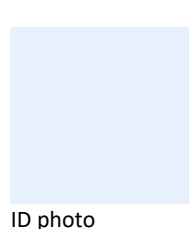


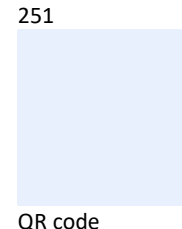
Name: Unborn Baby (Bertie) Smith DOB: NHS No:



Child and Young Person's Advance Care Plan



ID photo



251

QR code

FOR EMERGENCY MANAGEMENT TURN TO FINAL PAGES

Plans can begin antenatally and are suitable for infants, children and young people

Name (baby, infant, child or young person):	Unborn baby of Mrs Smith	EDD (if relevant):	15/01/2024 C Section planned: 01/01/2024
Known as (if different):	Bertie	DOB:	
Address including postcode:	123 Baby Street BA1 1BY		
NHS no:		Gender (optional)	Male

If ANTENATAL this document is filed in mother's notes (with relevant birthing plan):

Mother's name:	Betty	Mother's NHS no:	123 456 7890	Mother's DOB:	01/01/1990
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ALLERGIES:

For Child/Young Person or Carers' Use – Who to call in emergency (eg 999 or 111, or Hospice, etc)

In emergency call:	999 / ACP Childrens Hospice
Other situations:	

See also Emergency Contacts on last page

This document is in accordance with NICE guideline NG61 and is a tool for discussing care preferences and communicating wishes. It is intended to enable clinicians and families to make good decisions together.

Not every page/section needs to be completed.

Date of Plan/Last review	01/12/2023
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Irrespective of the 'Date of plan' it is good practice to check this still reflects current decisions / views, and to regularly review the plan, especially if changes have occurred. However, an old / expired date does not necessarily negate this document.

For electronic copies of this form, information leaflets and guidance, see <http://cypacp.uk/>



<http://cypacp.uk/>
<https://www.respectprocess.org.uk/>

Version 5
Incorporating ReSPECT

Name: Unborn Baby (Bertie) Smith DOB: NHS No:

Decision-making (additional to the ReSPECT document at the back)

First language	English	Interpreter required?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Information to help improve communication / support capacity:				
Betty and Brad have lived in the UK throughout their lives. They get support from friends and family, who all live locally.				
Decision-making details/preferences: For example - details of those involved if “looked after” child; others involved key family members/carers; how do child/family wish to be involved in decision-making?				
Betty and Brad wish to be provided up to date information and to be involved in decision making.				
Important information relating to capacity and where further information can be found.				
Further guidance will be available on the CYPACP website. See also last page				
Betty and Brad will have parental responsibility for their baby and they will make any necessary decisions along with the support of professionals.				

Clinicians have a duty to act in a patient’s best interests at all times

Distribution list / Key contacts (*where available, please include out of hours numbers)

Responsibility for changes / distribution of CYPACP (please contact if you believe this version to be inaccurate)					
Name/Role/Department/Organisation and contact details:					
ACP Children’s Hospice 01234 567 890					
		Name and contact details			Name and contact details
<input type="checkbox"/>	Is there a regional central database?	Upload and note where this can be found:	<input type="checkbox"/>	Respite/Short Break Care provider	
<input checked="" type="checkbox"/>	Ambulance service	Ambulance Service ambulance@nhs.net	<input type="checkbox"/>	School Nurse/Head Teacher	
<input type="checkbox"/>	Lead Paediatrician/Obstetrician	Dr Fetus – Consultant in fetal medicine	<input type="checkbox"/>	Social Services	
<input type="checkbox"/>	Palliative Team*		<input checked="" type="checkbox"/>	Midwife	Fetal Medicine Midwife email:@nhs.net
<input checked="" type="checkbox"/>	Hospice*	ACP Children’s Hospice 01234 567 890	<input type="checkbox"/>	Health Visitor	
<input checked="" type="checkbox"/>	GP	Dr Help, Help Health Centre,	<input type="checkbox"/>	Other (eg Hospital Specialists)	
<input type="checkbox"/>	GP out of hours (if different)		<input checked="" type="checkbox"/>	Other	Paediatric Cardiology team
<input type="checkbox"/>	Children’s Community Nursing*		<input type="checkbox"/>	Other	
<input checked="" type="checkbox"/>	Hospital (ward/Assessment unit)	Women and Children’s Hospital, Baby Town	<input type="checkbox"/>	Other	
<input checked="" type="checkbox"/>	Local Emergency Department	Baby Town	<input type="checkbox"/>	Other	

