ReSPECT form evaluation tool for versions 2 and 3, (guidance in italics)

| Version 2 | Version 3 |
|---|--|
| Study ID number | Study ID number |
| Handwritten/typed (state) | Handwritten/typed (state) |
| Box 1 | Box 1 |
| Is the date completed? | Is the date completed? |
| score 1 if date is present, score 0 for no date | score 1 if date is present, score 0 for no date |
| Box 2 | Box 2 |
| Are previous and present conditions recorded? | Are medical conditions recorded? |
| score 1 for conditions listed, score 0 for no conditions | score 1 for conditions listed, 0 for no conditions |
| Are reasons for the recommendations recorded? | Are personal circumstances recorded? |
| score 0 for no reasons; score 1 for reasons related to CPR; score 2 for | note: yes or no |
| additional reasons | Are details of other planning documents recorded? |
| Are communications needs recorded? | note: yes, no other planning docs, or blank |
| note: yes or no | Question about legal proxy completed? |
| Are details of other planning documents recorded? | score 1 if completed, score 0 if blank |
| note: yes, no other planning docs, or blank | Does this person have a legal proxy? |
| Are known wishes about organ donation recorded? | note: yes or no |
| note: yes or no | Any comments on Box 2 (e.g. are conditions vague?) |
| Any comments on Box 2 (e.g. are conditions vague? | |
| Box 3 | Box 3 |
| Is the optional scale completed? | Is the scale completed? |
| score 1 if completed, score 0 if not completed | score 1 if completed, score 0 if blank |
| Is the optional free text box completed? | Is the free text box completed? |
| score 1 if text in any box, score 0 for no text | score 1 if text in any box, 0 for no text |
| What is most important to the patient? | What does the patient value? |
| copy text on form, write 'blank' if nothing is written | copy text on form, write 'blank' if nothing is written |
| | What does the patient fear/wish to avoid? |
| | copy text on form, write 'blank' if nothing is written |
| | |

Box 4

Is there a clinician signature on the scale, either on focus on life-sustaining treatment or focus on symptom control?

score 1 for a signature; score 0 for no signature

What priority box is the signature in?

select from options

Are details about specific interventions provided?

score 2 if instructions are detailed (e.g. reversible acute conditions) or refer to patient's wishes or if patient is for everything; score 1 for general instructions like 'not for hospital admission'; score 0 if no interventions discussed

What are the recommendations?

copy text from form, write 'blank' if nothing is written

If reasons are provided in Box 2 (see above), is the recommendation consistent with the reasons provided in Box 2?

score 1 if reasons consistent, score 0 for inconsistent or missing reasoning Is there a signature in the CPR box?

score 1 for a signature; score 0 for no signature, leave blank if CPR boxes missing from form

What CPR box is the signature in?

If the CPR item is not scored, please explain why

Any comments on Box 4

Box 5

Is the question about capacity completed?

score 1 for capacity recorded; score 0 if capacity no recorded

If the question about capacity is completed, does the patient have capacity?

note: yes or no

Is the question about legal proxy completed? score 1 if completed; score 0 if not completed

Box 4

Is there a clinician signature in one of the three priority boxes?

score 1 if signature present, score 0 if there is no signature

What priority box is the signature in?

select from options

Are details about specific interventions provided?

score 2 if instructions are detailed (e.g. reversible acute conditions) or refer to patient's wishes or if patient is for everything; score 1 for general instructions like 'not for hospital admission'; score 0 if no interventions discussed

What are the recommendations?

copy text from form, write 'blank' if nothing is written

Is reasoning provided?

score 1 if reasoning is given, score 0 for no reasoning

Is there a signature in the CPR box?

score 1 for signature, score 0 for no signature, leave blank if CPR boxes missing from form

What CPR box is the signature in?

select from options

If the CPR item is not scored, please explain why

Any comments on Box 4

Box 5

Is the question about capacity completed?

score 1 if completed, score 0 if capacity not recorded)

If the question about capacity is completed, does the patient have capacity?

note: yes or no

Is there an explanation on the form of how the patient lacks capacity?

note: yes or no

How does the patient lack capacity?

copy text on form

Box 6

Is item A, B, or D selected? PILOT: Is item A, C, or D selected?

score 1 if selected, score 0 if blank

If item D is selected, are valid reasons included?

score 0 if yes, score -1 if not

Are the date, names and roles recorded?

score 2 if date, name and role recorded; score 1 if only name or role recorded; score 0 if blank

Is a relative or someone close to the patient specified in the roles?

note: yes or no

If unclear, please explain why

Is there an indication of where records of discussions can be found? $\label{eq:condition}$

score 1 if present, score 0 for no indication of records

Box 7

Who is listed in the top 2 lines of box 7?

