



*Dignity in the heart, mind & actions*



# Do Not Resuscitate Policy for SSA Star Care



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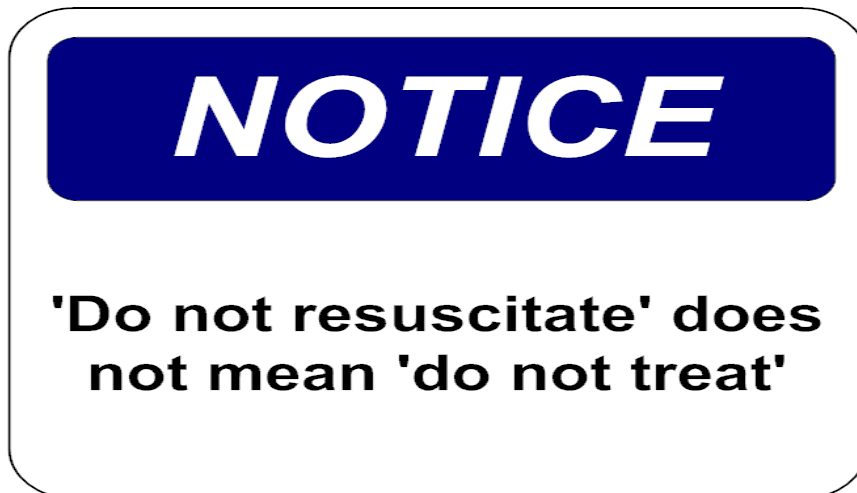
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## Policy on Do Not Resuscitate DNR



Resuscitation is a medical procedure which seeks to restore cardiac and/or respiratory function to individuals who have sustained a cardiac and/or respiratory arrest. "Do Not Resuscitate" ("DNR") is a medical order to provide no resuscitation to individuals for whom resuscitation is not warranted.

Cardiopulmonary resuscitation ("CPR") is the common term used to refer to resuscitation. However, the options available to treat very sick service users are broader than CPR as literally defined. Other options include intensive care, antibiotic therapy, hydration, and nutritional support. Appropriate comfort care measures should be employed for all service users, especially terminally ill service users.

### **DNR Protocol**

DNR orders given whilst receiving care at SSA Star Care shall invoke a protocol hereinafter referred to as the DNR Protocol. The SSA Star Care DNR Protocol requires that emergency care and other health care providers:

- **WILL suction the airway**, administer oxygen, position for comfort, splint or immobilise, control bleeding, provide pain medication, provide emotional support, and contact other appropriate health care providers, and
- **WILL NOT** administer chest compressions, insert an artificial airway, administer resuscitative drugs, defibrillate or cardiovert, provide respiratory assistance (other than suctioning the airway and administering oxygen), initiate resuscitative IV, or initiate cardiac monitoring.



## **FURTHER INFORMATION**

### **Do Not Attempt Resuscitation Orders**

CPR (Cardio-pulmonary resuscitation) is given to service users in cardiac and/or respiratory arrest to prolong life. CPR can encompass chest compressions, ventilation of lungs, defibrillation with electric therapy and injection of drugs. The survival rate after CPR is around 15-20% in a hospital setting.

### **What is a DNR order?**

Also known as DNAR (Do not attempt resuscitate orders). DNRs are Do Not Resuscitate orders. This is a legal order which tells a medical team not to perform CPR on a service user. However, this does not affect other medical treatments.

### **What is an AND?**

AND stands for Allow Natural Death. Some physicians have suggested that the term DNR be replaced with AND. They argue that the abbreviation should stand for an action - "allowing" death - rather than the omission of an action - "not resuscitating" - which, they argue, elicits negative reactions.

However, it is unlikely that such a prevalent term as DNR will be replaced in the near future.

### **What is the purpose of a DNR?**

A DNR supports a service user's autonomy past the point where they are able to express this autonomy. Consequently, a DNR provides written evidence of a service user's wishes that can be used to guide the appropriate course of action taken by a medical team.

### **Is a DNR a form of advance directive?**

Yes.

### **Does every service user have CPR?**

When service users have cardiac and/or respiratory arrest there is presumed consent to CPR unless the service user specifically refused this therapy in advance.

There will be some service users for which CPR would be inappropriate (final stages of terminal disease where CPR would not be successful). Neither service users nor relatives can demand treatment which is clinically inappropriate to them.

### **Can DNRs be suspended?**

For some service users on DNAR orders, they may develop cardiac or respiratory arrest via reversible causes (choking, anaphylaxis etc.), and in those situations' CPR would be appropriate, unless the service user has specifically refused treatment in such cases.

For service users with established DNAR orders going into procedures known to have a chance of causing cardiac/respiratory arrest (e.g. cardiac catheterisation, surgical operations), DNARs may be temporarily suspended on discussion with the service users.



### **Should service users always be informed about DNRs?**

Individual circumstances should dictate whether the DNR should be discussed with the service user. Some service users prefer to know in detail their care plans. For some service users who are approaching the end of life, informing them about a DNR order would be of little or no value. Clinicians should document the reason why a service user has not been informed of a DNR order; as they may be asked to justify their decision. This is especially the case of service users where they have indicated a clear desire to avoid such discussions.

### **What happens if the service user lacks capacity?**

Service users undergoing cardiac/respiratory arrest will lack capacity. However valid advance directives can be set in place for this occurrence.

Service users with capacity can refuse CPR in advance (as they can with all other treatments) without necessarily giving justification to their decisions. However the health team must ensure that their decision is not based on any inaccurate information or any misunderstanding.

If a person lacks capacity and has appointed a welfare attorney who has authority to make clinical decisions; (or via a court appointed guardian to act on the service user's behalf), they should be informed of the DNR. Any previously expressed wishes should be considered whilst making a DNR decision.

### **What if a service user does not have an advance directive or LPA?**

If a service user has not created an advance directive or LPA, family and friends may be consulted about the DNR. However, the final decision rests with the most senior consultant in charge of the service user. Guidelines regarding service users who lack capacity are complex, and vary in different areas of the UK.

### **What happens if service users request CPR to be attempted?**

If service users request CPR to be attempted, even if clinically there is a small chance of success the health care team should usually respect that decision. However there should be an honest discussion with the service user of the quality of life that can be expected post-CPR. If there is a lack of agreement then seeking a second opinion may be required.

### **Does the DNR apply to CPR only?**

Yes. The DNR only applies to CPR, and does not apply to any other aspects of good routine care (biopsies, dialysis, surgery etc). All other aspects of treatment should continue.

### **Can children agree to DNRs?**

A child (anyone under 18) can refuse to consent to medical treatment. However, this refusal can be overruled by the parents of the child or by a court. It is interesting to note that although there is right in law for service users to consent to treatment if they are below 16 (Gillick competence), or aged 16-17 (Family Law Reform Act 1969 s8), there is no right in law for service users to refuse treatment.