It is good practice to keep a copy of the Care Plan with the infant/child/young person at all times

Medical Background

Summary diagnoses / current situation:

Trisomy 18 (Edwards Syndrome)

Cardiac abnormalities (to be confirmed postnatally) – VSD, possible overriding aorta, possible coarctation
Possible Oesophageal atresia – polyhydramnios evident (excessive accumulation of amniotic fluid)

Medical problems and background information (inc antenatal scans):

Medical history, key moments in journey; previous pregnancy losses/neonatal/infant deaths (especially if antenatal plan)

Betty and Brad are expecting their first baby together. They know that their baby is a boy and they are planning to call him Bertie. Betty and Brad were understandably upset when antenatal testing showed their baby had such a complex and life limiting diagnosis. They are committed to the pregnancy and want to give Bertie the best possible chance of survival. They hope to meet baby Bertie alive so they can spend precious time as a family and make lasting memories.

The current plan is to deliver the baby on the 01/01/24 via C-Section due to Betty having polyhydramnios and the increasing risk that the baby may not survive to full term. It is hoped that delivering the baby in this way will give him the best possible chance of being born alive. The baby will be delivered at Women and Children's Hospital, Baby Town.

Personal Background

Personality/Quality of life when well: May help others recognise deterioration, targets for recovery. May also wish to document concerns about your/your child/s health now and for the future?

Tips to make infant/child/young person/yourself more comfortable: eg communication methods; particular likes; music; stories; play, etc. Please note where to find more detailed, separate care plans if relevant

Social/Psychological/Spiritual/Education support: (if felt to be helpful)

Parents are of Christian belief and may wish for baptism and christening once Bertie is born, please offer this.

Family details: please include details of siblings, include family tree if helpful; other important family/friends/carers

Betty and Brad are married and live together. They strongly value the support of their loving friends and family.

Priorities/Goals/Values

Baby/infant/child/young person's wishes: Consider support to achieve everyday quality of life as well as special goals, eg place of care; spiritual wishes; goal-directed outcomes; what I most value/wish to avoid; legacy and memory-making during life

Family (including siblings) wishes: Consider how you as a family wish to be supported to achieve everyday quality of life as well as any special goals, eg where you want to be as a family; who to involve; sibling support and needs (eg medical, spiritual or cultural backgrounds); legacy and memory-making during life; what is most valued/wish to avoid.

Brad and Betty are hoping Bertie will be born alive. They would like Bertie to be quickly assessed at birth by the attending neonatal team, however they are keen to meet Bertie and cuddle him as soon as possible following delivery if he is well enough. They would like clear communication with professionals supporting them and whilst they wish to give Bertie every opportunity of survival, they also want to ensure he does not suffer unnecessarily and may decide to focus on keeping Bertie comfortable and making as many memories as possible with him.

Betty and Brad have planned some music with the music therapists at ACP Children's Hospice. This music will incorporate Bertie's recorded heartbeat into a lullaby song and it is something Betty and Brad are looking forward to hearing completed.

Name: Unborn Baby (Bertie) Smith

DOB:

NHS No:

Please offer all memory making opportunities including photographs, artwork and keepsakes. This is very important to parents who want to make the most of every moment with their baby. They would like a memory box and keepsakes to keep.

Others' wishes: Wider family, school friends, carers

Betty and Brad have friends and family who live locally.

Name: Unborn Baby (Bertie) Smith

DOB:

NHS No:

Wishes around End of Life

If it is recognised that your child/young person is nearing the end of their life, is there anything that would be important for us to know to provide the best care possible?

Priorities for care, including preferred place of care at the end of life and after death: Specify if preferred place of care at end of life is different to place of care after death.

Parents would like honest, ongoing discussions with professionals about their baby's condition. They are aware Bertie may be born in a poor condition or sadly may not survive birth. They would like him to be quickly assessed at birth. They are keen to balance the burden of treatment with keeping Bertie comfortable and value the opinions of professionals in helping them to make decisions. They are aware that if Bertie does not survive there is a bereavement suite in the hospital and they can be transferred there to grieve, hold and cuddle their baby in a supported environment.

