Long Term Care Home Policies Related to Plan of Treatment for CPR

1. Development of a Plan of Treatment related to CPR
2. Completion of the Do Not Resuscitate Confirmation Form
3. Person presents with a completed DNR Confirmation Form
4. Transferring a Person with:
   a. a Plan of Treatment that includes withholding CPR and
   b. a completed DNR Confirmation Form
Person in a LTC Home requires development of a Plan of Treatment related to CPR

POLICY:

Every person who is at risk for cardiac or respiratory arrest by virtue of a progressive life limiting illness, a high risk procedure or advanced age will have a plan of treatment related to CPR documented on the health care record.

PROCEDURE:

1. The nurse determines if the person is at risk for CPR and if so initiates the process for development of the plan of treatment and fills out step 1 on the form Plan of Treatment for CPR.
2. The nurse determines a process for developing the plan of treatment related to CPR following the steps outlined on the Algorithm for Development of a Plan of Treatment related to CPR.
3. Prior to engaging in CPR discussion, the following questions are addressed.
   a) Is the person capable with respect to the treatment decision? The person proposing the treatment decides and fills out step 2 on the Plan of Treatment for CPR form.
   b) If the person is incapable, who will make the decision? The nurse determines who the lawful substitute decision maker(s) is and documents that information on Step 3 of the Plan of Treatment for CPR form.
   c) Who does the person/SDM want to be involved in the information sharing and decision making process? The nurse ensures that the appropriate persons are included in the information sharing and decision making process.
   d) What is the physician assessment related to CPR in this particular case and is CPR being offered as a treatment option? The nurse will discuss these points with the MRP and he or she will fill out Step 4 of the Plan of Treatment for CPR form. The physician is ultimately responsible for acquiring informed consent but he or she may delegate the responsibility to lead the discussion and obtain informed consent to any member of the health care team. Nurses have a professional responsibility to know and honour the wishes of the capable person with respect to CPR and/or to follow the plan of treatment consented to by the capable person or the SDM if the person is incapable.
4. The health care team member who will lead the discussion arranges the time, place and ensures that all those whom the person wants to participate are invited to attend. The information required to make an informed decision is shared with the appropriate persons. (refer to box H on the Algorithm for Development of a Plan of Treatment related to CPR)
5. Following discussion of CPR (the nature of the treatment, the expected benefits, risks, side effects, alternative courses of action and likely consequences of not having CPR), the person / SDM if incapable is informed of the physician assessment.
6. If CPR is being offered by the physician as a treatment option, the person or SDM if the person is incapable consents to a plan of treatment that either includes CPR or withholds CPR. The member of the health care team involved in the discussion ticks the appropriate box on the Plan of Treatment for CPR form and the person if capable or the SDM if incapable signs to acknowledge consent to the plan of treatment.
7. If CPR is not being offered as part of the plan of treatment, the person is informed that CPR would be of no benefit and could cause harm and therefore is not being offered as a treatment option by the physician. If there is consensus that CPR will not be included in the plan of treatment, the Plan of Treatment for CPR form is completed and the person consenting to the plan of treatment signs the form. If consensus is not reached, the physician is notified of the conflict and the steps outlined on the algorithm for Conflict Resolution are initiated.

8. If two or more equally ranked SDM’s cannot agree upon a plan of treatment related to CPR, the steps indicated in the Conflict Resolution Algorithm are initiated.

9. When a decision has been reached, the person leading the discussion ensures that Step 5 of the process is completed and the form is signed by the person if capable or the SDM if incapable.

