

Introduction

- Do not attempt resuscitation (DNAR) orders are implemented to obviate inappropriate Cardio-Pulmonary Resuscitation (CPR) in patients with low chances of survival post-CPR
- Ambiguity regarding ceilings of care for patients with a DNAR order can arise.

Aim

- To review DNAR and ceilings of care documentation according to national HSE guidelines after education sessions, comparing results with the pre-education audit in a Model 3 Hospital



Figure 1:
Cardio-pulmonary
resuscitation in the
hospital setting

Methods

- A point-prevalence chart review of thirty-one adult medical inpatients with a DNAR order was conducted
- Post two education sessions held for Non-Consultant Hospital Doctors (NCHDs) and Consultants in a Model 3 Hospital

Results

- 35% documented DNAR status in the medical notes, with 32% documenting the reasoning for DNAR status, both of which were unchanged from the first audit cycle
- Increase in documentation of patient discussion (61% versus 45%) and reasons if this was excluded (66% versus 41%)
- No change in documentation of patient relatives' discussion (48%) but an increase in the reasons if this was excluded (25% versus 18%).
- Overall increase in ceilings of care documentation for:
 - ICU admission (three-fold increase)
 - Intubation (two-fold increase)
 - Inotropic support
 - Comfort measures
- Rates of documentation were still less than 15%.

