

 <p><b>BAY OF PLENTY</b> DISTRICT HEALTH BOARD HAUORA A TOI</p> <p><b>CPR PROTOCOL</b></p>	<p><b>CPR - DO NOT ATTEMPT RESUSCITATION (DNAR) / ALLOW NATURAL DEATH (AND) - GUIDELINES FOR DISCUSSING AUTHORISATION WITH PATIENTS AND KEY PERSONS</b></p>	<p><b>Policy 6.3.7</b> <b>Protocol 2</b></p>
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**STANDARDS**

It is acknowledged that death is a part of life, and for some patients, the natural endpoint of his / her current clinical condition may be death. The law on ‘do not attempt resuscitation orders’ is not settled in New Zealand, either by statute or case law. However Section 151 of the Crimes Act 1961 states that necessary / reasonable treatment may not be withheld or withdrawn from a competent patient against their will.

When an individual patient’s clinical condition is such that active resuscitation will only defer their inevitable death, the health professional is not under a duty to avert that death at all costs.

However in such circumstances there must be a lawful reason for omitting to carry out resuscitation. Such a lawful reason must comply with accepted medical standards and good medical practice and the decision not to resuscitate should be made in accordance with this policy.

**GUIDELINES FOR COMPLETING THE RESUSCITATION STATUS CEILING OF INTERVENTION (COI) FORM (7447)**

1. Do Not Attempt Resuscitation (DNAR) / Allow Natural Death (AND) and COI authorisations require an informed discussion with a patient, or their key persons if the patient is incompetent. Due to the nature of the discussion and the implications involved in the decision, it is essential that it is done in a manner which respects religious beliefs and cultural needs.
2. It is a medical, as well as ethical, obligation that those who are involved in the discussing and signing of COI authorisations realise the implications of performing or withholding cardiopulmonary resuscitation (CPR) in a variety of clinical scenarios.
3. Whilst the exact nature of the discussion will vary due to the differing needs of those involved, the following should be kept in mind:
  - 3.1 BOPDHB policy 1.1.1 Informed Consent should be complied with. The patient should be fully informed, should be able to comprehend that information and be able to make decisions based on that information without coercion. Any doubt over the competency of the decision-maker, or any suggestion that a patient is acting under any coercion, completely invalidates this process. Patients may make decisions that staff disagree with, but provided the patient is competent, is fully informed and has made the decision freely, their wishes must be respected.
  - 3.2 There are more outcomes from CPR than simply life and death. There are various degrees of disability possible including severe brain damage. For a ‘patient initiated COI’ to be valid there should be a discussion of these possible outcomes not just the extremes of full recovery versus death.
  - 3.3 When a competent patient is requesting a COI authorisation, the patient decides on the benefit that CPR offers them.
  - 3.4 Where appropriate, discussion with a patient or patient’s key person(s) should include as outlined:
    - a) What resuscitation involves
    - b) How it would be applied
    - c) When the patient’s heart or breathing stops (apart from choking), no attempt at resuscitation will be made and this will result in death;

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<p>Protocol Steward: Resuscitation Co-ordinator</p>	<p>Authorised by: Medical Director</p>	

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- d) DNAR / AND authorisation refers ONLY to not starting CPR in the event of the heart or breathing stopping. It has no bearing on the provision or otherwise of any other treatment for the patient;
  - e) The COI form does provide options of intervention limits. These options should be ticked or crossed out to assist the 777 Medical emergency team make quick and appropriate decisions for a patient they may not have 'every-day' responsibility for.
  - f) COI may be revoked at any time by the medical practitioner.
  - g) The key person(s) views on what they believe would be the patient's informed decision, should be ascertained.
- 3.5 Patients receiving palliative / hospice care may not wish to be resuscitated but others still in early stages of their illness may wish to be, and all palliative care patients admitted to hospital should be informed of COI orders, and have their wishes documented. On acceptance to hospice care, patients are advised that when severe deterioration occurs in their illness no attempt at resuscitation will occur. In the early stages of palliative care, many patients have a good quality of life and should not to be *assumed* as DNAR / AND.

#### ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 6.3.7 Cardiopulmonary Resuscitation (CPR)
- Bay of Plenty District Health Board policy 6.3.7 protocol 0 - CPR - Standards
- Bay of Plenty District Health Board policy 6.3.7 protocol 1 - CPR - Decision Making Process
- Bay of Plenty District Health Board policy 6.3.7 protocol 3 – CPR - Maintenance of Resuscitation Equipment
- Bay of Plenty District Health Board policy 6.3.7 protocol 4 – CPR – Life Support Training
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.C2.1 Cardiopulmonary Resuscitation (CPR)
- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.C2.2 CPR - Use of Automated External Defibrillation (AED)
- Bay of Plenty District Health Board policy 1.1.1 Informed Consent
- Bay of Plenty District Health Board policy 6.1.4 Advanced Directives
- Bay of Plenty District Health Board policy 7.103.1 protocol 17 Certification - Life Support
- Bay of Plenty District Health Board Resuscitation Status Ceiling of Intervention (COI) (7447) – *viewable only. Order from Design & Print Centre*
- Bay of Plenty District Health Board What is Resuscitation, and what are my options. Patient Information Brochure – *viewable only. Order from Design & Print Centre*

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