10. If CPR is not being included in the plan of treatment, the DNR Confirmation form is completed. (see policy for completion of DNRC form)

11. If CPR is being offered as a treatment option and a person who previously consented to no CPR withdraws that consent and asks for CPR, both the Plan of Treatment for CPR form and the DNR Confirmation form are made void by placing a line through the form and writing VOID in bold letters. The health care provider involved signs and dates the form and documents the particulars of the discussion on the health care record and completes a new Plan of Treatment Related to CPR form.
Completion of the Do Not Resuscitate Confirmation Form

POLICY:

The DRN Confirmation form guides the actions of paramedics, firefighters with respect to CPR. The form is completed in full, if and only if, CPR is not included in the plan of treatment either because
   a) it is the person’s wish not to have CPR
   b) there is informed consent to withhold CPR by the person if capable or the SDM when the person is incapable
   c) the physician is not offering CPR as part of the plan of treatment and that decision has been made known to the person / SDM if incapable and others with permission.

PROCEDURE:

1. The nurse (or physician) completes the DNR confirmation form in full by:
   a. Printing the person’s name in the box provided.
   b. Ensuring that one of the tick boxes has been checked to verify the condition under which the form has been signed – a current plan of treatment to withhold CPR is documented in the health record or the physician’s current opinion is that CPR will almost certainly not benefit the person and is not a part of the plan of treatment and that decision has been discussed with the person if capable or SDM if incapable.
   c. Printing his or her own name in full at the bottom of the form.
   d. Signing the form.
   e. Ticking the box that indicates his or her professional designation.

2. Following Completion of the DNRC form, the nurse in the long term care home:
   a. Documents the details of the discussion on the health care record noting the unique serial number of the completed form
   b. Informs the person and/or SDM that in the event of a transfer to another facility, a copy of the completed form will be accepted by paramedics, firefighters and hospital staff and CPR will not be initiated.
   c. Places the original completed form with a unique serial number (red) on the person’s health record.
   d. Informs the person/SDM that if CPR is offered as a treatment option by the physician, the form may be revoked at any time simply by requesting that CPR become part of the plan of treatment. In doing so, the person will have CPR (full resuscitation efforts) performed in the event of a cardiac arrest.
   e. Informs the person / SDM that if CPR is being offered as part of the plan of treatment and the person or SDM revokes the consent for no CPR, it is the responsibility of the person /SDM if incapable and not the long care home to make every effort to ensure that all copies on all heath care records in all settings are made void.

NOTE: Regardless of the conditions (CPR offered or not offered), if the person or SDM or a family member at the point of transfer or enroute to another setting revokes consent for no CPR, the paramedic will initiate CPR in the event of cardiorespiratory arrest.
Person presents in a LTC Home with a completed DNR Confirmation Form
(See Appendix A for Unique Features of the DNR Confirmation Form)

POLICY:

When a person presents in the Long Term Care Home with a completed DNR Confirmation form, health care providers will honor the DNR Confirmation Form that indicates that there is a documented plan of treatment for no CPR. CPR will not be initiated in the event of cardiorespiratory arrest.

PROCEDURE:

1. When an original or photocopied DNR Confirmation (DNRC) form is presented on a person’s arrival at the facility, the form will be honoured if the person has a cardiac or respiratory arrest.

2. At the earliest possible time, the nurse checks documentation sent by the sending agency / facility to confirm that there is consent to a plan of treatment to withhold CPR. The Plan of Treatment related to CPR form will indicate under what circumstances the form was signed (CPR was or was not offered as a treatment option by the attending physician). If CPR was not offered as a treatment option by the person’s most responsible physician (MRP), the nurse confirms with the person / SDM / family that CPR will not be initiated in the case of a cardiac arrest since the physician has deemed it to be of no benefit for the person. If CPR was offered but the person or SDM if the person is incapable has consented to withholding CPR, the nurse confirms with the person or SDM that the plan of treatment that includes withholding CPR continues to be valid.

3. If CPR was a treatment option at the time of the signing of the Plan of Treatment for CPR form and the person wishes to rescind the consent, the nurse will initiate the process for development and documentation of a new plan of treatment related to CPR ensuring that the MRP is offering CPR as a treatment option.

