

POLICY NAME: Do Not Attempt Resuscitation
/Permit Natural Death

POLICY NO:

EFFECTIVE DATE: Final 2002/07/09

REFERENCE:

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AREA/DEPARTMENT: Clinical Care

Policy

This policy is designed to address cardiopulmonary resuscitation (CPR) and resuscitation orders for patients at Canuck Place Children's Hospice.

Children at Canuck Place Children's Hospice enter the program with a likelihood of dying from their condition within their childhood or adolescence. These conditions are not medically reversible. It is possible that at some point during their care at Canuck Place, these children may experience cessation of cardio-respiratory function. They may also develop illnesses or experience a decline in function that make cessation of cardio-respiratory function highly likely.

The default assumption for healthcare environments is that, unless there is a directive to the contrary, CPR will be carried out by healthcare personnel for any patient experiencing cardio-respiratory failure. Therefore, staff will assume that any child without a Do Not Attempt Resuscitation / Permit Natural Death (DNAR/PND) order is a candidate for CPR and staff will act accordingly in the presence of a cardio-respiratory failure.

There is always a certified practitioner of CPR on site at Canuck Place.

CPR involves invasive procedures applied aggressively in an attempt to reverse cardio-respiratory arrest. Both the goals of, and the environment surrounding, CPR are likely to be physically uncomfortable and emotionally distressing, and are not consistent with a supportive approach to care or to death. Moreover, in the patient population at Canuck Place, the likelihood of successful resuscitation is very low.

DNAR/PND decisions are not made in isolation but incorporated into discussions about management options for effects of the disease and complications of the disease given the known course and effects of such disease.

A discussion regarding DNAR /PND status is held with the child (if competent and willing), family and care team at least on an annual basis; to either implement a DNAR /PND order or to review a current one. The order and the discussion are appropriately documented in the health record.

Definitions [alphabetical order]

Biological death: The decomposition of all tissues.

Brain death: The irreversible cessation of the functioning of the entire brain.

Cardiopulmonary resuscitation: A clinical intervention that may be attempted in the event of clinical death. It includes cardiac compression, intubation and ventilation, cardiac defibrillation and the use of stimulant drugs. Its goals are to prevent the progression from clinical death to brain death and to return the patient to the same levels of consciousness and physiological function which existed prior to the onset of clinical death. (Note: Canuck Place does not have the equipment necessary for cardiac defibrillation)

Clinical death: The cessation of heart action and spontaneous breathing.

Competency:

- The ability to understand the nature and consequence of a decision.
- Decision or task-specific (e.g. patient may be financially incompetent but still able to make medical decisions)
- Dependent on the patient's ability to make an informed decision, not on the disease process he or she has (e.g. may have clinically diagnosed dementia, and be competent to make certain decisions)
- Not fixed, but may fluctuate over time (e.g. may be temporarily altered by drugs, delirium, depression, or multiple factors)
- Everyone is presumed competent until proven otherwise.
- Note: Canuck Place defines competency consistently with the British Columbia Infants Act (see Appendix).

Death: A process that begins with clinical death and ends with the cessation of all organic brain function.

DNAR order: Do Not Attempt Resuscitation. An order not to attempt resuscitation in the event of a cardiac or respiratory decrease in function to a level where life cannot be maintained. The word “attempt” is added to better reflect the likely outcome of CPR in patients with expected cardiorespiratory failure in the context of life limiting illnesses.

Medical Futility: A situation where medical intervention(s) will not make any difference in the outcome, will not prolong life, ameliorate symptoms, and /or improve the patient’s condition.

PND: Permit Natural Death. Equivalent to a DNAR order. PND represents the proactive components of the DNAR order, and that, positive measures to provide comfort will be provided.

Guidelines

Timing of DNAR decisions:

A discussion that addresses Do Not Attempt Resuscitation (DNAR) is indicated when the child or family requests it, the child is reaching end of life, or the child’s condition is very unstable, and/or on a routine, periodic basis (at least annually) for all children in the program.

Indications that the child is end of life are that death can be anticipated either via gradual and visible decline or if life threatening complications are likely to occur in the context of disease progression.

Who should be involved:

The child (if competent and willing), family, physician, nurse, and other team members as appropriate.

Content of the DNAR discussion includes:

- Present clinical state and likely future changes to that state, whether gradual or sudden.

- Likely success or failure of CPR measures given the underlying diagnosis and condition of the child. A physician may determine that, in their best judgement based on knowledge of the patient and disease course, that an attempt at resuscitation would be medically futile. In that situation, a physician is not obligated to initiate, provide or continue a treatment approach (i.e. CPR) that is medically futile. This judgement may need to be made at the time of cardiorespiratory arrest. The care team will communicate this to families beforehand, when possible.
- Limitations of Canuck Place with regards to the institution of CPR (e.g. no defibrillator, transfer to hospital)
- Supportive care that will be provided regardless of decision regarding DNAR, e.g.
 - antibiotics
 - medications for symptom control
 - feeding/hydration
 - oxygen
 - hospital admission for treatment of reversible condition
 - seizure control
 - suctioning
 - treatment for choking

These measures would involve discussion and consideration as to their need.

- How a DNAR / PND order is written, documented, and communicated; implications if any for other care providers, such as paramedics, home health care personnel, community physicians, hospital.
- Any specific limitations or modifications in the DNAR /PND order. DNAR/PND orders can be staged, with different levels of intervention (e.g., suctioning, brief bag-mask ventilation) or duration of intervention, short of full CPR. The order will have modifications linking levels of intervention and duration to signs and symptoms.

Factors to consider when engaging with child/family:

- Recognition of one's own belief systems/biases
- Exploration of child/family perceptions of health, illness, treatment, death
- Determination of expectations of care team
- Determination of expectations of child, family, and caregivers
- Determination as to presence or absence of barriers to communication with attempts to overcome these
- Acceptance that this process may require more than one meeting

In case of disagreement:

- Review reasons for disagreement and re-address reasons
- Consider a third party (e.g. ethics consult)

Documentation:

- Physician: Write DNAR / PND order is signed on hospice chart. Document discussion in Interdisciplinary notes.
- Physician: Document an agreed management plan for supportive care and management of complications.
- Physician: Ensure that British Columbia Ministry of Health Do Not Resuscitate form (HLTH 302.1) is signed. This form is not required for the hospice, but is required for community care providers and paramedics.
- Nurse: Copy of Ministry of Health Do Not Resuscitate form kept in front of child's chart. Copy sent to involved health care team members outside of Canuck Place. Original provided to family.
- Other involved care team members: documentation of involvement in discussion and further related discussions with child/family in Interdisciplinary Notes.
- Any change in decision needs a new DNAR /PND order and documentation on chart.
- When a DNAR/PND order is in place, the physician completes a new Ministry of Health Do Not Resuscitate form, per MOH policy, on an annual basis. This can be done at the time of the annual review.
- If no clear consensus reached, document date of discussion with areas of conflict outlined and plan for resolving disagreement in Interdisciplinary Notes.