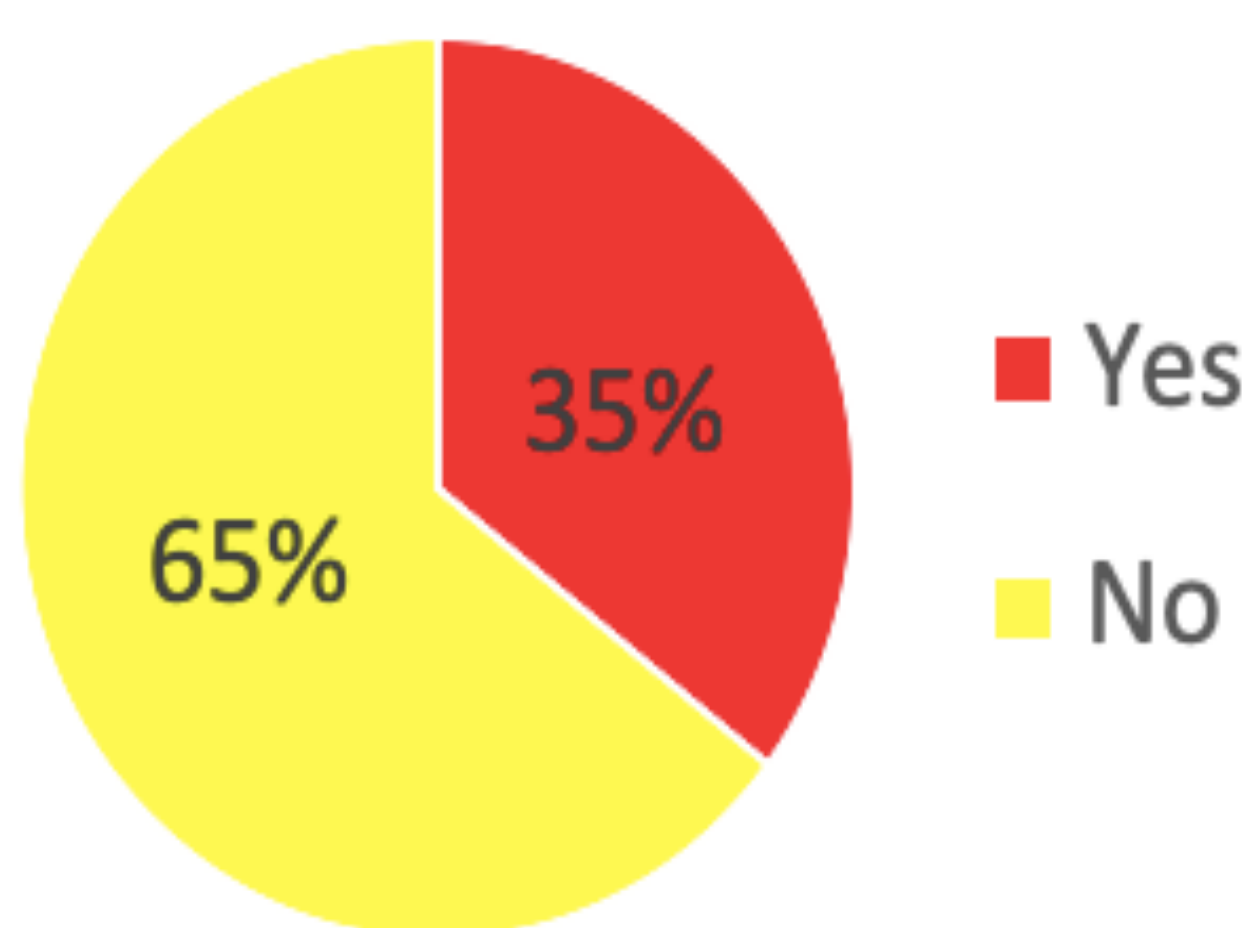


Figure 2: Documentation of DNAR status in the medical notes

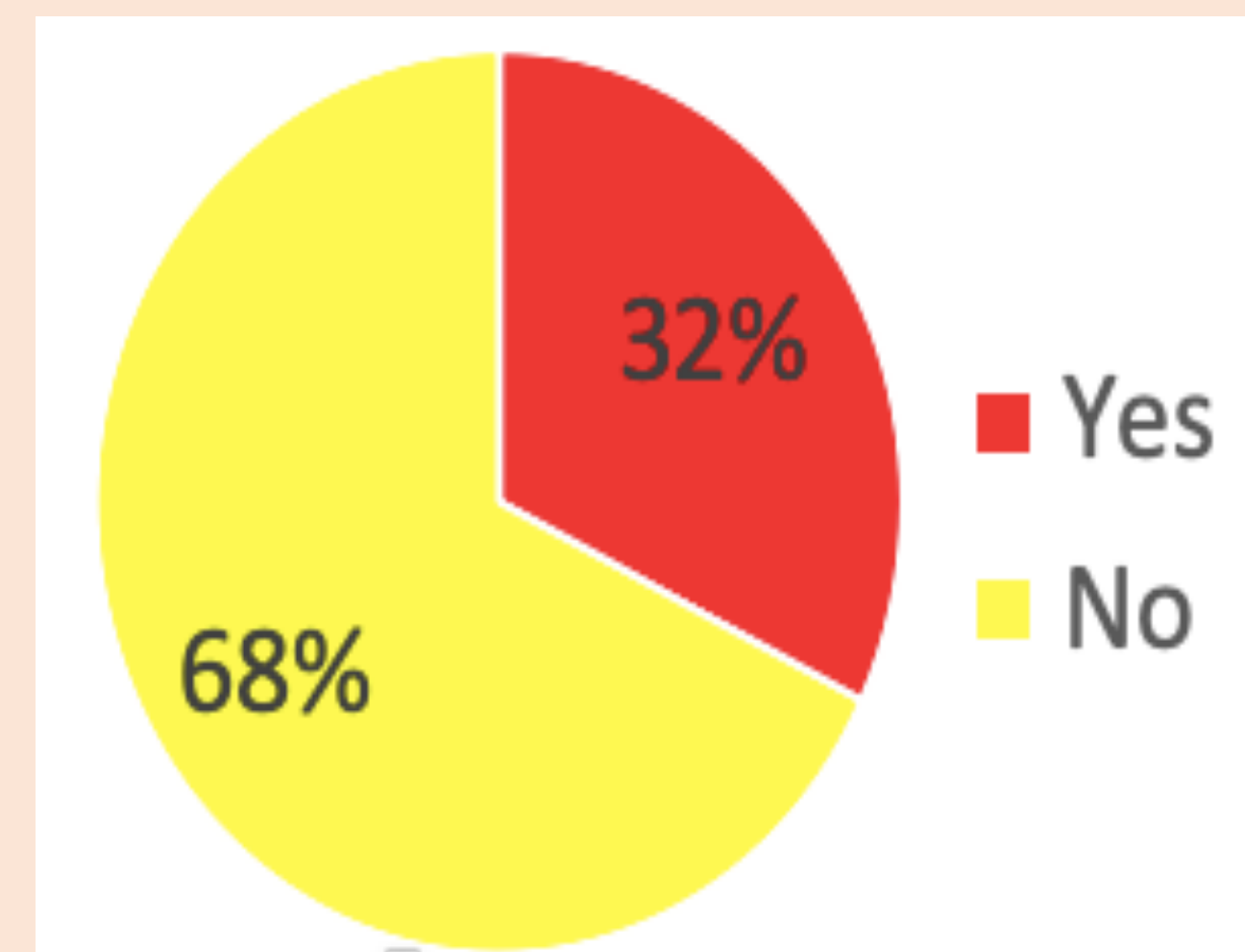


