DO NOT ATTEMPT RESUSCITATION
DO NOT ESCALATE CARE
CLINICAL GUIDELINE MCSA.C.1.2

Background

Inherent in ethical decision-making is the application of ethical values and principles in complex situations that healthcare practitioners may face during the practice of their profession. Healthcare practitioners are at all times expected to observe and apply fundamental ethical principles in their interaction with patients.

On the one hand, healthcare professionals have a duty to provide emergency treatment in emergency situations.

- In most cases of unexpected sudden cardiac arrest it is essential to provide good quality cardiac pulmonary resuscitation (CPR) and implement life supporting interventions in order to resuscitate a patient.
- This should be done promptly for all patients unless there are clear reasons not to do so.

On the other hand, it is unethical to continue futile interventions for patients with no hope of recovery.

- Under certain circumstances attempts to resuscitate a person may be inappropriate and Do Not Attempt Resuscitation (DNAR) orders may be put in place.
- In some instances it may be inappropriate to escalate the level of care and Do Not Escalate Care (DNEC) orders may be implemented.
- Palliative care, basic supportive care and comfort care should continue regardless of DNAR or DNEC decisions.
- An ‘advance directive’ or ‘living will’ may influence such decisions. These are not binding in Southern Africa, but should still be considered in context of the patient’s condition.
- Pathways to enable organ donation should be utilised at hospitals where such capacity exists.

Assisted suicide is not legalised in Southern Africa and does not form part of the DNAR or DNEC decision making process.

End of life care decisions must be documented in the patient file to provide direction in case of patient deterioration during hospital stay.

The following should be considered:

- The diagnosis, condition and prognosis
- The presence or absence of reversible conditions
- The patient’s wishes and beliefs
- The patient’s mental and legal capacity to decide

Such discussions should ideally take place when a patient is able to understand, retain, process and reflect on relevant information.

The following patient rights are pertinent in this regard:

- The right to emergency care

- The right to participate in decision making
- The right to refuse treatment
- The right to give informed consent

Purpose

The purpose of this guideline is to provide direction regarding decisions to not attempt resuscitation and to not escalate the level of care to be provided to specific patients.

Applicability

This policy applies to healthcare providers who treat patients in MCSA facilities.

Principles

- Patients' rights to dignified care and informed decision making must be respected.
- Healthcare teams must be involved in and informed about DNAR and DNEC decisions.
- DNAR and DNEC decisions must be discussed with the patient and relatives as appropriate.
- Such decisions must not be taken lightly, but must be based on thorough evaluation of the clinical condition and prognosis.
- DNAR and DNEC decisions and the supporting reasons must be clearly documented in the patient record by the treating medical practitioner.
- When a patient requires resuscitation and a DNAR decision is not clearly documented, CPR should be initiated.
- When a patients' condition deteriorates and a DNEC decision is not clearly documented, escalation of the level of care should be initiated.

Definitions

Term	Definition
Cardio-pulmonary resuscitation (CPR)	An emergency procedure aimed at maintaining and restoring blood circulation and ventilation to vital organs during cardio-respiratory arrest, thereby sustaining tissue viability and the possibility of survival.
Do not resuscitate (DNR)	'Do not resuscitate' orders inform healthcare workers **not to** perform CPR in the event of cardiac or respiratory arrest. This term has been replaced by DNAR.
Do not escalate care (DNEC)	Do not escalate the level of clinical care provided by artificially supporting organ or system functions.
Do not attempt resuscitation (DNAR)	The same meaning as DNR: Do not initiate CPR.

Continue…

Definitions, continued

Term	Definition
Living Will/Advance Directive	Written and witnessed documentation of the patient's desire to refuse specific treatment modalities, which may include refusal of CPR.
Relative or proxy	A person making decisions and giving consent on behalf of the patient when the patient is unable to do so. In order of preference this person may be mandated in writing by the patient, authorised by law or court order, the spouse or partner, a parent, a grandparent, an adult child, a brother or sister of the patient.
MCSA	Mediclinic Southern Africa

Responsibilities

Person	Responsibilities
Medical Practitioner	The treating medical practitioner in the team provides patient and relatives with sufficient information regarding: • Range of resuscitation measures available • Risks and benefits of CPR • Implications of a DNAR order • Review or withdrawal of the DNAR order Documents the DNAR order in the clinical notes or relevant form in the hospital file of the patient. Discusses the decision with other healthcare practitioners in the treatment team
Nurse practitioner	Follows the medical practitioners' documented instructions. Provides effective patient advocacy. Supports the patient and relatives.
Patient	Makes an informed decision or provides an advance directive.
Relative or proxy	Makes decisions and gives consent on behalf of the patient when the patient is unable to do so. Provides a court order, advance directive/living will to the hospital team, of which a copy has to be kept in the patient file. In order of preference this person may be: • mandated in writing by the patient, • authorised by law or court order, • the spouse or partner, • a parent, • a grandparent, • an adult child, • a brother or sister of the patient.

