

Children and Young Persons Do Not Attempt Resuscitation Policy

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Target audience:	WPCT Staff and patients

All staff must ensure that no one in the organisation discriminates (directly or indirectly) or victimises another person or patients on the grounds of sex, age, disability (including reasons of a person's association with disabled people), race or ethnicity, religion or belief, gender, including transgender men and women, sexual orientation, marital status or any other unjustifiable condition or requirement

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CONTENTS

1.0 Scope of Policy	page 4
2.0 Principles	page 4
3.0 Aims of this policy	page 4
4.0 Making a decision	page 5
5.0 Recording a decision	page 5
6.0 Communicating decisions	page 6
7.0 Reviewing a decision	page 6
8.0 Dissemination of policy	page 6
9.0 Clinical Audit/Monitoring	page 7
10.0 References	page 7
Appendix One: Worcestershire NHS DNAR form (children under 18)	page 8
Appendix Two: Details of ordering procedure for forms	page 9

Worcestershire NHS Children's and Young Persons Do Not Attempt Resuscitation Policy

1.0 Scope of Policy

This policy has been ratified by the following NHS Trusts in Worcestershire: the Acute Trust and the Primary Care Trust. It is also supported by the Acorns Hospice and the West Midlands Ambulance Trust. It therefore applies to all staff that work with children/young persons in these organisations and can be used across the whole of Worcestershire NHS.

2.0 Principles

The child/young person has the right to die in peace and with dignity.

There will be some cases where attempted resuscitation following cardio-respiratory arrest is not in the child/young person's best interests, because the potential burdens are likely to outweigh any possible benefits.

It may be against the clearly stated wishes of the child/young person and/or parents to prolong what they see as a poor quality of life by attempting Cardio Pulmonary Resuscitation (CPR).

Such cases should be clearly identified and health and social care staff involved in the child's/young persons care should be made aware of action to take in the event of cardio-respiratory arrest, irrespective of cause.

A "Do Not Attempt Resuscitation" (DNAR) decision only relates to attempting CPR and does not relate to any other on-going treatment or care the child/young person is receiving. Clinical treatments such as giving oxygen and clearing the airway by suction should still be given when appropriate.

It should be noted that where a child/young person dies and when the death was not foreseen in the preceding 24 hour period, irrespective of whether a DNAR decision has been reached, then the family/carers will be subject to a sensitive enquiry under the West Mercia Multi-Agency Protocol for the Management of Sudden and Unexpected Deaths in Children and Infants – Shropshire, Herefordshire and Worcestershire Safeguarding Children's Board (2008).

3.0 Aims of this policy

To ensure that DNAR decisions are:

- 1) Made with the use of current national guidelines – UK Resuscitation Council (2007).
- 2) Made where appropriate with reference to the Mental Capacity Act 2005 as detailed in the national guidelines.

- 3) Made on children/young persons under the age of 18. For persons aged 18 and over refer to the Worcestershire NHS Adult DNAR policy (2010).
- 4) Clearly documented on the Worcestershire NHS DNAR form (children under 18) (see appendix one)
- 5) Communicated to all health and social care professionals involved in the child/young person's care.
- 6) Reviewed appropriately.

4.0 Making a decision

Any decision must be made on an individual basis. "Ideally, clinical decisions relating to children and young people should be taken within a supportive partnership involving patients, their families and the healthcare team" (UK Resuscitation Council 2007).

An individual assessment must be made in each case as to whether it is necessary or appropriate to involve the child/young person in making the decision. Whilst in some cases the child/young person might be informed there may be cases where this is inappropriate. National guidance suggests that "where CPR may re-start the heart and breathing for a sustained period but there are doubts about whether the potential benefits outweigh the burdens, the views of the child or young person should be taken into consideration in deciding whether it should be attempted" (UK Resuscitation Council 2007).

"Young people with capacity are entitled to give consent to medical treatment, and where they lack this capacity, it is generally those with parental responsibility who make decisions on their behalf. Refusal of treatment by competent young people up to the age of 18 is not necessarily binding upon doctors since the courts have ruled that consent from people with parental responsibility, or the court, still allows doctors to provide treatment. Where a young person with capacity refuses treatment, the potential harm caused by violating the young person's choice must be balanced against the harm caused by failing to give treatment" UK Resuscitation Council (2007).

"Usually, it is possible to reach agreement on whether or not CPR should be attempted if a child or young person suffers respiratory or cardiac arrest. If there is disagreement between the patient, those with parental responsibility and the healthcare team despite attempts to reach agreement, legal advice should be sought. Parents cannot require doctors to provide treatment contrary to their professional judgement, but doctors should try to accommodate parents' wishes where there is genuine uncertainty about the young person's best interests. If legal advice is required, this should be sought in a timely manner" (UK Resuscitation Council 2007).

"The responsibility for making a DNAR decision rests with the most senior clinician currently in charge of the patients care" (UK Resuscitation Council 2007). In most cases this will be the Paediatric Consultant.

There should be a presumption in favour of attempting resuscitation unless a decision has been made.

5.0 Recording a decision

A Worcestershire NHS DNAR form (persons under 18) should be completed. Further detail on the reasons for the decision and the persons involved in making the decision can be recorded in the child's/young person's health records and/or patient-held health care record.

The completed form should be filed in the front of the patient's accompanying health records and/or patient-held health care record.