Figure 3: Documentation of reasons for DNAR status

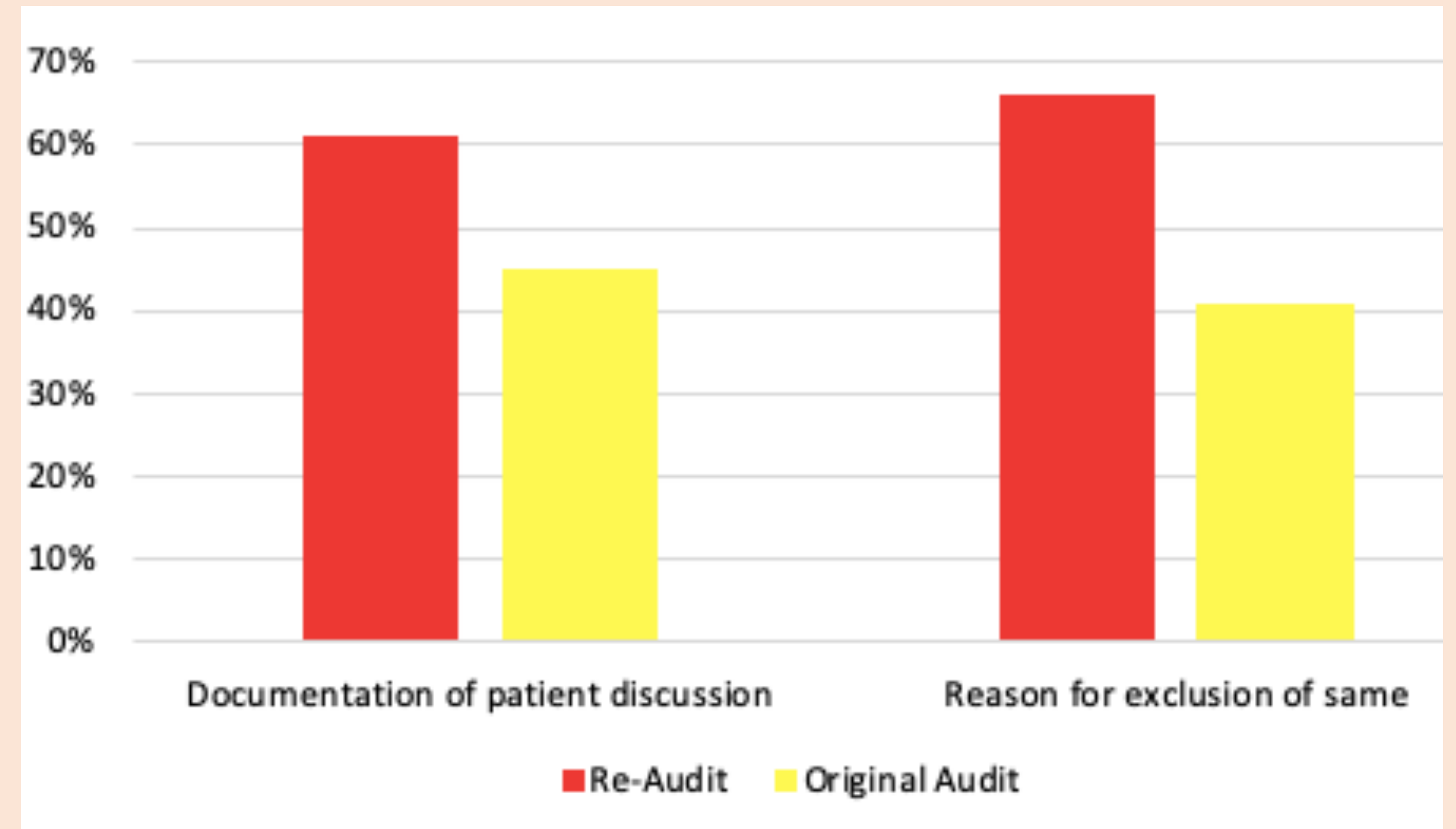


Figure 4: Documentation of