Do Not Resuscitate Confirmation Form

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Agenda

- History
- Task Force
- Do Not Resuscitate Confirmation Form
- Relevant Legislation
- Communication and Collaboration
- Case Scenario
History

- Policy pertaining to paramedics dictated that, under no circumstances, could they honour do not resuscitate orders.
- 1999 MOHLTC introduced the *DNR/Validity Order Form*.
- Required a Physician, RN(EC), RN or RPN at the sending location to provide a *DNR/Validity form* at time of transfer.
- Task force to broaden scope of policy.
Task Force

- OPCA struck a Task Force.
- Developed Terms of Reference.
- Agreement on new *DNRC Form* for paramedics and firefighters.
- Two sided form – one side French, one side English.
- New Standard developed – Paramedic basic life support patient care standard.
- Reference document completed.
- Discipline-specific training developed.
- Implementation date set and MOHLTC letter distributed verifying this information.
Task Force…

Ontario Palliative Care Association
Association of Municipal Emergency Medical Services of Ontario
College of Nurses of Ontario
Ontario Paramedics Association
Emergency Health Services Branch MOHLTC
Ontario Fire Marshal
Ontario Association of Fire Chiefs
Ontario Base Hospital Advisory Group
Ontario Association of Community Care Access Centers
Palliative Care Consultants Network
Task Force Objectives – 2003

- Define the issues of palliative care patients and families in the home with respect to ambulance transfer to hospitals and other facilities.
- Develop a process for transfers.
- Develop an implementation strategy.
**DNRC Form**

- One-page form with unique serial number.
- Used as a communication tool between health care providers and can be completed in advance.
- Durable, no expiry date, can be photocopied.
- Revocable.
- Include definition of DNR.
- Include palliative interventions.
- No physician order required.
- A common “Fire” and “Paramedic” form.
**DNRC Form**

Does not require a regulated professional present at the time of transfer.

Limits the portions that require completion:

- patient’s name,
- condition under which the form is signed,
- professional’s signature and designation,
- professional’s printed name,
- date.

Needs to be fully completed to be considered valid.
Do Not Resuscitate Confirmation
To Direct the Practice of Paramedics and Firefighters
Confidential when completed

When this form is signed by a physician (M.D.), registered nurse (R.N.), registered practical nurse (R.P.N.), a paramedic or firefighter will not initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and will provide necessary comfort measures (see point #2) to the patient named below:

Patient’s name — please print clearly
Surname
Given Name

1. “Do Not Resuscitate” means that the paramedic (according to scope of practice) or firefighter (according to skill level) will not initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:
   - Chest compression;
   - Deferlantion;
   - Artificial ventilation;
   - Insertion of an oropharyngeal or nasopharyngeal airway;
   - Endotracheal intubation;
   - Transeptaneous pacing;
   - Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists.

2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) will provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.

The signature below confirms with respect to the above-named patient, that the following condition (check one #3) has been met and documented in the patient’s health record:

☐ A current plan of treatment exists that reflects the patient’s expressed wish when capable, or consent of the substitute decision maker when the patient is incapable, that CPR not be included in the patient’s plan of treatment.
☐ The physician’s current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision maker when the patient is incapable.

Check one of the following:
☐ M.D. ☐ R.N. ☐ R.N. (EC) ☐ R.P.N.

Print name in full
Surname
Given Name

Signature
Date (yyyy/mm/dd)

Each form has a unique serial number.
Use of photocopies is permitted only after this form has been fully completed.
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When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (E.C)) or registered practical nurse (R.P.N.), a paramedic or firefighter will not initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and will provide necessary comfort measures (see point #2) to the patient named below.

Patient's Name: 
Surname: 
Given Name:

1. "Do Not Resuscitate" means that the paramedic (according to scope of practice) or firefighter (according to skill set) will not initiate basic or advanced cardiorespiratory resuscitation (CPR) (see point #1) and will provide necessary comfort measures (see point #2) to the patient named below.

Treatment:
☐ The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.

Check one of the following:
☐ M.D. ☐ R.N. ☐ R.N. (E.C) ☐ R.P.N.

Print name in full
Surname: 
Given Name:

Signature:
Date (yyyy/mm/dd)

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Confidential when completed

When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter will not initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and will provide necessary comfort measures (see point #2) to the patient named below:

Patient’s name – please print clearly
Surname

Given Name

1. “Do Not Resuscitate” means that the paramedic (according to scope of practice) or firefighter (according to skill level) will not initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:
   - Closed compression;
   - Defibrillation;
   - Artificial ventilation;
   - Insertion of an oropharyngeal or nasopharyngeal airway;
   - Endotracheal intubation;
   - Transcutaneous pacing;
   - Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid.