Parents/Carers with parental responsibility are asked to sign the form; however they “are not obliged to sign such form. If parents are asked to sign a form it should be explained why they are signing the form and that they are not responsible for making the decision not to attempt CPR” (UK Resuscitation Council 2007).

6.0 Communicating Decisions

Decisions should be communicated via the Worcestershire NHS DNAR form (children under 18) form (available through local Trust).

West Midlands Ambulance Trust staff will recognise decisions made on the Worcestershire NHS DNAR form (children under 18).

Supporting information about the decision can also be communicated through a letter from the Consultant to relevant health care professionals.

7.0 Reviewing a decision

The Consultant may state on the form when a review should be carried out. Decisions about resuscitation should be reviewed in the light of changes in the child’s/young person’s condition, treatment and wishes. This should include a review before any anaesthetic or procedure where cardio-respiratory arrest is a risk.

Following a review of a decision:

Should the child/young person continue to be ‘not for resuscitation’ the existing form will need to be signed and dated by the doctor reviewing the decision. The reasons for this decision must also be clearly documented in the child’s/young person’s health records and/or patient-held health care record.

- Should the child/young person now be for active resuscitation no form is necessary. The old form must be cancelled by crossing through with two diagonal lines in black ball point and “CANCELLED” written clearly between the lines and then signed and dated by the doctor cancelling the order. The form must then be folded in half (so that the red border is not visible) and filed in the notes. The reasons for this decision must also be clearly documented in the child’s/young person’s notes.
 - If the review box is full, a new form should be completed and the old form should be cancelled as above.

8.0 Dissemination of this policy

The dissemination of this policy is primarily via the internet. Staff will be informed of the publication of this policy via the PCT Staff Bulletin – ‘Team Talk’.

Where paper copies of this policy are disseminated to designated clinical areas, confirmation of receipt by the clinical area is required. In these instances, an identified member of staff is clearly informed in writing whether any outdated paper document should be removed and destroyed. A form confirming receipt of the new paper policy document must be signed and returned to Clinical Governance by the member of staff from the clinical area. Paper copies of current clinical policies are kept in a clearly labelled folder at ‘Policy Points’ in clinical areas. It is the responsibility of each member of staff to know where their Policy Point is and to ensure that they are familiar with the content of the policies.

Staff are strongly discouraged from printing off or photocopying this policy and should understand that the internet version of the policy is the definitive version.

Once this policy is reviewed and replaced the archiving arrangements for it will follow the process set out in the WPCT Archiving Policy.

9.0 Monitoring and Clinical Audit

The National Guidelines (section 17) advises that DNAR decisions are the subject of clinical audit. Monitoring of the implementation of this policy will be by evaluation of:

- any reported incidents or near misses relating to the policy
- consideration of any feedback received from the children/young people and their families who have been involved in DNAR decisions
- experience of staff who have been involved in DNAR decisions.

10 References

Shropshire, Herefordshire and Worcestershire Safeguarding Children's Board (2008) Manual Version Two – section 9.1 “West Mercia Multi-agency protocol for the management of sudden and unexpected deaths in infants and children”
www.worcestershiresafeguarding.org.uk/WSCBGuidance

UK Resuscitation Council (2007). “Decisions relating to cardiopulmonary resuscitation”. A joint statement from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing.
www.resus.org.uk

Appendix 1: Worcestershire NHS DNAR form (persons under 18)

WORCESTERSHIRE NHS DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION

Children under 18 years of age

Name _____
 Address _____
 Date of Birth _____
 NHS or Hospital No: _____

Date of DNAR order:

____ / ____ / ____

DO NOT PHOTOCOPY

In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) will be made. All other appropriate treatment and care will be provided.

1 **1a. Does the child have capacity to make and communicate decisions about CPR?** YES NO
 If YES, go to 1b. If NO, go to 1c.

1b. Has the child been involved in the decision making process of this order? YES NO
 Now go to 1c.

1c. Have the child's parents (or those holding legal parental responsibility) been consulted and agreed to the application of this order? If YES, go to 2. YES NO

1d. Has a Court made an order in respect of this decision? If YES, go to 2. YES NO

If the answers to both 1c and 1d are 'NO', legal advice must be taken before proceeding. All other decisions must be made in the child's best interests and comply with current law.

1e. Date, time, location and name of Judge/Court making order:

2 Summary of the main clinical problems and reasons why CPR would be inappropriate, unsuccessful or not in the child's best interests:

3 Summary of communication with child. If a decision has not been discussed with the child state the reason why:

4 Name of person(s) holding parental responsibility and summary of communication with them:

Name(s): _____ Signature(s): _____ Date: _____

5 Names of members of multidisciplinary team contributing to this decision:

6 Healthcare professional making this DNAR order:

Name _____ Position _____
 Signature _____ Date _____ Time _____

7 Review and endorsement by senior health professional:

Signature _____ Name _____ Date _____

REVIEW DATE (if appropriate) _____

Signature _____ Name _____ Date _____

Appendix 2: Details of ordering procedure for forms

DNAR Forms are printed by Service Point based at Worcestershire Royal Hospital.

Paediatric DNAR Form is code WR1265B

Ordering process as follows:

For GP Practices of Worcestershire PCT:

Please order via your usual "Controlled Stationery" system from General Office, Isaac Maddox House.

All other orders to be made to:

PA/Locality Administrator

Tel No: 01905 733674 or ext. 31658