DNAR considerations

DNAR refers to withholding of **CPR** when the possible benefits of resuscitation efforts are outweighed by the burden of disease. The reasons for such decisions must be clinically and ethically sound. Such decisions are taken by the treating medical practitioner, in consultation with the patient, relatives and healthcare team.

DNAR orders may be issued where resuscitation efforts will be futile or against the wishes of the patient. This may include circumstances where:

- An advance directive issued by the patient is in place
- The patient is of sound mind and made an informed decision to refuse CPR
- Clinical judgment regarding the patient concludes that CPR would be futile
- The possible benefits of CPR are clearly outweighed by the burden of disease
- The disease is terminal and there is no prospect of restoring meaningful life

- DNAR orders apply to CPR only and exclude other supportive treatment.
- DNAR decisions should be reviewed if the patient‘s clinical condition changes.

In an acute life threatening emergency, where no DNAR order is in place, healthcare practitioners must initiate resuscitation interventions.

DNEC considerations

- DNEC refers to decisions not to escalate the level of care for a patient if their condition deteriorates and where there is little or no hope of recovery. Such decisions are taken by the treating medical practitioner, in consultation with the patient, relatives and healthcare team.
- It implies that inappropriate or futile advanced interventions may be withheld, e.g.:
  - Placement of an advanced airway
  - Starting mechanical ventilation
  - Administration of inotropic or vasopressor medications
  - Renal replacement therapy (dialysis)
  - Admission to a critical care environment
- Patients must be kept informed regarding treatment options and outcome probabilities.
- All decisions should be clearly documented, including reasons for decisions.
- When continued futile treatment is requested, a second opinion or transfer to another institution should be offered.
- Where disagreement arises, independent review should be requested and if futility is confirmed treatment may be withheld or withdrawn.
- If disagreement persists, the treating medical practitioner may seek legal advice.
- The final decision and responsibility lies with the treating medical practitioner.

In the event that DNEC decisions have not been documented, the team responding to the deterioration will assume there is no limit to escalation.

Palliative considerations

Palliative and comfort care should be continued until the end of life is reached (regardless of DNAR or DNEC orders). Such care may include:

- Symptomatic treatment
- Providing fluid and nutritional requirements
- Pressure and skin care
- Maintaining hygiene
- Protection of human dignity
- Kindness and respect
- Physical and emotional support
- Psychological and spiritual support

Remember that relatives may also need support.

Organ and tissue donation

The healthcare professionals should refer potential organ and tissue donors to transplant co-ordination teams, where such services exist.

Associated documents and records

Title	Number	Location
Prescription charts	N1002/N1003	Intranet
Implementation record	N1009	Intranet
Living will		Provided by patient/family
DNAR/DNEC document	N0447	Intranet

References

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History and version control

History

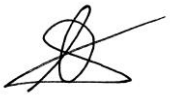
Version no	Effective date	Author	Details of update
1.1	2019 06 18	Dr Chris du Plessis	Initial release