4. If the Plan of Treatment and the DNRC form remains valid, the nurse places the original if available or the copy of the Plan of Treatment related to CPR on the health care record. The nurse documents details of the discussion validating the consent on the health care record. The nurse also places the DNR Confirmation form (with red serial number) in the person’s health record. If a copy rather than the original has been presented, the nurse will endeavour to secure the original and will document the action taken on the health care record.

5. If the person requires a transfer by ambulance, the nurse will photocopy the Plan of Treatment related to CPR and the DNRC form, mark each form as a copy and provide a copy of each form to the paramedics at the time of transfer ensuring that the originals remain on the health care record.

6. On discharge from the long term care home, the nurse ensures that the person or SDM has both of the original forms if there has been consent to a Plan of Treatment that withholds CPR. If the person is discharged home and there is any concern about the availability of the forms for future transfers, the nurse provides the person / SDM with photocopies of the Plan of Treatment for CPR and the DNRC. Instructions are given to the person/family to keep the forms with the health record in the home or on the fridge and provide a copy to the paramedics if transfer is required.

It is preferable to have only one unique serial number per person but in the event that a completed DNRC form has been misplaced or is not available and there is no time to retrieve it, the nurse can obtain informed consent and develop a new plan of treatment related to CPR and complete a new DNRC form.
Appendix A

Do Not Resuscitate (DNR) Confirmation Form

Unique Features of the DNR Confirmation Form

- The Do Not Resuscitate (DNR) Confirmation form is the only Ministry of Health form that will be honored by paramedics or firefighters when responding to a 911 call or transporting a person.

- The form may be completed by a physician, or a nurse (Registered Nurse, Registered Nurse Extended Class or Registered Practical Nurse) without a physician’s order,
  - if it is the capable person’s wish [or Substitute Decision Maker’s (SDM) consent on behalf of an incapable person] to not receive Cardiopulmonary Resuscitation (CPR) as part of a plan of treatment.
  - If CPR is not being offered as part of the plan of treatment and the person / SDM if incapable has been informed of that decision.

- The DNR Confirmation form outlines what DNR means and what resuscitative interventions paramedics and firefighters will not initiate.

- The DNR Confirmation form sets out two conditions under which the form can be signed, although only one needs to be identified:
  - A current plan of treatment has been developed that reflects the person’s expressed wish when capable, or consent of the SDM when the person is incapable, that CPR not be included in the person’s plan of treatment.
  - The physician’s opinion is that CPR will almost certainly not benefit the person and is not part of the plan of treatment, and the physician has discussed this with the capable person or SDM when the person is incapable.

- The DNR Confirmation form does not require a person or SDM’s signature.

- The DNR Confirmation form does not have an expiratory date.

- The DNR Confirmation form does have a unique serial number on the top right hand corner.

- The form with its unique serial number cannot be photocopied and used for multiple persons.

- The form can be photocopied after it has been completed. Copies may be provided for the person’s use to provide to all relevant health care providers.

- Provided CPR is still being offered as part of the plan of treatment, the DNR Confirmation form is revocable at any point of time if the person or SDM withdraws consent to the plan of treatment.

REFERENCE
Transferring a Person with a Plan of Treatment that includes:

1. withholding CPR and
2. a completed DNR Confirmation form.

POLICY:

All persons who have a Plan of Treatment that does not include CPR will have the completed DNR Confirmation form provided to the Paramedics so that the plan of treatment will be honoured both enroute to another setting for care delivery and at the receiving facility.

PROCEDURE:

If the person is transferred from one facility to another facility:

1. The nurse responsible for arranging the transfer will notify the dispatcher that the person’s plan of treatment includes withholding CPR and that the person has a DNR Confirmation form.
2. The nurse will provide a copy of the DNR Confirmation form to the paramedics at the time of transfer
3. The nurse will include a copy of the Plan of Treatment for CPR form with the information being sent to the health care provider receiving the person.