See guidance if you cannot state a role.

Are the signatures, including date (and time), completed?

score 1 if completed, score 0 if any information is missing)

If scored 0 what was missing?

Is grade/speciality and registration number included?

score 1 if completed, score 0 if any information is missing

Is there an appropriate signature, including date (and time), in the senior responsible clinician line?

score 1 if completed, score 0 if any information is missing

If scored 0 what was missing?

Is grade/speciality and registration number included?

score 1 if completed, score 0 if any information is missing

Who is listed as the senior clinician? (role)

Does this form appear to have been completed in hospital?

note: yes, no or unclear

Box 6

Is item A, B, or D selected? PILOT: Is item A, C, or D selected?

score 1 if selected, score 0 if blank

If item D is selected, are valid reasons included?

score 0 if yes, -1 if not

Box 7

Who is listed in the top 2 lines of box 7?

See guidance if you cannot state a role

Are the signatures, including date (and time), completed?

score 1 if completed, score 0 if any information is missing

If scored 0 what was missing?

Is grade/speciality and registration number included?

score 1 if completed, score 0 if any information is missing

Is there an appropriate signature, including date (and time), in the senior responsible clinician line?

score 1 if completed, score 0 if any information is missing

If scored 0 what was missing?

Is grade/speciality and registration number included?

score 1 if completed, score 0 if any information is missing

Who is listed as the senior clinician? (role)

Does this form appear to have been completed in hospital?

note: yes, no or unclear

| Box 8 |
|---|
| Are emergency contacts recorded? |
| note: yes or no |
| Are the names, roles and relationships recorded? |
| score 1 if name, role or relationship recorded |
| Is a relative or someone close to the patient specified in the roles? note: yes or no |
| If the patient has a legal proxy, has the proxy's identity been documented? score 0 if yes, -1 if not |
| Has the optional primary emergency contact signature item been |
| completed? |
| note: yes or no |
| Box 9 |
| Has the form been reviewed? |
| note: yes or no |
| |

Additional guidance

All items in the evaluation tool must be scored in relation to the form, because this is the summary record of the ReSPECT discussion.

If a response/pertinent information appears in the wrong box, this item will not be scored (i.e., information must appear in the correct box to score). For example, in version 2, reasoning for recommendations must be in box 2; reasoning in box 4 but not box 2 will score 0.

When asked to copy text from the form do not leave the box blank. If nothing is written on the form then write 'blank'.

Box 2

Frailty counts as previous condition in general practice, however if this is the only condition listed then it should be noted in the comments box that the diagnosis is vague. Similarly, for 'cognitive impairment' and other vague diagnoses without specification or further details.

If other planning documents are mentioned please note what these are in the box 4 comments box.

Version 2 only: Answers to the question on whether reasons for the recommendations are provided on the form, must include explanation of why the recommendations have been made. A list of diagnoses is not acceptable as a reason. The person scoring the form should not interpret the reasons based on the diagnoses listed. Reasons should be provided for all treatments to be recommended or withheld; for example, if a reason for DNACPR is provided, it is not enough to justify a recommendation concerning broader ceilings of care. Reference to a previous DNACPR form is not a valid reason without further justification. Reference to patient/family wishes specific to recommendations may be considered a valid reason.

Box 4

Question on interventions: 'not for hospital admission' is a general instruction and scores 1. More detailed instructions (e.g. 'not for hospital admission unless acute reversible condition, such as...'), or instructions that refer to the patient's wishes (e.g. 'patient does not wish to go to hospital under any circumstances'), or if the patient is for everything, score 2.

Version 3 only: Answers to the question on whether reasons for the recommendations are provided on the form, must include explanation of why the recommendations have been made. A list of diagnoses is not acceptable as a reason. The person scoring the form should not interpret the reasons based on the diagnoses listed. Reasons should be provided for all treatments to be recommended or withheld; for example, if a reason for DNACPR is provided, it is not enough to justify a recommendation concerning broader ceilings of care. Reference to a previous DNACPR form is not a valid reason without further justification. Reference to patient/family wishes specific to recommendations may be considered a valid reason.

Box 6

Version 2 only: In the question on names and roles, for the purposes of scoring, if one person is named in the box, this is sufficient. The box should have the name of the patient (if they have capacity) or relative, with one point for (any and all) name(s) and role(s) and two points for name(s), role(s) and date.

Box 7

When asked to state who is listed in the top 2 lines, if you cannot state a role, please explain using one of the following options:

- No role specified
- Role redacted
- Not completed