

RED-MAP Guide to talking with people about Care Planning using ReSPECT

The first R E D steps build: ‘Shared understanding of my health and current condition’.

M explores: ‘What matters to me in decisions about my treatment and care in an emergency’.

A is actions that can work or help: ‘Recommendations for emergency care and treatment’.

P includes cardiopulmonary resuscitation (CPR) as part of wider care planning discussions.

RED-MAP	
R eady	Can we talk about why thinking and planning ahead helps people get better care?
<p>Plan these conversations in advance so everyone is prepared, and the right people are involved.</p> <p><i>*Can we make a time to talk about planning for your treatment and care if your health changes?</i></p> <p><i>*Talking about your health is important in case you get less well and need urgent/emergency care.</i></p> <p><i>*Would you like anyone close to you be involved? What is the best way for us to do that?</i></p> <p><i>*Do you have any kind of care plan already? Is there someone who has Power of Attorney for you?</i></p> <p><i>*We can think about what (person’s name) would like to happen, and what will help them.</i></p>	
E xpect	It would help to hear what you know about your health and think might happen.
<p><i>*Can I ask what you know about your health problems and how you are now? How have you been doing recently? Has anything changed? Is there anything you want to tell me about you/your family?</i></p> <p><i>*Have you thought at all about what might happen if you get less well or are seriously ill?</i></p> <p><i>*Do you have questions or worries I can help with?</i></p>	
D iagnosis	There are things we know about your health, and things we are not sure about.
<p>Share information; tailored to what the person knows and expects, and how they are feeling. Explain what we know in “short chunks with pauses” to check for people’s reactions or questions.</p> <p><i>*If that were to happen, having a plan would help with...</i></p> <p><i>*We hope you will stay well/improve with..., but I am worried about...</i></p> <p><i>*We don’t know exactly what will happen or when, but we can plan for how to manage...</i></p>	
M atters	What would be important for you if you became less well or seriously ill?
<p><i>*Sometimes people need urgent care or emergency treatment. It helps to plan for what might happen.</i></p> <p><i>*Can we talk about how you would like to be cared for? Are there things you do not want to happen?</i></p> <p><i>*Can you tell me what you think (person’s name) would say in this situation, if we could ask him?</i></p> <p><i>* What matters more to you: comfort and quality of life or having any available tests or treatments?</i></p>	
A ctions	Let’s talk about what we can do to care for you, and things that may not help.
<p>Talk about realistic, available options for treatment, care and support for this person/family. Be honest and clear about what can help or will not work. Options depend on place of care.</p> <p><i>*Things we can do are... *Options we have are... * It may work, but it is possible that...</i></p> <p><i>*I wish we were able to give you that treatment (or care).... Could we talk about what we can do?</i></p> <p><i>*This does not work because... This will not help when/if...</i></p> <p><i>*Going to hospital has benefits and risks so can we talk about what that might mean for you?</i></p> <p>Talk about CPR, if appropriate. Make a clinical assessment of the outcome of CPR for this person first.</p> <p><i>*Can I ask if you know anything about cardio-pulmonary resuscitation or CPR?</i></p> <p><i>CPR is treatment to restart the heart/breathing. CPR does not work when a person is in very poor health or dying, so we plan good care. With these health problems, CPR may work but can leave a person in much poorer health. Any other treatments that can help are given.</i></p>	
P lan	<p>Use ReSPECT and online systems to record and share care plans and DNACPR decisions.</p> <p><i>*We record and share your plan with other professionals. It can be reviewed at any time.</i></p>