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Signature
Date (yyyy/mm/dd)

The Standard of Care.

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l’Ontario
1. “Do Not Resuscitate” means that the paramedic (according to scope of practice) or firefighter (according to skill level) will not initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:

- Chest compression;
- Defibrillation;
- Artificial ventilation;
- Insertion of an oropharyngeal or nasopharyngeal airway;
- Endotracheal intubation;
- Transcutaneous pacing;
- Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists.

For the purposes of providing comfort measures (e.g. the paramedic (according to scope of practice) or firefighter (according to skill level) will provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, intravenous,......
2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) will provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.
The signature below confirms with respect to the above-named patient, that the following condition (check one ☑) has been met and documented in the patient’s health record.

☐ A current plan of treatment exists that reflects the patient’s expressed wishes when capable, or consent of the substitute decision maker when the patient is incapable, that CPR not be included in the patient’s plan of treatment.

☐ The physician’s current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision maker when the patient is incapable.

Check one ☐ of the following:

☐ M.D. ☐ R.N. ☐ R.N. (EC) ☐ R.P.N.

Print name in full
Surname
Given Name

Signature: Date (yyyy/mm/dd)

Each form has a unique serial number.
Use of photocopies is permitted only after this form has been fully completed.
☐ A current plan of treatment exists that reflects the patient’s expressed wish when capable, or consent of the substitute decision maker when the patient is incapable, that CPR not be included in the patient’s plan of treatment.

☐ The physician’s current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision maker when the patient is incapable.

Check one of the following:

☐ M.D.  ☐ R.N.  ☐ R.N. (EC)  ☐ R.P.N.

Print name in full
Surname  Given Name

Signature  Date (yyyy/mm/dd)

☐ Each form has a unique serial number.
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Health Care Consent Act

Consent to Treatment

No treatment without consent

10. (1) A health practitioner who proposes a treatment for a person shall not administer the treatment, and shall take reasonable steps to ensure that it is not administered, unless,

(a) he or she is of the opinion that the person is capable with respect to the treatment, and the person has given consent; or

(b) he or she is of the opinion that the person is incapable with respect to the treatment, and the person’s substitute decision-maker has given consent on the person’s behalf in accordance with this Act. 1996, c. 2, Sched. A, s. 10 (1).
Health Care Consent Act

Wishes

5. (1) A person may, while capable, express wishes with respect to treatment, admission to a care facility or a personal assistance service. 1996, c. 2, Sched. A, s. 5 (1).

Manner of expression

(2) Wishes may be expressed in a power of attorney, in a form prescribed by the regulations, in any other written form, orally or in any other manner. 1996, c. 2, Sched. A, s. 5 (2).

Later wishes prevail

(3) Later wishes expressed while capable prevail over earlier wishes. 1996, c. 2, Sched. A, s. 5 (3).
The physician’s current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.
Health Care Consent Act

“plan of treatment” means a plan that,

(a) is developed by one or more health practitioners,

(b) deals with one or more of the health problems that a person has and may, in addition, deal with one or more of the health problems that the person is likely to have in the future given the person’s current health condition, and

(c) provides for the administration to the person of various treatments or courses of treatment and may, in addition, provide for the withholding or withdrawal of treatment in light of the person’s current health condition; (‘‘plan de traitement’’).
Check one ☑ of the following:

| ☐ M.D. | ☐ R.N. | ☐ R.N. (EC) | ☐ R.P.N. |

Print name in full
Surname | Given Name

Signature | Date (yyyy/mm/dd)

☐ A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.

☐ The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision maker when the patient is incapable.

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Communication and Collaboration

- patients/SDM wishes known.
- Inter-professional collaboration.
- Informed consent.
- Development of a plan of treatment.
- Communication and documentation.
Communication and Collaboration continued…

- Complete the form.
- Give original or photocopy to patient/SDM.
- Provide education.
Each form has a unique serial number.

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Case Scenario

Mr. Smith is a 63yo male with a diagnosis of end stage cardiac disease.

• Multiple emergency room visits, but discharged home.

• Recognizes he is approaching the end of life phase.

• Discussion about wishes.

• Would still like him to be able to go to the hospital if he has an acute event or they can not handle the situation.

• Afraid that he would present in such a manner that CPR would be initiated, but does not wish to have CPR.
Resources

- Call CNO practice consultant at: 1-800-387-5526 or (416) 928-0900
- E-mail: cno@cnomail.org
- Website: www.cno.org
- Fast Fax: 1-877-963-7502
- Forms available at: www.gov.on.ca