes 🗆		
If no, please sign and date	this section an	d continue on to section 5.		
2. Type of ReSPECT form (	used at hospita	al site		
				Cross ONE
Paper version of ReSPECT				
Electronic version of ReS	PECT form used	b		
3. Date ReSPECT form con	npleted	D M M M Y Y	Date not recorded [	
			_	
4. Personal preferences to	o guide this pla	ın (when the person has capa	acity)	
<b>4. Personal preferences to</b> Scale completed? No	_	n (when the person has capa	acity)	
•	_	n (when the person has capa	acity)	
Scale completed? No   If yes selected,	] Yes □	in (when the person has capa $\square$	acity)	
Scale completed? No   If yes selected,  Measurements obtainable	] Yes □		acity)	
Scale completed? No   If yes selected,  Measurements obtainable  If no,	Yes □			
Scale completed? No   If yes selected,  Measurements obtainable  If no,  Measurements unobtaina	Yes  Yes	s □	s recorded □	
Scale completed? No   If yes selected,  Measurements obtainable  If no,  Measurements unobtaina	Yes  Yes	s □ se sustaining life preference i	s recorded □	
Scale completed? No If yes selected,  Measurements obtainable  If no,  Measurements unobtaina  Measurements unobtaina	Yes  Yes	s □ se sustaining life preference i	s recorded □	



	No	Yes	Not recorde
Focus on life-sustaining treatment			
Focus on symptom control			
Unclear position			
Missing			
Clinical guidance on specific interventions	No	Yes	Not recorde
1. Referral to Intensive Care Unit			П
Referral to High Dependency Unit			+ -
3. For full escalation			+
4. Ward based care only			
5. Invasive ventilation			
6. Non-invasive ventilation			+ -
7. Inotropic support / vasoactive drugs			
8. Renal replacement therapy			
9. Antibiotics			+ -
10. NG / NJ / PEJ / PN feeding			
11. Observations / Modified Early Warning Score (MEWS)			<del>                                     </del>
12. Clinical hydration			<del>                                     </del>
13. Cardioversion			<del>                                     </del>
14. Palliative or comfort care			<del>                                     </del>
15. Not for hospital readmission			
16. Other (please specify):			
CPR status			0
OD attaments recommended			Cross ON
PR attempts recommended			
PR attempts NOT recommended			

RUSPEC	Participant Initials				Participant Study ID					
8. Do they have a leg	gal proxy? No □	Yes □	Unkn	own 🗆	Not recorde	ed 🗆				
9a. ReSPECT Form ve	ersion Version 1.0 $\Box$	Versior	າ 2.0 □							
If Version 1.0 is select	ted please answer que	stion <u><b>9b</b></u> .	If Versio	on 2.0 is	selected pleas	e ans	wer q	uesti	on <u><b>9c</b></u>	
ReSPECT FORM VERS	ION 1.0									
9b. Involvement in m	naking this plan									
No	Yes									
Α 🗆										
В										
C 🗆										
D										
Emergency situation	please cross option w  Relative/persona	-	ee not a	vailable	. 🗆					
Other 🗆						_				
ReSPECT FORM VERSI	ION 2.0									
ReSPECT FORM VERSI										
		]								
9c. Involvement in m	naking this plan	]								
9c. Involvement in m	naking this plan									
9c. Involvement in m	naking this plan									
9c. Involvement in m  No  A   B	naking this plan									
9c. Involvement in m  No  A  B  C  D  If C selected, please	raking this plan  Yes  U  U  Cross which number(s	) are reco	orded. I	f C not s	elected, pleas	e leav	ve bla	nk.		
9c. Involvement in m  No A B C D  If C selected, please of No	raking this plan  Yes  □ □ □ □ □ □	) are reco	orded. I	f C not s	elected, pleas	e leav	ve bla	nk.		
9c. Involvement in m  No A	raking this plan  Yes  U  U  Cross which number(s	) are reco	orded. I	f C not s	elected, pleas	e leav	ve bla	nk.		
9c. Involvement in m  No A B C D  If C selected, please of the control of the con	raking this plan  Yes  U  U  Cross which number(s	) are reco	orded. I	f C not s	elected, pleas	e leav	ve bla	nk.		
9c. Involvement in m  No A	raking this plan  Yes  U  U  Cross which number(s	) are reco	orded. I	f C not s	elected, pleas	e leav	ve bla	nk.		
9c. Involvement in m  No A B C D  If C selected, please of the please of	raking this plan  Yes  Cross which number(s  Yes  Cross option why					e leav	/e bla	nk.		
9c. Involvement in m  No A B C D  If C selected, please of the please of	raking this plan  Yes  U U U Cross which number(s					e leav	ve bla	nk.		



