



Do Not Resuscitate

DNR orders
Living Wills
Advance Directives

Resuscitation

What does “Resuscitation” mean?

What are the “Goals of Care”

DO NOT RESUSCITATE

ALL FIRST RESPONDERS AND EMERGENCY MEDICAL SERVICES PERSONNEL ARE AUTHORIZED TO COMPLY WITH THIS OUT-OF-HOSPITAL DNR ORDER.

The authority to resuscitate in the home is solely your patient's choice. It is your responsibility to ensure that the appropriate order is in place and that all emergency responders are aware of the location of the order when you are contacted for emergency response.

I, a patient, do not want any form of resuscitation, including CPR, if I become unconscious. My wishes are hereby stated and I request that my wishes be honored.

Signature of patient: _____

Printed name: _____

DATE: _____

Signature of physician: _____

Printed name: _____

Signature of nurse: _____

Printed name: _____

THIS DOCUMENT SHOULD BE MAINTAINED IN A PROMINENT PLACE AND SHOULD BE AVAILABLE TO EMERGENCY PERSONNEL AT ALL TIMES.

INSTRUCTIONS FOR FIRST RESPONDERS:

Do Not Resuscitate Form

"Respect My End-of-Life Wishes: Honor My Do Not Resuscitate Form."

www.typecalendar.com



Purposeful, Planned, Positive
PALLIATIVE CARE

CPR is as easy as C-A-B



Compressions

Push hard and fast on the center of the victim's chest



Airway

Tilt the victim's head back and lift the chin to open the airway



Breathing

Give mouth-to-mouth rescue breaths

American Heart Association

Learn and Live

©2010 American Heart Association 19110902948

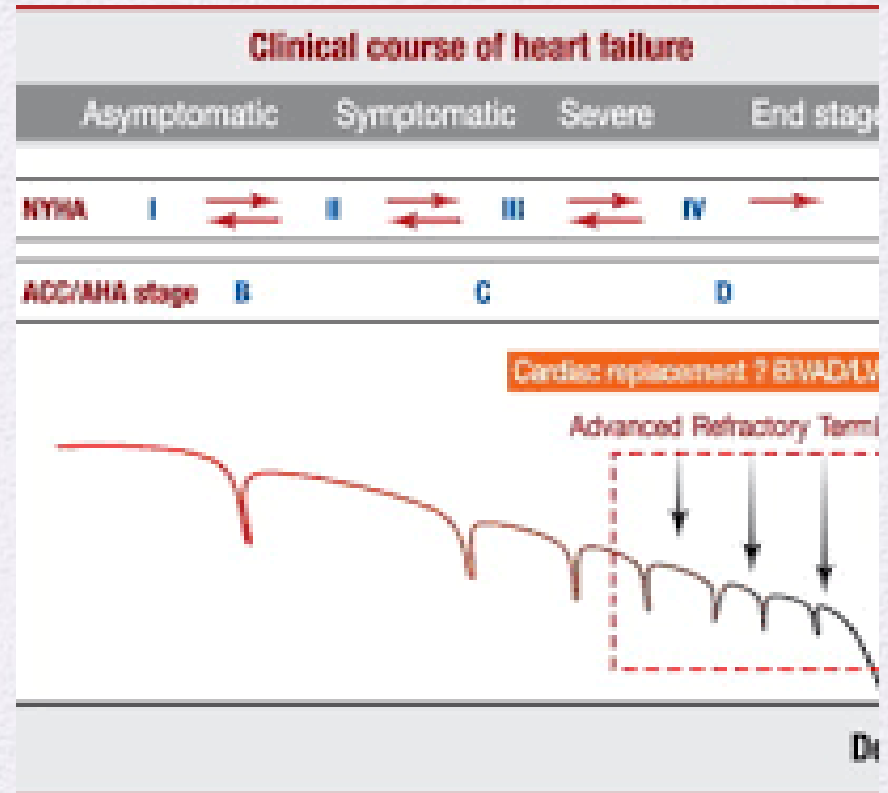
Emergency medical treatment and ‘do not resuscitate’

- The National Health Act does not define emergency medical treatment, but the Constitutional Court defines it as ‘a dramatic, sudden situation or event which is of passing nature in terms of time’ that can be cured through medical treatment. Emergency medical treatment therefore refers to acute episodes that can be rectified, rather than chronic incurable illnesses.
- McQuoid-Mason D, Dada M. A-Z of Medical Law. Cape Town, Juta & Co., 2011.
- Constitution of the Republic of South Africa Act 108 of 1996. Section 27(3).
- National Health Act of South Africa No. 61 of 2003

SUDDEN, REVERSIBLE DEATH VS CHRONIC DISEASE TRAJECTORY

Sudden reversible
Sudden irreversible

Chronic sudden
Chronic futile



Ethics and Law in Medicine

“Ethics represent internal systems of control, while law represents external mechanism of control”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9122144/>

Ethics = morally guided decision –making

Autonomy

Beneficence

Non-maleficence

Justice

Law = government establishments for order and safety

DNR orders

In the South African context mainly In-Hospital orders are recognised if:

- Formal documentation easily accessible in the patient's folder
- Involves patient (if cognisant)/ patient proxy and healthcare staff
- Specific resuscitation orders – “not for max” Not for CPR, but reasonable care must be continued

Health Professions Council of South Africa. Guidelines for the Withholding and Withdrawing of Treatment. Pretoria: HPCSA, 2008.