patient discussion and reason for exclusion of same

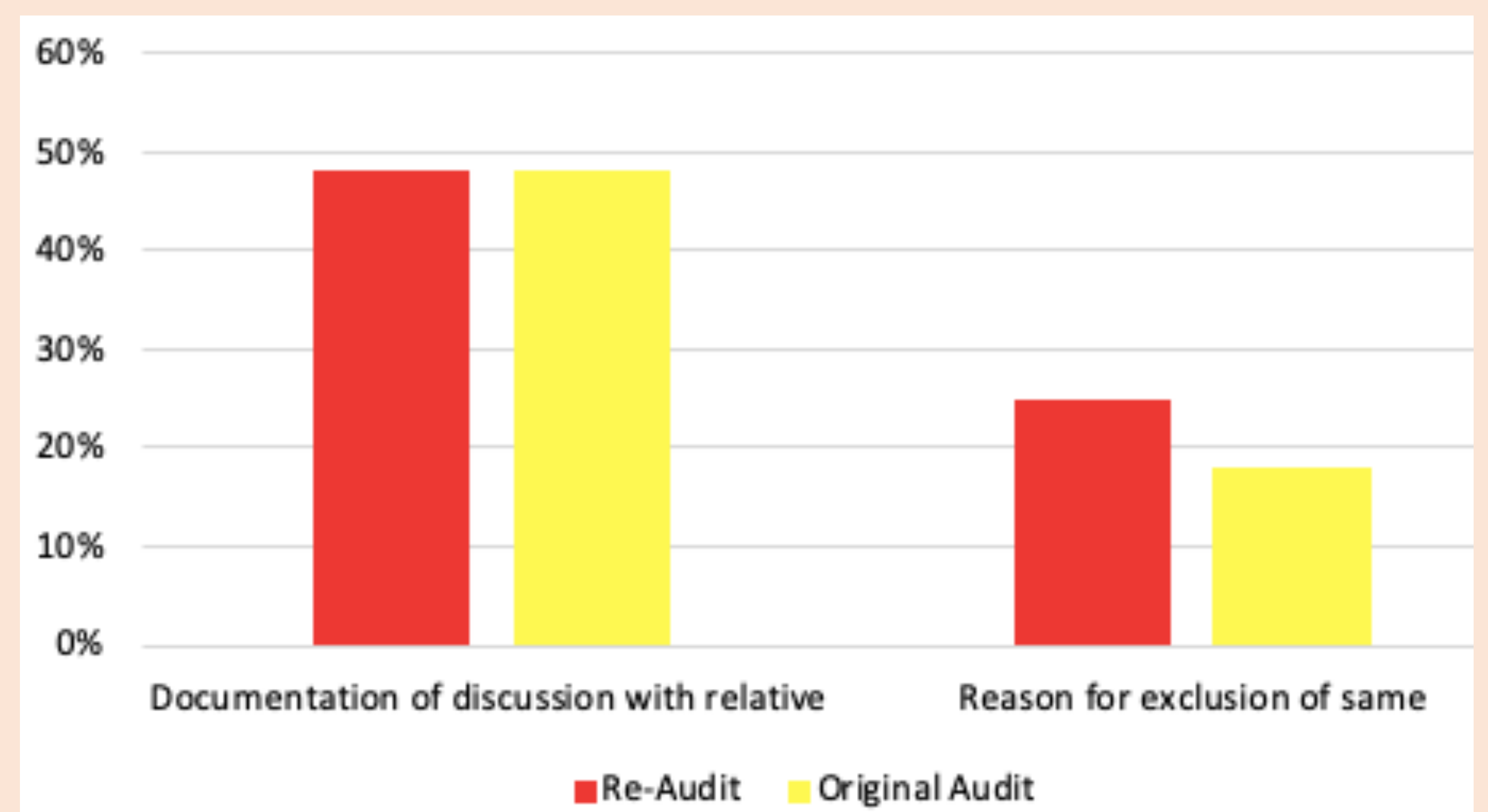


Figure 5: Documentation of discussion