

# Draft ICMR Position Paper on 'Do Not Attempt Resuscitation (DNAR)'

## BACKGROUND:

Cardio-pulmonary Resuscitation (CPR) is an emergency procedure performed in an attempt to save the life of patients suffering from cardiac and/or respiratory arrest. Cardio-respiratory arrest may occur in an otherwise healthy individual outside the hospital due to a sudden illness such as ventricular tachycardia that requires immediate CPR. More commonly, cardio-respiratory arrest develops in the hospitalized patients as a consequence of their primary disease. CPR is performed as a part of the medical treatment in such patients in an effort to revive them. However, death is inevitable in certain situations at the terminal stage of disease, and providing CPR may only increase the suffering of such patients. In this whole process, it is important that adequate explanation be provided to the patients and her/his relatives, their views taken and deliberated upon in reference to the nature of the illness. This will enable them to understand the implications of CPR in the context of incurability of the disease and the almost impossible chance of meaningful survival, and to decide on CPR in their best interests.

## PURPOSE:

- This document is to help and guide treating physician(s) about their decision on 'Do Not Attempt Resuscitation' (DNAR).
- The intention is not to prolong suffering of the patient and to preserve the dignity in death by avoiding medically non-beneficial CPR while providing compassionate care. It is to preserve the mutual trust and respect between the treating physician (s) and patient/ surrogates.

## SCOPE:

- This document would apply to a patient with incurable disease where CPR is inappropriate, non-beneficial and may only prolong the suffering of the patient in the best judgment of the treating physician(s), while applying the principle that compassionate care is integral to the overall goals of medical treatment.
- The document is intended to facilitate the process of informed decision making about CPR and DNAR by the treating physician on a case to case basis.

**RESPONSIBILITY:** Treating Physician(s) should provide complete information to the patient/surrogate(s) regarding the decision of DNAR in simple language that can be easily understood by the patient/surrogate(s) and also in printed formats (Annexure 1). The discussions

with the patient/surrogate(s) and the decision taken must be documented in the case record file.  
The final responsibility for the decision regarding DNAR order rests with the treating physician(s).

#### **DETAILED INSTRUCTIONS:**

##### **Procedure:**

- The treating physician(s) should initiate discussions with the patient/ surrogate and explain in detail the patient's disease and its prognosis, and the benefits and harms of CPR in the given case.
- There should be adequate opportunity, time, and space to communicate with the patient and family in private to discuss and facilitate clear understanding of DNAR and its implications.
- All such discussions must be noted in the patient's case records and the DNAR form.
- Healthcare professionals should communicate clearly the following while making the DNAR decision:
  - That the patient would continue to be provided all treatments intended for potentially curable comorbid conditions or to reverse potentially reversible conditions or to provide comfort. DNAR does not automatically mean withdrawal or withholding of other life supporting treatments.
- DNAR forms in the language understood by the patient/surrogate(s) should be signed, timed and dated by patient/surrogate(s) and the treating physician. In case of patient/surrogate(s) does/do not sign the DNAR form, the same should be recorded.