British Medical Association, Resuscitation Council (UK) and Royal College of Nursing. Decisions Relating to Cardiopulmonary Resuscitation. London: BMA, Resuscitation Council (UK) RCN, 2002: paragraph 10.

Greys Hospital Ethics Committee Position Paper

Do Not Resuscitate (DNR) Orders

Definition:

A Do Not Resuscitate Order (DNR Order) is an order from the doctor to the nursing staff and other doctors not to resuscitate the patient

- 1) A DNR Order is part of the total care plan for the patient
- 2) DNR Orders are necessary because:
 - The patient's (or the surrogate carer's) wishes need to be known
 - Waste of time and resources can be avoided
 - Inappropriately resuscitated terminal care cases can be avoided
 - Clarity can be achieved for medico-legal purposes
- 3) DNR Orders are arrived at by:
 - Looking at prognosis and quality of life
 - A multi disciplinary care team decision/process
 - Involvement of the patient and/or family (support system)
 - A consideration of the just use of resources
 - Affording all patients appropriate treatment
- 4) DNR Orders are decided by:
 - The Head of the Clinical Team who has a responsibility to build a consensus
 - The patient's family and/or the patient (if appropriate)
 - The patient and/or the family's decision taking precedence in the short term
 - Consulting the Ethics Committee to provide objectivity if there is a dilemma
 - Not ignoring any relevant person in drawing up DNR Orders
- 5) DNR Orders are regularly reviewed:
 - DNR Orders are not carved in stone
 - DNR Orders should be reviewed regularly on rounds by the team
 - Any responsible person can review (or ignore) a DNR Order at any time as to its continued appropriateness
 - A decision to suspend the order should be taken by the team (those available) but not necessarily by the whole team
 - The continuation of the DNR Order should be noted in the patient's notes every day
- 6) The writing of DNR Orders:
 - The most senior member of the clinical team writes the original DNR Order
 - The DNR Order should be written in the patient's clinical notes by the consultant/senior MO
 - The DNR Order should state in simple but clear terms the reason for the decision to write it

Description and guideline for a DNR

Standard Operating Procedure for Do Not Attempt Resuscitation Form

This form should be completed legibly in black ball point ink. All sections must be completed.

- Ensure that the patient's sticker is affixed to the form and that the names and dates are written legibly or stamped.
- The order should be reviewed whenever clinically appropriate, whenever the patient is transferred to another unit / hospital or if the patient is readmitted to hospital.
- The order will be regarded as "indefinite", unless it is clearly cancelled by drawing 2 diagonal lines across the form and "CANCELLED" clearly written between them, signed and dated by the doctor cancelling the order.

1. Instructions to medical staff

The aim of this form is to improve appropriate patient care and enhance communication among staff. The final responsibility for a DNR order lies with the consultant in charge of the patient and all decisions / discussions are to be recorded in detail in the clinical notes.

2. Summary of the main clinical problems and reasons why CPR would be futile or not in the patient's best interests (Be as specific as possible).

- The definition of futile medical treatment generally means that it is useless, ineffective or does not offer a reasonable chance of survival.
- The patient's condition indicates that CPR would not be successful
- When CPR is not in accordance with the wishes of a patient who is mentally competent or of a person properly authorised to make decisions regarding life sustaining treatment on behalf of the patient under the Mental Health Act provisions.
- Where CPR is unlikely to be followed by a length of quality of life.

3. Identify specific actions to be taken

Tick appropriate box

4. Summary of communication with patient, patient's relatives or friends.

Healthcare providers need to explain the motivation, implications, risks and obligations. Mentally competent patients have the right, ethically and legally to refuse treatment even if it is not in their best interests. If the patient does not have capacity, their relatives or friends should be consulted and may be able to help by indicating what the patient would decide if able to do so. If the patient has capacity, ensure that confidentiality is not breached. When CPR is considered to be futile, the doctor may issue the DNR order even against the wishes of the patient, his / her representative, family or friends. If continued treatment is requested against the DNR decision taken, then they must be given the option of transferring the patient to another facility where such treatment is available. If this option is refused and treatment is considered to be futile, and treatment is confirmed by an independent health care practitioner, treatment may be withheld or withdrawn. The patient, his / her representative, family or friends must be told that all other forms of treatment and care will remain unaffected by the DNR order. A more detailed description of this discussion must be recorded in the clinical notes.

5. Members of multidisciplinary team contributing to this decision

State the names and positions. Ensure that the DNR order has been communicated to all relevant members of the healthcare team

6. Senior doctor completing this DNR order

Must be the most senior doctor immediately available.

7. Endorsement by consultant

The decision must be endorsed by the consultant in charge of the patient's care at the earliest opportunity. A review should occur as appropriate and documented in the patients clinical notes.

