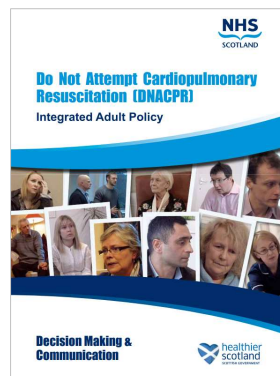


Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)



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Objectives

By the end of the session attendees will be aware of the:

- ▶ DNACPR policy
- ▶ DNACPR process
- ▶ Use of framework
- ▶ Process of form completion
- ▶ Patient Information Leaflet
- ▶ Documentation and sharing of information



Aim of Policy

The aim of this policy is to prevent CPR being given when it is **inappropriate, contraindicated** and/or **unwanted**, which may cause significant distress to patients/residents and families

No CPR

Does not mean No Treatment!!!

Where appropriate and able to be tolerated continue with:

- ▶ Antibiotics
- ▶ Oxygen therapy
- ▶ Diet and fluids



Inappropriate CPR

A death managed with inappropriate CPR treatment will be **undignified** and highly **traumatic**

Could involve other agencies e.g. Scottish Ambulance Service and Police



POLICE

DNACPR communication

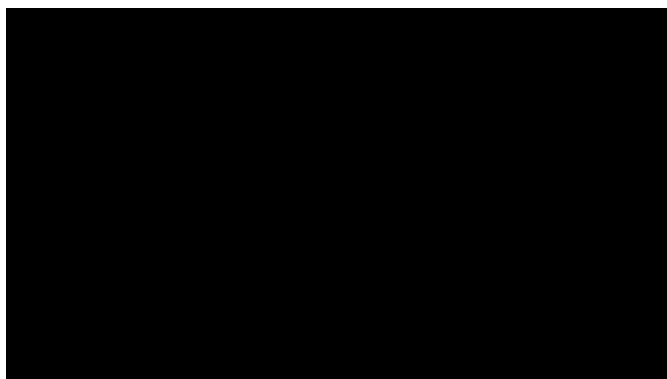
DNACPR conversations and discussions should never be held in isolation but should usually be ***part of an evolving conversation*** that starts with a patient/resident's understanding of their current condition and level of vulnerability

DNACPR communication

Exploration of the patient/resident's **goals** of care and **wishes** for end of life care can allow a decision about CPR to be considered and discussed **sensitively**



DNACPR video- Mr and Mrs Boyle



<https://vimeo.com/51682098>

DNACPR communication

- ▶ Family/carers of a patient/resident who has capacity should not be involved in CPR discussions without that patient's consent. However, involvement of those close to the patient/resident should be encouraged
- ▶ Family or lay carers should never feel they are responsible for the CPR decision as that responsibility rests with the clinical team

DNACPR consideration

Making that complex clinical judgement is a **core role** of all experienced clinicians



DNACPR: Key points

- ▶ The decision to offer CPR is a medical one
- ▶ Nothing to do with 'quality of life'
- ▶ If CPR is likely to be futile do not offer it
- ▶ If success not anticipated - inform patient/resident
- ▶ If success anticipated - discussion needed
- ▶ Where the patient/resident lacks capacity DNACPR decision making should be discussed with the family, welfare attorney/guardian and/or relevant others

DNACPR considerations

Where a patient/resident is imminently and irreversibly dying, the team that **knows** the patient can make a decision not to initiate CPR

This decision can be made even if no DNACPR form is in place

DNACPR considerations

- ▶ Any healthcare professional who makes and clearly documents a considered decision not to attempt CPR in this situation should be **supported** by their senior colleagues, employers and professional bodies
- ▶ All of the processes and discussions around any CPR decision must be clearly and robustly **documented** in the clinical notes
(KIS)

DNACPR decision making?

“If the healthcare team is as certain as it can be that a person is dying as an inevitable result of underlying disease or a catastrophic health event and CPR would not re-start the heart and breathing for a sustained period, CPR should not be attempted”

**Decisions relating to cardiopulmonary resuscitation
(previously known as the “Joint Statement”)
BMA, RC(UK) and the RCN Oct 2014**

Do I need to discuss DNACPR when CPR will not work?