Parents are aware there are options available to parents if their baby sadly dies. They understand Betty's health is of paramount importance, but providing she fit for discharge from hospital, these options would be available to them if needed, including transfer to ACP Children's Hospice to use the cool bedroom facilities for up to 5 days or transfer home with a cuddle cot and support from the local CCN team and ACP Children's Hospice Community team. Please discuss these options with parents and contact ACP Children's Hospice on 01234 567890 to discuss in more detail.

Organ and tissue donation: See separate guidance on web link:

<https://www.organdonation.nhs.uk/helping-you-to-decide/about-organ-donation/>

National contact numbers: Referral line 0300 20 30 40 / General advice line: 0300 123 2323

Organ and tissue donation may be possible, but it depends on several factors. Specialists can guide on specifics should this option be considered

Not discussed. Please discuss if appropriate at the time.

Spiritual and cultural wishes around death and dying: to include faith, beliefs and personal wishes such as music, family traditions and rituals

Parents are of Christian faith. They do have links with their local church. They would like Bertie to be Christened / blessed at birth. Please offer parents the opportunity to meet the hospital chaplain soon after Bertie is born (irrespective of his condition).

Memory and legacy making wishes (include family/siblings/friends if relevant)

Consider how you/your child wish/es to be remembered which may include wishes for possessions and/or digital legacy.

Parents would like to make as many memories as possible. Please offer them a 4Louis memory box and offer to help them with handprints and footprints.

Please offer a photograph session with Remember My Baby (<http://remembermybaby.org.uk>).

Parents would like to be offered all possible keepsakes such as Bertie's hospital bands, lock of hair, photographs and videos during the birth etc

Preparation/communication of process for management after death: 1. Consider required referrals (including sudden death and automatic coroner referrals (eg HIE (hypoxic ischaemic encephalopathy))); 2. Need for regular medical review; 3. Consider discussion and explanation of SUDIC process 4. In-dwelling devices and removal

At the time of writing, there are no predetermined reasons for discussion with the coroner. However, this will depend upon the circumstances at the time. For example, if surgery is need.

Funeral preferences and bereavement support and other family preferences: eg preferred timing for removal of equipment from home. Seek detailed information or further advice if needed

Please support parents at the time and also contact ACP Children's Hospice on 01324 567890 who will offer support including ongoing bereavement support as required.

If not discussed, it may be helpful to put specific reasons/context of why not:

Note: No need to explain, but record if helpful to be aware of certain situations/circumstances

Perinatal Details/Management

Note: It may be appropriate to have/refer to separate birthing plan

Plans for delivery

Details of birth plans: eg where to find or further details below

Betty has her own midwifery documents and birth plan. Please ask her to see this as it will be a separate document.

Specific plans for delivery: eg planned place of delivery; mode of delivery; induction/section date; plan for fetal monitoring – continuous/intermittent/none, etc

Planned place of delivery: Baby Town Women and Children's Hospital

The plan is to deliver baby Bertie at around 38 weeks gestation via elective C-section on 01/01/2024.

Parents have opted for this mode of delivery with support from professionals as they would like to give Bertie the best chance of survival and they are hoping to meet him alive. They explained they committed to the pregnancy and therefore they are keen to give Bertie the best possible chance.

Brad will be present at the delivery.

Both parents have said they would like photographs and videos of the birth. **They have been reassured professionals present will be able to take photos and videos.**

Hopes and wishes eg around antenatal assessments; assessments at birth; surgery, etc. See also "Priorities/goals/values" section earlier in this care plan

Betty and Brad hope to meet their baby alive.

The neonatal team will be present at the birth and parents would like their baby to be assessed as quickly as possible. Parents understand if Bertie survives birth, it may be appropriate to transfer him to the neonatal unit for further assessments and specialist care. If this is the case, if possible, parents would like to meet Bertie and have a cuddle / skin to skin before he is transferred (however they understand this may not be possible – please communicate with parents to help make the appropriate decisions at the time).