	10.	What is the	designation (grade	/ speciality	) of the first	clinician who	has signed t	he form?
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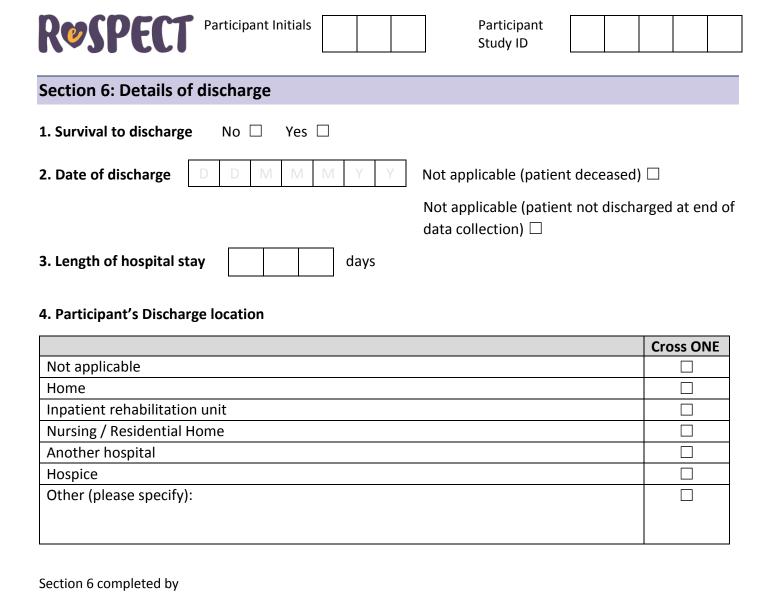
		Cross ONE					
FY1 – Foundation Year one Junior Doctor							
FY2 – Foundation Year two Junior Doctor							
ST 1-2 – Speciality Trainee in a hospital speciality							
<b>SpR or ST ≥ 3</b> – Speciality Registrar / Trainee in a hospital speciality							
GPST – Speciality Registrar in general practice							
Consultant – in acute hospital or community setting							
GP – General Practitioner							
Nurse / allied health practitioner							
Not recorded							
If yes, Date of first clinician signature □ □ M M M Y Y Date missing □  12. Signed by senior clinician responsible for patient's care No □ Yes □							
If yes, Date of senior clinician signature	D D M M M Y Y Date missi	ng □					
Section 4 completed by							
Name	Signature Date	_					



## **Section 5: NHS Safety Thermometer**

### **Classic Safety Thermometer data**

	Name	Signature	_	Date					
Section 5 completed by									
	VTE Treated	None □	Old DVT □	Old PE □	Old Other 🗆	New DVT □	New PE □	New other □	Not recorded
	VTE Prophylaxis	No □	Yes □	N/A □					Not recorded $\square$
	VTE Risk Assessment completed	No □	Yes □	N/A □					Not recorded $\square$
Venous thromboembolism (VTE)									
	Urinary catheter in-situ	No cath. □	1-28 days □	>28 days □	Days unknown				Not recorded $\square$
	UTIs	No UTI □	Old UTI	New UTI □					Not recorded $\square$
Urina	ry tract infection/ urinary catheter								
	Falls (and harm)	No fall □	No harm □	Low □	Moderate □	Severe □	Death □		Not recorded $\square$
Falls									
	New Pressure Ulcers	None □	Grade 2 □	Grade 3 □	Grade 4 □	Ungradeable			Not recorded $\square$
	Old Pressure Ulcers	None □	Grade 2 □	Grade 3 □	Grade 4 □	Ungradeable			Not recorded $\square$
Press	ure ulcer								



Signature

Name

Date