“In most cases people should be informed, but for some, for example, those who know that they are close to the end of their life, such information may be so distressing as to cause the person to suffer physical or psychological harm”

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DNACPR form

The DNACPR form is not a legal document as such, it is simply an immediately recognisable record of a clinical decision that provides ***guidance for healthcare professionals who do not know the patient and who need to make a rapid decision about CPR in an emergency situation***

DNACPR Conversations

- ▶ [DNAR \(Do Not Attempt Resuscitation\) - Resuscitation Council \(UK\) on BBC The One Show - YouTube](https://www.youtube.com/watch?v=FAfxR4HE-Qk)

(<https://www.youtube.com/watch?v=FAfxR4HE-Qk>)



Kathryn Mannix Ted Talk

- ▶ [Heart-stopping Moments | Dr. Kathryn Mannix | TEDxDunLaoghaire - YouTube](https://www.youtube.com/watch?v=Pn__IDD5q9g)

(https://www.youtube.com/watch?v=Pn__IDD5q9g)

- Communication tool
- Decision should still be clearly documented in notes
- Clearer instructions
- Only select one box (A or B) And tick communication /decision strategy
- No form does not automatically mean CPR must be attempted

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR)

NHS SCOTLAND

Name:
 CHI/DOB:
 Address:
 Postcode:

Previous discussions may be recorded in the Key Information Summary (KIS); this should always be checked.

In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) are intended. This decision applies only to CPR treatment. All other appropriate treatment and care will be given (2222 or 999 calls may still be appropriate when immediate medical help is needed in an unexpected emergency).

Select reason for DNACPR decision: (please choose only A or B). Within Section A or B select the relevant communication or decision-making strategy by ticking the appropriate option

A CPR will not be successful and is not a treatment option for this patient
 Explain why:
 The patient is aware of this decision.
 Yes Conversation date and where documented
 No Reason (e.g. lack of capacity, judgement of harm to patient)

The welfare attorney/guardian and/or relevant other is aware of the decision.
 Yes Name(s) Date
 No Reason (e.g. reasonable efforts to contact unsuccessful so far)

The presumption is that the patient, and those close to the patient who lacks capacity, will be aware of the DNACPR decision – see Decision-making Framework for valid occupations. Where the conversation has not yet happened, the full explanation and a clear plan to revisit this must be documented in the clinical notes.

B CPR could be successful but the likely outcome would not be of overall benefit to the patient. (The patient's informed views and wishes are of paramount importance.) One of the following boxes must be ticked:
 The patient has capacity for the decision
 and does not wish to discuss CPR decisions at the moment. Decision has been made by clinical team in discussion with relevant others (name below) where confidentiality allows.
 Name(s):
 Explain:
 (A clear plan to revisit this must be documented in clinical notes).
 The patient does not have capacity for this decision
 but has a valid advance healthcare directive applicable to the current circumstances.
 but has a legally appointed welfare guardian/attorney (Name:)
 who agrees that CPR would not be of overall benefit for the patient.
 and no legal welfare guardian/attorney can be identified. Decision has been made by clinical team in discussion with relevant others. (Name(s):)
 Explain:
 Document capacity assessment and all discussions clearly in clinical notes.

NAMES OF MULTIDISCIPLINARY TEAM MEMBERS INVOLVED IN THE DECISION			
Healthcare Professional recording this DNACPR decision	Responsible Senior Clinician (Dr or Nurse)		
Print:	Print:		
Sign:	Sign:	Date:	Date:

This original DNACPR Form should follow the patient (e.g. on admission to, discharge from or transfer between hospitals) with the agreement of the patient and/or relevant others where appropriate.

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR) *

- For some, further review may not be required but for others could be at a clinically appropriate time
- Review when clinical responsibility changes
- Complete “Ambulance Crew Instructions” before transfer
- If the form is going home with the patient it must be the original

Review of decision:
 Review not needed as decision will remain clinically appropriate until end of life.
 Review needed on clinically appropriate basis.

Review Date	Responsible Clinician (print & sign)	Outcome of DNACPR review (circle review decision)	Plan for next review
		still applicable	reversed
		still applicable	reversed
		still applicable	reversed
		still applicable	reversed

NB. Good practice guidance recommends review of the decision on transfer of clinical responsibility (e.g. hospital to community) for all patients.
 Reversal of a DNACPR order should be recorded on the form which should be scored through with a permanent marker and the word 'reversed' written clearly across both sides of the form which should then be filed in the back of the clinical notes.

Communication with healthcare professionals and social carers – who has been informed of the DNACPR decision?