If it is clear the burdens of treatment options are not going to benefit Bertie longer term, parents would like to be included in discussions and they would like Bertie to be passed to them for skin to skin cuddles and so that they can spend precious time with Bertie as a family.

Plans for admission (for before and during delivery) (see also above section)

Specific requests: eg side room, particular wishes, etc

If possible parents would like to be cared for in a side room to allow them privacy and time together as a family.

Betty and Brad are aware there is a bereavement room at Baby Town Women's and Children Hospital where depending on circumstances at the time, they may be transferred to allow them to spend time with Bertie.

Specific teams to inform: eg neonatal team (including community/outreach team if available and appropriate), hospice team, palliative team, etc

The neonatal team will need to be contacted and plan to attend the birth.

ACP Children's Hospice have met Betty and Brad and they have had a look around the hospice and discussed support for before birth and after birth. ACP Children's Hospice have 24/7 medical on call for advice or support. Please inform ACP Children's Hospice when Betty has delivered her baby. Contact: 01324 567890.

Plans for after delivery/birth – on-going care

Discussions/decisions regarding lactation eg plans for lactation suppression; initiation; continuation; breastmilk donation:

- British Association of Perinatal Medicine (BAPM) "Lactation and Loss" <https://www.bapm.org/resources/lactation-and-loss-management-of-lactation-following-the-death-of-a-baby>
- Memory Milk Gift, Donation after Loss www.milkbankcatchester.org.uk/donationafterloss/

Betty would like to give Bertie her colostrum and if it is deemed appropriate to do so, Betty would like to breast feed Bertie or express breast milk. If Bertie is not able to feed, please consider giving drops of expressed milk for comfort and mouth care.

Please discuss if passing an OG/NG tube is in Bertie best interest following delivery and further assessment. Parents are aware passing an OG/NG tube may be a simple test along with an x-ray carried out after birth to assess for oesophageal atresia.

Please where possible involve parents in all cares and feeding. If Bertie is fed via an OG / NG tube, please offer to teach parents how to give feeds safely so that they can be involved in feeding Bertie.

Please encourage parents to take photographs of their baby. Parents would like to be offered a photograph session with Remember My Baby (<http://remembermybaby.org.uk>).

Please also offer parents a memory box and opportunity to create keepsakes such as hand and/or footprints.

Parents are of Christian faith and would like Bertie to be Christened or blessed after he is born. Please offer to contact the hospital chaplain.

Details of wishes: eg location of care; discharge home, hospice. May reference separate discharge plans detailing medications, equipment, etc. Please note where to find if applicable. Some wishes around end of life care may be documented in the section "Wishes around end of life".

Parents will make plans at the time and will be guided by Bertie. They recognise and respect professional opinion to help make appropriate decisions together balancing "giving Bertie a chance verses a comfort approach."

If Bertie survives birth, they understand he may require specialist care on the NICU. If a comfort approach to care is taken and it is decided invasive procedures / testing is not in Bertie' best interests, parents may wish to transfer to ACP Children's Hospice or home with support from the hospice community team and local community nursing / neonatal outreach teams. Detailed discharge planning would need to be in place prior to discharge to ensure parents feel supported.

Parents are aware there are options available to parents when their baby sadly dies. Please see wishes around end of life section and also contact ACP Children's Hospice on 01324 567890 to discuss options in more detail.

Other details

Management of baby at birth (For management beyond initial period of birth – see next pages)

If baby born with adequate breathing and a good heart rate: Considerations: assessment; cord clamping; dry and wrap; skin to skin; delivery room cuddle; people to be present at delivery (ie number and who); transfer to NICU or stay on Labour Ward, etc

Explanation/narrative/further notes:
See below

If baby is not (or has inadequate) breathing but has a good heart rate: Consider immediate actions. Detail level of support/stabilisation (eg full resus/comfort care)

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Airway positioning	Explanation/narrative/further notes: Assess at birth. Parents would like to give Bertie the best chance and are aware often a new born baby may require airway positioning and inflation breaths at birth and further resuscitation. They would not want him to be denied this just because of his diagnosis (therefore no predetermined limitations). However, they don't want Bertie to have treatment that is unlikely to provide benefit. To help balance giving Bertie a chance but also recognising he does have a life limiting condition and parents would appreciate guidance and support to help make the right decisions for Bertie. Betty and Brad have requested skin to skin if possible.
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Airway adjuncts	
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Intubation	
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Oxygen/PEEP (mask)	
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Inflation breaths	
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Ventilation breaths	
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Chest compressions	
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Intravenous access	
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Cardiac drugs	

