DNACPR Decisions in Lothian Care Homes

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Introduction

- Care home residents are often frail elderly people with multiple comorbidities.
- Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions are important in this context and help avoid inappropriate resuscitation attempts at the end of life[1].

Aim

- To examine DNACPR decisions in care homes and audit practice with regard to six good practice standards for DNACPR[2,3].

Methods

- Data collected as part of an ongoing audit by Macmillan End of Life Care Facilitators.
- Data from 48 care homes (160 residents) was collected across South Edinburgh and West Lothian between April 2013 and March 2014.
- Notes were reviewed of at least three recently deceased residents (whose death had been anticipated) from each care home.

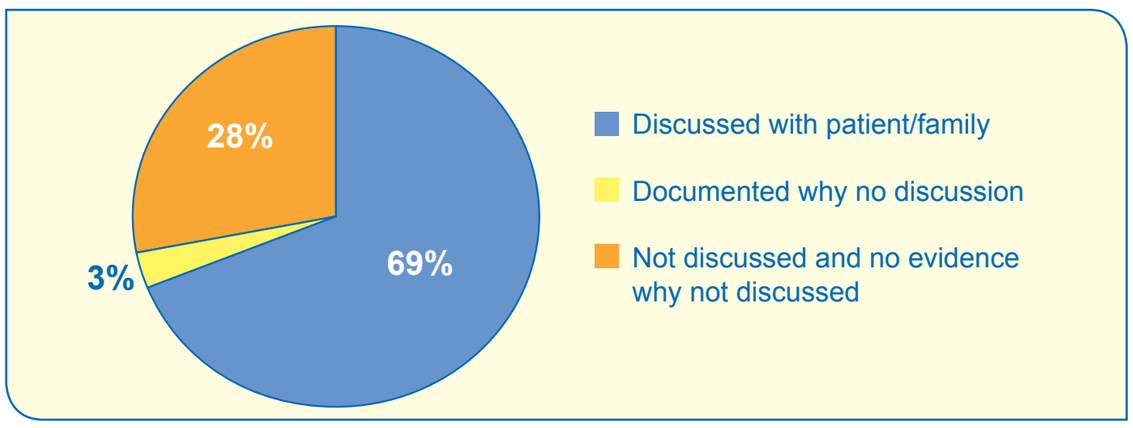
Results

Audit Standards	Results
STANDARD 1	
CPR should be attempted for 100% of patients where pulse and breathing stop unexpectedly unless there is a documented DNACPR decision or it is clear at the time that CPR will fail.	None of the 160 residents with DNACPR decisions in place had resuscitation attempted prior to death.
STANDARD 2	
A decision about resuscitation status should be made and recorded in notes for 100% of inpatients prior to expected death.	All residents in whom death was expected had a DNACPR decision made and recorded in their notes. 97% *(n=155)* of these decisions were recorded using a standard DNACPR form.
STANDARD 3	
In order to be considered adequately completed, 100% of DNACPR forms should: • Be signed by a senior clinician within 72 hours • Indicate whether the decision is clinical (where CPR will not achieve sustainable life) or based on a patient's view of lack of overall benefit • Be regularly reviewed at clinically appropriate intervals	All DNACPR forms specified whether the decision was based on clinical futility or lack of overall benefit for the resident. 99% *(n=159)* of DNACPR forms were signed by a senior clinician within 72 hours of completion. 96% of these were signed by a General Practitioner. 50% *(n=80)* of DNACPR decisions had a documented review date.
STANDARD 4	
Where resuscitation has a reasonable chance of success and the decision is based on the balance of overall benefit for the patient 100% of decisions should have documented evidence of discussion with patient (or a process in accordance with Mental Capacity Act/Adults with Incapacity Act).	Lack of overall benefit was cited for 7 patients. Of this group 86% *(n=6)* had a discussion with the resident documented. One patient (14%) had a decision in line with the Mental Capacity Act/Adults with Incapacity Act documented.
STANDARD 5	
100% of decisions based on clinical lack of success should record whether discussion has taken place.	Of the decisions based on clinical lack of success, 69% had documented evidence of discussion with the resident or a family member. 3% had documented reasons why discussion had not taken place. 28% had no documentation relating to discussion. *(Figure 1)*
STANDARD 6	
A DNACPR decision should only be applied to the treatment CPR and to no other treatments or supportive care measures for 100% of inpatients.	There was no evidence that any of the 160 patients had been managed inappropriately due to the presence of the DNACPR form.

Discussion

- Where death is anticipated for care home residents DNACPR decisions are being made and documented in advance and inappropriate CPR attempts are not occurring.
- GPs are central to facilitating DNACPR decisions in care homes.
- Clearer guidance and education may be needed regarding the appropriate review of DNACPR decisions once made.
- Although DNACPR decisions are often discussed with residents, documentation of reasons why a decision has not been discussed is infrequent. This highlights an urgent need for guidance and education in light of a recent Court of Appeal judgement[4].

Figure 1: *DNACPR discussions.*



References: 1. The Scottish Government. Do Not Attempt Cardiopulmonary Resuscitation (DNACPR): integrated Adult Policy – Decision making & communication. 2010 [cited 2012 11 Oct]. **2.** Health Improvement Scotland: DNACPR indicator July 2013. **3.** Decisions relating to Cardiopulmonary Resuscitation: A Joint Statement from the BMA, RC(UK),and RCN, 2007. **4.** The Tracey Judgement. England and Wales Court of Appeal Civ 822, [2014] WLR(D) 277.