	Not Applicable	Names	Date informed	By whom
General Practitioner				
Community Nursing Team				
Ward Team				
Care Provider				
Other				

Communication with Ambulance Crew
 All other types of supportive care should be given as appropriate as with any other patient where there is a deterioration in clinical condition. If, whilst in transit, the patient's condition suddenly deteriorates such that death occurs or is imminent, please contact:
 Name and tel no: and take the patient to:
 Signed: Name: Date:
 GP name/address: Postcode:

Where it has not been possible to have a discussion to allow the DNACPR Form to be at home with the patient (because the conversation would cause harm) it should not be given to the ambulance crew but should be shown to them prior to the journey. The information that the Form is not going home with the patient, and the reason why, must be communicated to the GP so that the KIS can be updated.

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR) *

- Inform GP/ community nurses/ Social carers/ OOH before discharge home

- If form not going to patient's home but DNACPR still appropriate, inform GP

Review of decision:

- Review not needed as decision will remain clinically appropriate until end of life.
- Review needed on clinically appropriate basis.

Review Date	Responsible Clinician (print & sign)	Outcome of DNACPR review (circle review decision)		Plan for next review
		still applicable	reversed	
		still applicable	reversed	
		still applicable	reversed	
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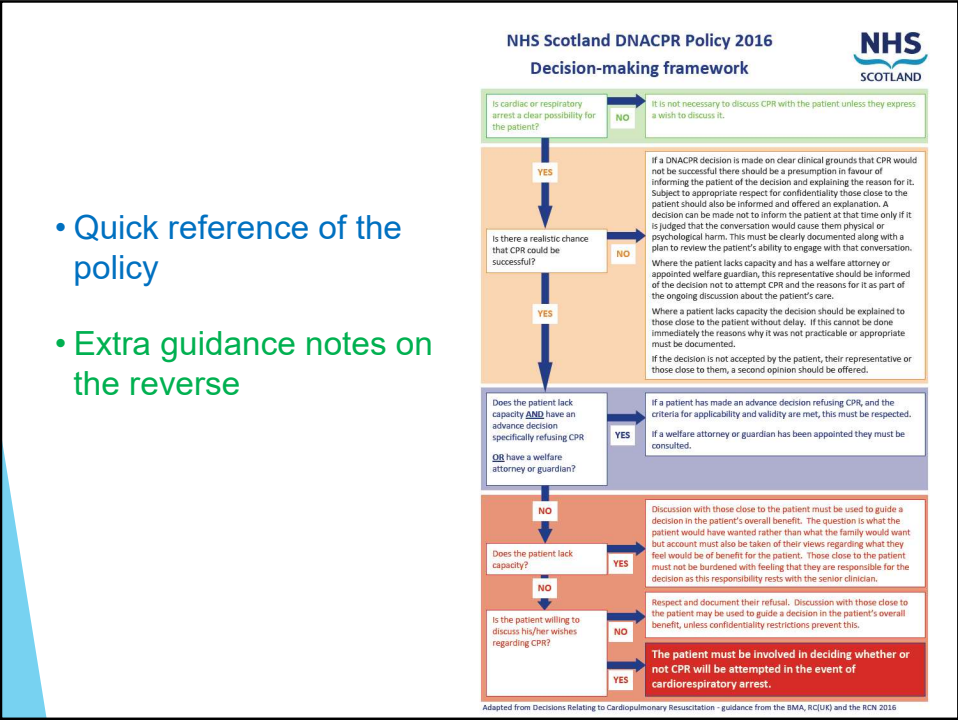
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DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION (DNACPR)

DNACPR Communication

- ▶ Document all communication and DNACPR decision
- ▶ Key Information Summary (KIS) completion informs:
 - ▶ GGC OOH Medical Service
 - ▶ OOH District Nursing Services
 - ▶ Acute receiving units
 - ▶ Scottish Ambulance Service
- ▶ Inform any other care providers



- Quick reference of the policy
- Extra guidance notes on the reverse

Decisions about cardiopulmonary resuscitation

Information for patients, their relatives and carers

August 2016

Link to download booklet from www.gov.scot website:

<https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2016/08/decisions-cardiopulmonary-resuscitation-information-patients-relatives-carers/documents/00504968-pdf/00504968-pdf/govscot:document/00504968.pdf>

Any Questions?



Feedback

Please provide feedback on this training session via the link below or scan QR code.

<https://link.webropol.com/s/pall-care-training>

Training facilitated by NHSGGC Macmillan Palliative Care Education Team