##### **Decision and Review of DNAR orders:**

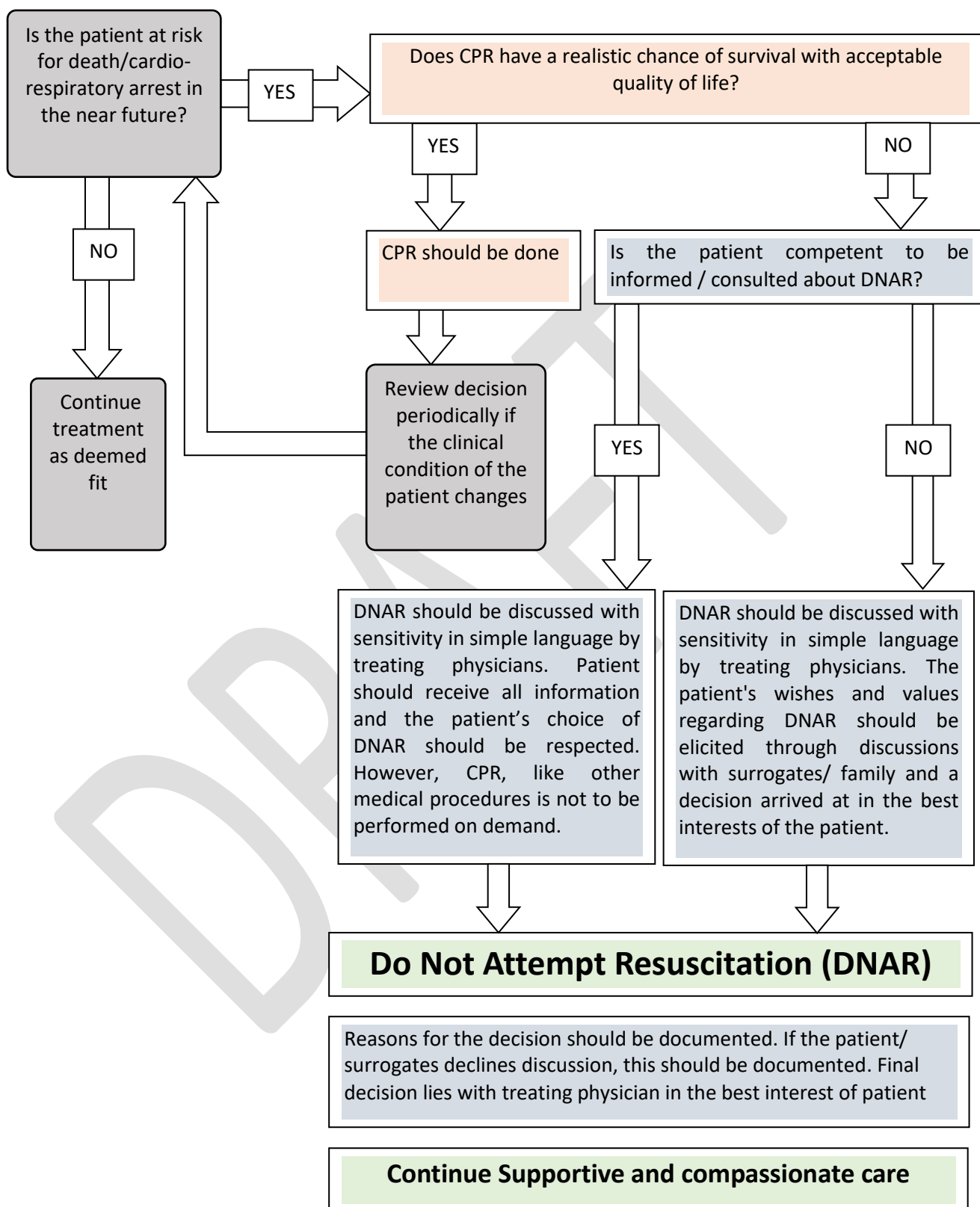
- The final decision regarding DNAR where CPR is deemed medically inappropriate rests with the treating physician(s) responsible for the patients' care after informing patient/surrogates.
- The DNAR decision should be subjected to review at regular intervals by the treating physician(s).
- Hospital administration should make efforts to sensitize the healthcare professionals on all issues related to DNAR.
- Teamwork and good communication are of crucial importance in decision-making and the delivery of care. Having in place a small team consisting of treating doctor, nursing personnel, a psychologist or social worker could be useful for preparing the patient and family and providing supportive compassionate care.

##### **Storage of DNAR forms:**

- The resuscitation plans and completed DNAR forms should be easily accessible to all the medical professionals to respond appropriately in the event of cardiorespiratory arrest.
- It is recommended to attach a copy of the DNAR form to the patient's case records and to be integrated with the electronic health records, if available.
- All the case reports along with the DNAR forms should be archived for future reference.

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### Algorithm for DNAR decision making



*\* The algorithm reflects the current consensus and is subject to continuous review.*

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## **Annexure I**

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### **PATIENT/SURROGATE(S) INFORMATION SHEET ON DNAR**

77 *(Copy of Annexure I & II to be provided to patient/surrogate(s) and also kept in hospital records)*

78 This guidance is meant to help patients and families to understand about Cardiopulmonary  
79 Resuscitation (CPR) and the decision regarding 'Do Not Attempt Resuscitation' (DNAR) if a patient's  
80 heart and/or breathing stops during treatment in the hospital.

81 **What is CPR?** CPR is an emergency medical procedure. It consists of one or all of the following:  
82 repeated chest compression; artificial breathing usually with airway tube in the throat; electric  
83 shock/s on the chest and injected drugs. It is an emergency treatment that is initiated immediately  
84 by the physician if the patient's preferences are not known. In most patients, this needs to be  
85 followed by ICU admission and artificial ventilation. This is because CPR does not change the reason  
86 why heart and/or breathing stopped and the main illness or condition still needs to be managed.

