

# DNAR Decision Making – How well we do?

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## INTRODUCTION

Cardiac resuscitation is clinically not appropriate in a large number of frail old patients with multiple co-morbidities

Many of our patients do not have capacity to make such decisions and therefore these decisions have to be discussed with their close relatives, legal proxy, carers etc.

If not approached sensitively or due to lack of communication it may result in unwarranted complaints and/or dissatisfaction from the patients/families, carers

This audit looked at principals that encourage DNAR forms be filled in appropriately and communicated effectively in the notes

## METHODOLOGY

Retrospective data collection from case notes and DNACPR forms between April to May 2017. Patients group were admitted via AAU/EAU to Endocrinology & Diabetes ward and Department of Medicine of the Elderly – Hull Royal Infirmary. A total of 60 patients were included in the audit with an average age of 86.8 years.

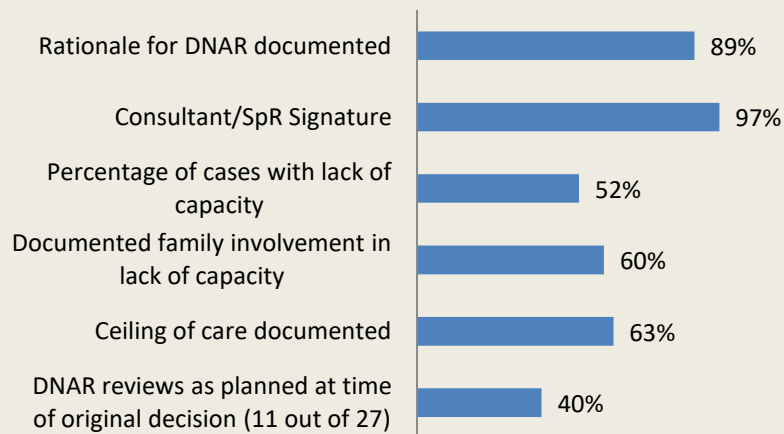
## RECOMMENDATIONS

There would be clinical situations where DNACPR decision are made and we cannot wait to speak to NOK but where discussion has not taken place and patients lacks capacity or too unwell – flag up in board round, hand over, ward rounds.

Steps taken for finding NOK should be documented wherever they are not available and consider putting a short review date as a safeguarding measure



## DNAR Decision - Performance Analysis



## REFERENCES

- 1- Do Not Attempt CPR (DNACPR). *Resuscitation Council (UK) Website*. Retrieved April 20<sup>th</sup>, 2018, from <https://www.resus.org.uk/dnacpr/>
- 2- General medical Council Treatment and care towards the end of life: good practice in decision making (2010). *General Medical Council Website*. Retrieved April 20<sup>th</sup>, 2018, from <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/treatment-and-care-towards-the-end-of-life>
- 3- HEY 24/7 e-module on DNACPR