If baby is not (or has inadequate) breathing and heart rate is low: Consider immediate actions. Detail level of support/stabilisation (eg full resus/limited resus/comfort care)

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Airway positioning	Explanation/narrative/further notes: See above
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Airway adjuncts	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Intubation	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Oxygen/PEEP (mask)	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Inflation breaths	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ventilation breaths	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Chest compressions	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Intravenous access	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cardiac drugs	

If baby is not breathing and heart rate is absent (no signs of life): Consider immediate actions. Detail level of support/stabilisation (eg full resus/limited resus/comfort care) and "Wishes around end of life" section earlier in plan.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Airway positioning	Explanation/narrative/further notes: See above, however please try to have an open an honest approach of how likely successful resuscitation would be. Depending on the circumstances at birth it may be appropriate to commence resuscitation however it may also be appropriate to pass Bertie to parents to cuddle.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Airway adjuncts	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Intubation	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Oxygen/PEEP (mask)	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Inflation breaths	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ventilation breaths	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Chest compressions	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Intravenous access	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cardiac drugs	

Other details: Consider photographs; memory-making; place of care; cultural wishes; family traditions; rituals – see also other sections of care plan.

Plans for immediately after delivery (management of baby)

Management: eg investigations planned; place of care. Consider using "Management of Anticipated Complications/Deteriorating Health" section

Assess at birth.

Depending on how Bertie responds when he is born, parents are aware he may require some investigations such as heart scans and the passing of an NG /OJ tube with x ray to assess for Oesophageal atresia. Parents are aware surgery may or may not be an option, but they would like this to be reassessed at birth.

They would like clear communication with professionals to help make appropriate decisions at the time for Bertie.

Symptom Management Plan (or where to find this): Consider using "Management of Anticipated Complications/Deteriorating Health"

This Symptom Management plan is written as a guide and the clinical team at ACP Children's Hospice are happy to be contacted for advice and support and are available 24/7 via 01324 567890

All doses (unless stated otherwise) have been taken from the 2024 APPM Master Formulary 6th Edition which can be accessed here - <https://www.appm.org.uk/guidelines-resources/appm-master-formulary/>

If Bertie has impaired renal function, please consider adjusting doses as appropriate for renal impairment.

Distressing Symptoms

In the first instance, standard comfort measures should be offered including: cuddles, skin to skin care and nappy changes.

Milk and suckling can reduce pain and offering small amounts of breast milk may offer comfort if the benefits outweigh the risks. Please ensure it is safe for baby to be offered milk orally first. A dummy can be dipped in breastmilk to provide comfort or breast milk can be used for mouthcare.

If these measures are not helpful, please refer to the symptom guidance detailed below:

**** INSERT SYMPTOM MANAGEMENT PLAN HERE ****

Other wishes: eg feeding; name bands; first bath; memory-making; keepsakes; family members/friends to meet baby; support for siblings; ceremonies; cultural and religious wishes

Please keep all possible items as keepsakes for parents (such as name bands). Please encourage photographs as well as other memory making activities.

Offer parents a 4Louis Memory box and a session with Remember My Baby Photographers:

<http://remembermybaby.org.uk>

Please allow parents to have visitors as they wish.

For management beyond the initial period of birth, please refer to:

- "Management of Anticipated Complications/Deteriorating Health" page/s
- "Management of an Acute Significant Deterioration/Emergency" page/s

Management of Anticipated Complications/Deteriorating Health

Include reference to separate documents (and where to find) eg symptom management plan, specialty care plan(s).

Please balance the risk (version control risk) of duplicating information already detailed in separate management plans whilst recognising this section can be very helpful for quick access in emergencies.

NOTE: For antenatal care plans – this section may be deferred (if desired) until assessment after birth.

General Management

Current course of medical treatment: eg disease directed therapy; clinical trials, etc

Please see previous sections for management around the time of birth. If Bertie survives this period. It is likely that these sections will need completing with up to date information.