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88 **What happens after CPR?** Successful CPR means that the patient was able to leave the hospital and  
89 return to her/his previous state of health. This happens only infrequently. If started immediately,  
90 CPR works best in young and healthy people, who do not have an underlying serious and incurable  
91 illness, and results in restarting of the heart. If the person is elderly or seriously or terminally ill and  
92 it is performed outside a hospital or clinic (e.g. at home) the chances of its success are minimal.

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94 **Does CPR have side-effects?** It may have serious side effects. The most frequent is that the heart  
95 may restart but the brain may be permanently damaged because it had no circulation for some  
96 period of time during the process of CPR. This often means that the individual becomes dependent  
97 and, in some cases, even vegetative. Most often, the patients' misery and suffering get prolonged  
98 when the primary illness is incurable. In old and frail people, the procedure may itself cause rib  
99 fractures and injury to the heart.

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101 **What is Do Not Attempt Resuscitation (DNAR)?** It is a considered medical decision not to initiate or  
102 perform CPR on a patient suffering from an incurable disease/condition where meaningful survival is  
103 not expected.

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#### **Decision About CPR and DNAR:**

106 CPR is an emergency medical procedure which needs to be started as quickly as possible. Hence  
107 discussion on pros and cons of DNAR should ideally take place when patient is in her/his full senses  
108 or if incompetent, with the family/surrogates when CPR does not have a realistic chance of success  
109 due to the nature of underlying disease and the condition of the patient.

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#### **Ongoing Treatment:**

112 Signing the DNAR Form would not deprive the patient of any ongoing treatment aimed at cure, and  
113 other supportive medical and nursing care.

## Annexure II

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<b>Name and address of Hospital:</b> ..... .....	

“In consideration of the medical status of Mr/Ms/Mrs....., the team of treating physicians finds that in the event of cardiac and/or respiratory arrest, any attempt at reviving the heart by cardiopulmonary resuscitation (CPR) (artificial compression of the heart, artificial ventilation of the lungs and associated measures) is not likely to be beneficial and is likely to cause suffering rather than restoration of life of any significant quality. Hence, in the event of cardiac and/or respiratory arrest, while all appropriate care and treatment to maintain quality and dignity of life will be continued, no attempts at cardiopulmonary resuscitation will be made”.

<b>Name of the Patient:</b> .....  s/o, d/o, w/o.....  Date of Birth: ..... Age: .....  Address: ..... .....	<b>Date of DNAR Decision:</b> .....  <b>Hospital admission number:</b> ..... <b>Name of Physician In-charge:</b> ..... <b>Name of Department:</b> .....
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1.	Assessment of treating physician(s) to order DNAR to the patient with summary of reasons:
1.1	Does the patient have capacity to make and communicate decisions about CPR? <span style="float: right; border: 1px solid black; padding: 2px 5px;">YES</span> <span style="float: right; border: 1px solid black; padding: 2px 5px;">NO</span> Comments if any: ..... .....
1.2	If 'No' to 1.1, then is/are there a surrogate(s) available to receive information and to discuss DNAR on behalf of the patient? If yes, details of surrogate(s): <span style="float: right; border: 1px solid black; padding: 2px 5px;">YES</span> <span style="float: right; border: 1px solid black; padding: 2px 5px;">NO</span> Name: ..... Contact details: ..... Relationship: .....
2.	The details have been duly explained to the patient/surrogate(s) <span style="float: right; border: 1px solid black; padding: 2px 5px;">YES</span> <span style="float: right; border: 1px solid black; padding: 2px 5px;">NO</span> Comments if any: .....
3.	Names of members of treating team (if applicable): 1.....2..... 3.....4.....
<b>Name of patient:</b> .....  <b>Signature (if patient has decision making capacity):</b> ..... .....	<b>Name of surrogate(s):</b> .....  <b>Signature:</b> ..... .....
<b>Name of Other Physician(s) in the treating team, if applicable:</b> .....  <b>Signature:</b> .....	<b>Name of the Physician In-charge:</b> .....  <b>Signature:</b> .....
<b>Date:</b> ..... (dd/mm/yyyy) <b>Time:</b> ..... (00.00 hrs) <b>Place:</b> .....	