Version control

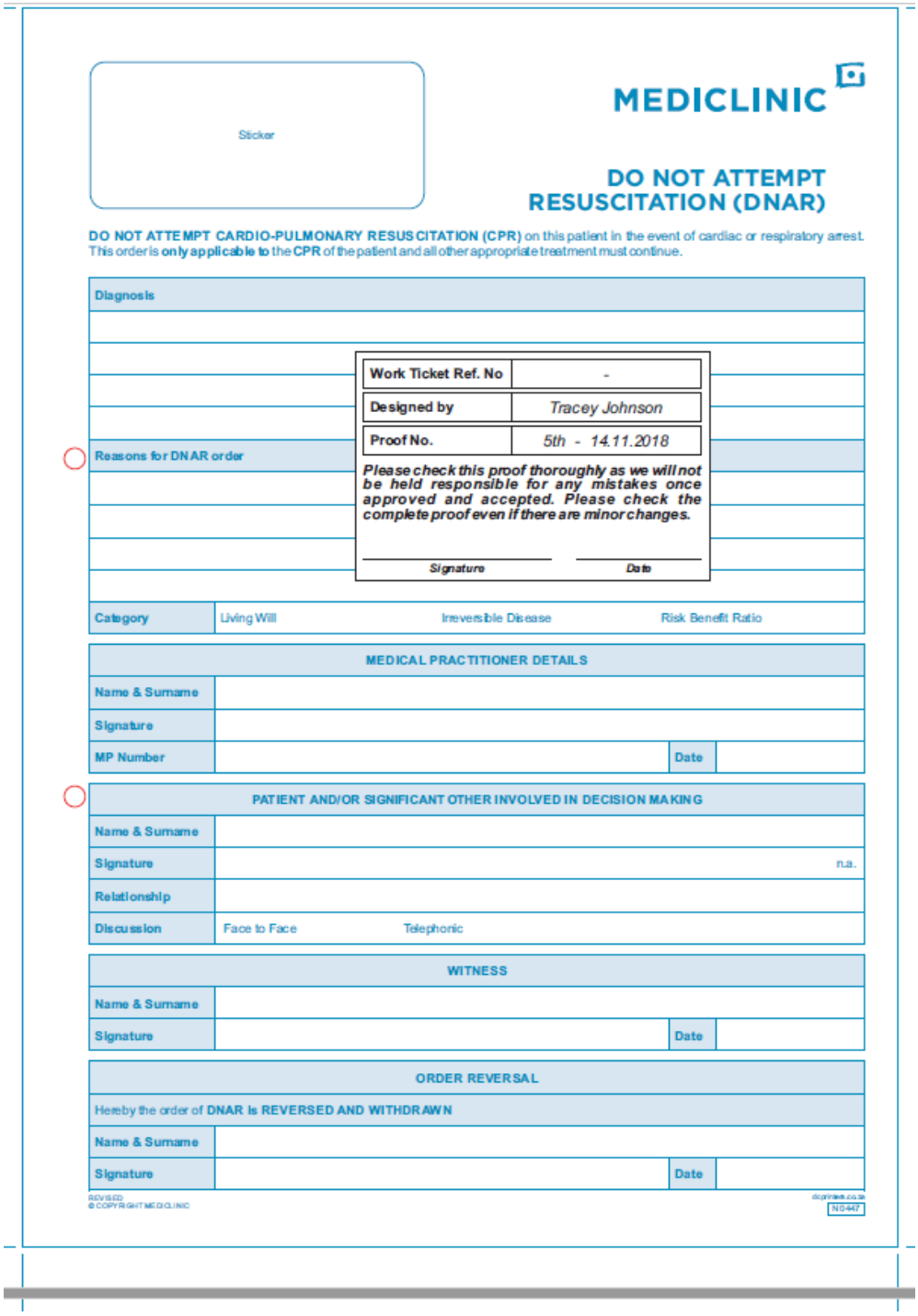
Contributors	Name	Designation
	Chris du Plessis	General Manager Clinical Services
	Riani Retief	Clinical Quality Specialist: ICU & EC
	Louise Aylward	Nursing Operations Manager
	Clara Findlay	Legal
Author	Chris du Plessis	General Manager Clinical Services
Details of update	'Euthanasia' replaced with 'Assisted suicide'	
Version number	1.2	
Effective date	2019 08 22	

Approval and sign-off

Approved by

Forum	Representative name	Signature	Designation	Date
MCSA Core Business Committee	Dr. Stefan Smuts		Chief Clinical Officer	2019 08 22

Addendum A: N0447



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DO NOT ATTEMPT RESUSCITATION (DNAR)

DO NOT ATTEMPT CARDIO-PULMONARY RESUSCITATION (CPR) on this patient in the event of cardiac or respiratory arrest.
This order is **only applicable to** the **CPR** of the patient and all other appropriate treatment must continue.

Diagnosis
Reasons for DNAR order

Work Ticket Ref. No	-
Designed by	Tracey Johnson
Proof No.	5th - 14.11.2018

Please check this proof thoroughly as we will not be held responsible for any mistakes once approved and accepted. Please check the complete proof even if there are minor changes.

Signature *Date*

Category	Living Will	Irreversible Disease	Risk Benefit Ratio

MEDICAL PRACTITIONER DETAILS			
Name & Surname			
Signature			
MP Number		Date	

PATIENT AND/OR SIGNIFICANT OTHER INVOLVED IN DECISION MAKING	
Name & Surname	
Signature	n.a.
Relationship	
Discussion	Face to Face Telephonic

WITNESS			
Name & Surname			
Signature		Date	

ORDER REVERSAL			
Hereby the order of **DNAR is REVERSED AND WITHDRAWN**			
Name & Surname			
Signature		Date	

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DO NOT ESCALATE CARE (DNEC)

DO NOT ESCALATE THE LEVEL OF CARE OR PROVIDE CARDIOPULMONARY RESUSCITATION (CPR) on this patient in the event of deterioration of the clinical condition. This order is **only applicable to care escalation and CPR** of the patient and all other appropriate treatment must continue.

Diagnosis
Reasons for DNEC order

Category	Living Will	Irreversible Disease	Risk Benefit Ratio

MEDICAL PRACTITIONER DETAILS			
Name & Surname			
Signature			
MP Number		**Date**	

PATIENT AND/OR SIGNIFICANT OTHER INVOLVED IN DECISION MAKING		
Name & Surname		
Signature		n.a.
Relationship		
Discussion	Face to Face	Telephonic

WITNESS			
Name & Surname			
Signature		**Date**	

ORDER REVERSAL			
Hereby the order of **DNEC or do not provide CPR is REVERSED AND WITHDRAWN**			
Name & Surname			
Signature		**Date**	

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