8. Should organ donation be considered for this patient?

The hospital transplant coordinator must be called to offer counselling.

RECOMMENDED FURTHER READING: 1. S Afr Med J 2013;103 (4):223-225. DOI:10.7196/SAMJ.6672

2. Health Professions Council of South Africa Guidelines for the Withholding and Withdrawing of treatment. Pretoria: HPCSA, 2008.

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION FORM



PATIENT STICKER

Ward.....

Consultant in charge.....

DNAR – Do Not Attempt Cardiopulmonary Resuscitation

Date of DNAR Order.....

Time of DNAR.....

In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) will be made. All other appropriate care and treatment will be provided.

1. Instructions to medical staff: All decisions must be made in the patient's best interests and comply with current law. Refer to the "Guidelines for DNR orders" policy.

2. Summary of the main clinical problems and reasons why CPR would be considered futile or not in the patient's best interests?

3. Identify specific actions not to be taken.

Cardiopulmonary resuscitation Intubation & Ventilation Inotropes Other

4. Summary of communication with patient, patients' relatives or friends. (Document in clinical note)

5. Names of members of the multidisciplinary team contributing to the decision:

6. Senior Doctor completing this DNAR order:

Name..... Position..... Speed dial.....

Signature..... Date..... Time.....

Name of nursing staff DNAR order communicated to:.....

7. Endorsement by consultant:

Name..... Signature..... Date.....

8. Should organ donation be considered for this patient? YES NO

(If yes, please contact your local transplant co-ordinator)

9. Is referral to Palliative Care Services required? YES NO

Was this referral documented? YES NO

Advance Directives : Living Wills

The HPCSA implicitly recognises living wills in its *Guidelines for the Withholding and Withdrawing of Treatment*, which state that “patients ‘should be given the opportunity and be encouraged to indicate their wishes regarding further treatment and to place in writing their directives for future care “

http://www.hpcs.co.za/downloads/conduct_ethics/rules/generic_ethical_rules/booklet_12_guidelines_withholding_and_withdrawing_treatment.pdf

Dhal A, McQuoid-Mason D. Bioethics, Human Rights and Health Law: Principles and Practice. Cape

Town, Juta & Co., 2011:130.

<https://www.samedical.org/images/attachments/guidelines-with-regard-to-living-wills-2012.pdf>

LIVING WILL

TO MY FAMILY AND MY PHYSICIAN:

I, (NAME AND SURNAME) _____ (ID NUMBER) _____

the undersigned, presently residing at

ADDRESSES _____

after careful consideration, make the following declaration, which I call my Living Will:

1. This Living Will in no way revokes nor does it change any Will or Testamentary disposition as made by me at a previous occasion.
2. In this Living Will, unless an intention to the contrary appears clearly and concisely the following words carry the meaning as stated: -
 - “Doctors” refer to one or more medical practitioners who may be requested to provide me with a prognosis from time to time, depending on my condition and clinical status at any given moment during my treatment and/or hospitalization
 - “Secondary support system” refer to any artificial and/or mechanical life support system and/or medication/drugs to the same effect

If the time comes when I can no longer take part in decisions for my own future, let this declaration stand as my directive.

If there is no reasonable prospect of my recovery from physical illness or impairment expected to cause me severe distress or to render me incapable of rational existence, I do **not** give my consent to be kept alive by means of a Secondary support system, including by way of a pacemaker.

I also do **not** give my consent to any form of tube-feeding when I am dying; and I request that I receive whatever quantity of drugs and intravenous fluids as may be required to keep me free from pain or distress even if the moment of death is hastened.

This declaration is signed and dated by me in the presence of the under mentioned two witnesses present at the same time who at my request and in my presence and in the presence of each other have hereunto subscribed their names as witnesses.

Dated at _____ on this the _____ day of _____.

Witnesses (Not to be members of one's family or beneficiaries in the estate)

Signature _____ Signature _____

Name _____ Name _____

Address _____ Address _____

(C) SAMA Copyright
2017

Do Not Resuscitate Form

"Respect My End-of-Life Wishes: Honor My Do Not Resuscitate Form."

www.typecalendar.com

DO NOT RESUSCITATE

ALL FIRST RESPONDERS AND EMERGENCY MEDICAL SERVICES PERSONNEL ARE AUTHORIZED TO COMPLY WITH THIS OUT-OF-HOSPITAL DNR ORDER.

The purpose of this order is to inform the public of their right to refuse resuscitation. It is intended for use only when used by family or other designated persons. It is not intended to be used by emergency medical services personnel. It is not intended to be used by emergency medical services personnel. It is not intended to be used by emergency medical services personnel.

This document should be provided to family or other designated persons. It is not intended to be used by emergency medical services personnel.

INSTRUCTIONS FOR FIRST RESPONDERS




Purposeful, Planned, Positive

PALLIATIVE CARE


CPR is as easy as

C-A-B




Compressions

Push hard and fast on the center of the victim's chest




Airway

Tilt the victim's head back and lift the chin to open the airway



Breathing

Give mouth-to-mouth rescue breaths

American Heart Association 

Learn and Live

©2010 American Heart Association 1010002048