

BOARD OF HEALTH POLICY

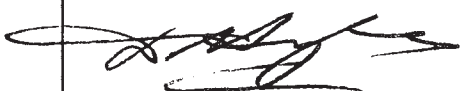

DO NOT RESUSCITATE

This policy details the procedures for arriving at, recording and implementing a "Do Not Resuscitate" (DNR) order

The policy includes:

- Reference to Human Rights Legislation
- Responsibility for making DNR orders
- Consultation and considerations
- Recording
- Change of circumstances/review of order

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Person(s) responsible:	Director of Health Studies and Nursing Services

Chief Executive's Signature:	
President's Signature:	

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DO NOT RESUSCITATE

1. INTRODUCTION

In the context of this policy, resuscitation means all emergency measures taken to re-establish vital signs when these have ceased.

The Board of Health recognises that patients have a right to expect that all reasonable steps will be taken to maintain their life. However, commencement of resuscitation will not be appropriate in all circumstances. The Board recognises that mentally competent adult patients have a right to refuse treatment. In addition, the Board recognises that, in those circumstances where it is not possible or not appropriate to obtain the expressed view of the patient, the doctor in charge of the patient's care and treatment has a duty to exercise clinical judgement. In such cases, the Board requires that medical and nursing staff are made aware of the doctor's and / or patient's decision concerning resuscitation and that this decision is clearly stated in the patient's medical and nursing records.

When reaching a decision not to attempt resuscitation, consideration must be given to the relevant sections of the Human Rights Legislation e.g.

- Article Two The Right to Life;
- Article Three Prohibition of Torture;
- Article Eight Right to Respect for Private and Family Life;
- Article Ten Freedom of Expression (including freedom to hold opinions and to receive and impart information);
- Article Fourteen Prohibition of Discrimination (in respect of these rights).

This policy aims to ensure effective communication on "Do Not Resuscitate" orders between medical and nursing staff caring for in-patients and day patients at the Princess Elizabeth Hospital, King Edward VII Hospital, Castel Hospital, Mignot Memorial Hospital, Alderney and the following Board of Health community homes (Beaucette Place and Rayleigh).

The contents of the policy are based upon existing guidelines given by the British Medical Association and Royal College of Nursing and follow the recommendations made in the report by the Royal College of Nursing's Ethics and Nursing Committee. It is supported by the Board of Health's Medical Advisory Committee, the British Medical Association (Guernsey and Alderney Branch), the Community Practitioners and Health Visitors Association, the Royal College of Midwives, the Royal College of Nursing (Guernsey Branch) and the Guernsey Association of Nurses.

2. POLICY OBJECTIVES

The objectives of this policy are to set out the procedure for arriving at, recording and implementing a "Do Not Resuscitate" order.

3. POLICY STATEMENT

All patients will be deemed eligible for emergency cardio-pulmonary resuscitation (CPR) unless there is a written entry to the contrary in the patient's health record. The responsibility for making and recording a "do not resuscitate" order rests with the doctor in charge of the patient's care. This decision will only be considered in the following circumstances:

- where, in the doctor's clinical judgement, the patient's condition indicates that effective resuscitation is unlikely to be successful;
- where resuscitation is not in accord with the expressed and sustained wishes of the patient who is mentally competent;
- where, in the doctor's clinical judgement, successful resuscitation is likely to be followed by a length and quality of life which would not be acceptable to the patient;
- when there is evidence of a valid Advanced Statement, indicating the patient's wishes not to be resuscitated.

4. CONSULTATIONS

The overall responsibility for a Do Not Resuscitate (DNR) order rests with the doctor in charge of the patient's care. This should be made after appropriate consultation and consideration of all aspects of the patient's condition. The perspectives of the patient, other health care professionals and with due regard to confidentiality, the patient's relatives or close friends, may all be valuable in forming the doctor's opinion. If a DNR decision is based on quality of life considerations, then the views of the patient, where these can be ascertained, are particularly important.

Discussion of resuscitation with every patient may be inappropriate. A sensitive exploration of the patient's wishes should be undertaken, ideally by the doctor concerned. Such discussions should always be documented in the patient's record. Use of the Board of Health's information leaflet on cardio-pulmonary resuscitation (CPR) and discussion with patients and relatives will support this process.

5. RECORDING

The doctor will record the decision by making the entry 'DO NOT RESUSCITATE' on the self adhesive Cardio-Pulmonary Resuscitation Status Chart, including the clinical justification for the order in the patient's health record and if the patient or relatives were involved in making the decision. If appropriate, the patient's documented consent should be obtained.

Recording the DNR order in the nursing notes should be made by the Ward Sister or the most senior member of the team, whose responsibility it is to inform other members of the team to ensure that they understand the clinical justification behind the DNR order.

6. CHANGE OF CIRCUMSTANCES

If there has been a significant change in the condition or circumstances of the patient which affects the clinical justification of the order, all reasonable steps must be taken to ensure that the DNR order is reviewed by a doctor at the earliest opportunity.

The need for review must be recorded in the patient's notes.

7. ACCOUNTABILITY

The Chief Executive is accountable to the Board of Health for ensuring that this policy is implemented throughout the Board of Health's services.

Directors are responsible for ensuring that medical staff, nursing staff and other health care professionals, working in Board of Health premises, understand and carry out the procedures required by this policy.

Directors are responsible for preparing, in consultation with medical staff, nursing staff and appropriate health care professionals, local policies and operational procedures in accordance with the requirements of this policy.

All medical staff, nursing staff and health care professionals, working in Board of Health premises, are required to familiarise themselves with the requirements of this policy and to take all reasonable steps to act in accordance with these requirements.

Directors shall identify a group of individuals whose objectives will include the introduction of systems that ensure adherence to the procedures set out within this policy. Audit of procedures must take place, taking due care to record the findings and, if necessary, make recommendations as a result of audit findings.

8. COMPLIANCE MONITORING

It is the responsibility of the Chief Executive to ensure that compliance monitoring of this policy is undertaken. All directors are required to ensure compliance monitoring within their directorates.

9. DISTRIBUTION

This policy will be distributed by the Deputy Chief Executive to all directors. Directors will further distribute the policy to all medical staff, nursing staff and all other health care professionals within their directorate.

10. REVIEW PERIOD

This policy will be reviewed by the Director of Health Studies and Nursing Services, in conjunction with directors and the Medical Advisory Committee, as required but at a frequency of not less than every 3 years.

11. POLICY REMOVAL

This policy replaces policy numbered G109 approved by the Board on 30 September, 1997 and should be retained in the indexed policy folder until such time as its replacement has been approved by the Board of Health. A single copy of the superseded policies will be held on the archived files of the Board of Health. Upon removal of the policy from the policy folder, no further copies need be kept.

12. EFFECTIVE DATE

This policy was approved by the Board of Health on 24 February, 2003 and will come into effect on 1 July, 2003

DAVID HUGHES

Chief Executive

20 February, 2003