Notes on likely deterioration (if known and relevant): Consider likely cause(s) of deterioration, including signs, symptoms and red flags

Management of progressive deterioration (if different to general deterioration detailed below):

It may be appropriate to refer to other sections such as priorities of care if end of life is recognised

Systems approach to managing deterioration

Airway: Tracheostomy (also note if patent upper airway) and airway adjuncts

Breathing: Oxygen, pressure and ventilation support

Circulation/cardiac: Access; diuretics; blood pressure support; implants – what patient has, when and how to change or turn off

Neurology: State if VP shunt or reservoir present and action if blocked; role of pulsed steroids in neurological decline; acute seizure management

Management of commonly occurring infections: Including central line and stated temperatures for individual child

Nutrition and hydration: Including presence of, or discussion about NG, NJ PEG and JEJ, TPN

Blood tests: Consider frequency, indication and specific tests or stop routine tests

Blood products: Consider type, frequency and indication eg blood test or clinical symptoms

IV/SC access: Portacath; Hickman; Midline; other; and discussions about subcutaneous access

Condition specific interventions/general: not previously mentioned, may include when to call 999, transfer to hospital

Other patient plans/where to find: symptom management plans; specialty care plans (eg respiratory care plans), etc

Name: Unborn Baby (Bertie) Smith

DOB:

NHS No:

Management of an Acute Significant Deterioration/Emergency

For review with "Management of Anticipated Complications"/"ReSPECT"

If end of life recognised, see "Wishes around End of Life" and consider transfer to preferred place. Allergies listed at front

In the event of a likely *reversible* cause for acute life-threatening deterioration such as **choking, tracheostomy blockage or anaphylaxis, please intervene and treat actively (irrespective of resuscitation wishes)**

Note any differences to plan detailed below if parents/carers are not present

If none recorded, assumption will be made to follow plan detailed below, even in absences of parent/carer

In the event of life-threatening event, provide the following care: add patient-specific detail below

				Comments (patient-specific decisions eg duration)
Basic Life Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Airway repositioning	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Airway adjuncts	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bag and mask/tracheostomy (also note if upper airway patent)/mouth to mouth ventilation	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Chest compressions	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Defibrillation	
Airway	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Suction	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Intubation/Supraglottic airway insertion (eg LMA)	
Breathing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Supplementary oxygen if available	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Highflow (eg Optiflow/Vapotherm)	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Non-invasive ventilation	
Circulation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Intravenous access	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Intraosseous access	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cardiac/ALS drugs (usually in conjunction with chest compressions)	
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Emergency transfer to hospital	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Consider Intensive Care admission	

Additional comments about the above decision or relevant other decisions

Please record details of implantable devices eg VNS/pacemaker/defibrillator, and management at end of life of these devices; long-term IV access; respiratory support (further details may be in separate care plans or "Anticipated Complications" page (eg may include specific information if a life-threatening emergency happens at school).

Consider revoking ACP for planned surgery, etc

Include preferences of transfer, eg local hospital or specialist centre if more suitable (**Note:** preferences may not be possible depending upon situation and local policies).

Consider how interventions will be carried out for emergency clinicians and on-going management plans

Please see previous sections for management around the time of birth. If Bertie survives this period. It is likely that these sections will need completing with up to date information.

Name: Unborn Baby (Bertie) Smith DOB: NHS No:



(as part of the CYPACP [Child and Young Person's Advance Care Plan])
(Recommended Summary Plan for Emergency Care and Treatment Version 3)

The ReSPECT process starts with conversations between a person and a healthcare professional. The ReSPECT form is a clinical record of agreed recommendations. It is not a legally binding document.

1	Preferred name:	Date completed:
----------	------------------------	------------------------

2	Shared understanding of my health and current condition:
----------	---

Summary of relevant information for this plan including **diagnosis** and **relevant personal circumstances:**

This ReSPECT is part of the Advance Care Plan for an ante-natal baby.
Before the baby is born it is likely this will be stored on the mother's records.
PLEASE NOTE: THIS DOES NOT CORRESPOND TO THE MOTHER.
See the rest of the care plan for appropriate plans for the ante-natal baby.
Signatures and contact numbers can, however, be completed on the following page.
(Delete this and amend accordingly once baby is born and stored in an appropriate place)

--

Details of other relevant planning documents and where to find them (eg Advance or Anticipatory Care Plan; Advance Decision to Refuse Treatment or Advance Directive; Emergency Plan for the carer):

--

I have a legal welfare proxy in place (eg registered welfare attorney; person with parental responsibility). If "yes" provide details in Section 8 Yes No

3	What matters to me in decisions about my treatment and care in an emergency:
----------	---

Prioritise sustaining life, even at the expense of some comfort	Prioritise comfort, even at the expense of sustaining life
---	--

How would you balance the priorities for your care?

What I most value:

What I most fear/wish to avoid:

4	Clinical recommendations for emergency care and treatment:
----------	---

Prioritise extending life	Balance extending life with comfort and valued outcomes	Prioritise comfort
	OR	
	OR	
Clinician's signature	Clinician's signature	Clinician's signature

Now provide clinical guidance on specific realistic interventions that may or may not be wanted or clinically appropriate (including being taken or admitted to hospital +/- receiving life support) and your reasoning for this guidance: **This**

This ReSPECT is part of the Advance Care Plan for an ante-natal baby.
Before the baby is born it is likely this will be stored on the mother's records.
PLEASE NOTE: THIS DOES NOT CORRESPOND TO THE MOTHER.
See the rest of the care plan for appropriate plans for the ante-natal baby.
Signatures and contact numbers can, however, be completed on the following page.
(Delete this and amend accordingly once baby is born and stored in an appropriate place)

CPR attempts recommended	For modified CPR (Child and Young Person)	CPR attempts NOT recommended
Clinician's signature	Clinician's signature	Clinician's signature

Name: Unborn Baby (Bertie) Smith DOB: NHS No:

5 Capacity and representation at time of completion (see also "Decision Making" section)

Does the person have sufficient capacity to participate in making the recommendations on this plan?	<input type="checkbox"/> Yes	If "no" in what way does this person lack capacity? If the person lacks capacity, a ReSPECT conversation must take place with the family and/or legal welfare proxy
	<input checked="" type="checkbox"/> No	
Document the full capacity assessment in the clinical record		

6 Involvement in making this plan

The clinician(s) signing this plan is/are confirmation that: (Select A, B or C, OR complete section D below):

A	<input type="checkbox"/>	This person has the mental capacity to participate in making these recommendations. They have been fully involved in making this plan.
B	<input type="checkbox"/>	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	<input checked="" type="checkbox"/>	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):
	<input type="checkbox"/>	1 They have sufficient maturity and understanding to participate in making this plan.
	<input type="checkbox"/>	2 They do not have sufficient maturity and understanding to participate in this plan. Their views, when known, have been taken into account.
	<input checked="" type="checkbox"/>	3 Those holding parental responsibility have been fully involved in discussing and making this plan.
D		If no other option has been selected, valid reasons must be stated here. (Document full explanation in clinical record):

Record date, names and roles of those involved in decision-making, and where records of discussions can be found:
 1/12/2023 Barbara (CNS) & Dr Billy from ACP Children's Hospice discussions with both parents

7 Clinicians' signatures

Designation (grade/specialty)	Clinician name	GMC/NMC/HCPC Number	Signature/image	Date/Time
Clinical Nurse Specialist	Barbara			01/12/2023

Senior responsible clinician:

Designation (grade/specialty)	Clinician name	GMC/NMC/HCPC Number	Signature	Date/Time
Consultant in PPM	Dr Billy	1234567		01/12/2023

8 Emergency contacts and those involved in discussing this plan

Emergency contact name (Primary contacts in purple)	Role/Relationship	24 hr contact Tick if Yes	Emergency contact number	Signature (optional)
Patient/family:	Betty Smith (Mother)	<input checked="" type="checkbox"/>	07123 456 789	
Patient/family:	Brad Smith (Father)	<input checked="" type="checkbox"/>	07123 456 790	
Professional:	ACP Children's Hospice	<input checked="" type="checkbox"/>	01234 567 890	
Professional:		<input type="checkbox"/>		
Professional:		<input type="checkbox"/>		

9 Form reviewed (eg for change of care setting) and remains relevant

Review date	Designation (grade/specialty)	Clinician name	GMC/NMC/HCPC Number	Signature