with relatives and reason for exclusion of same

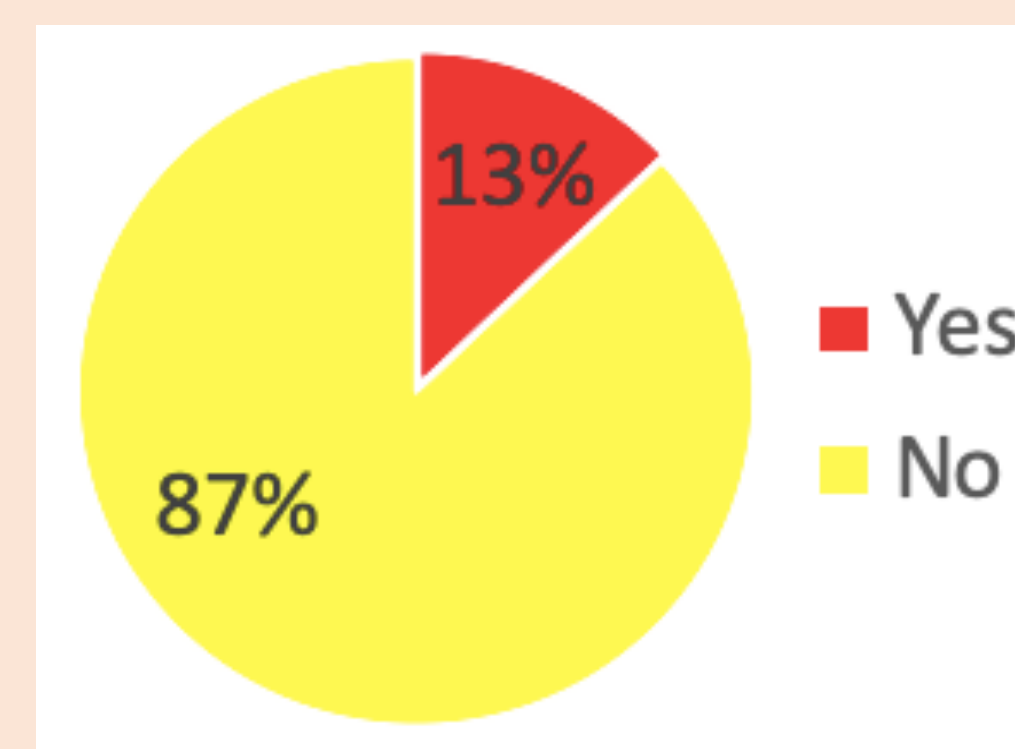


Figure 6:
Documentation of
ceilings of care

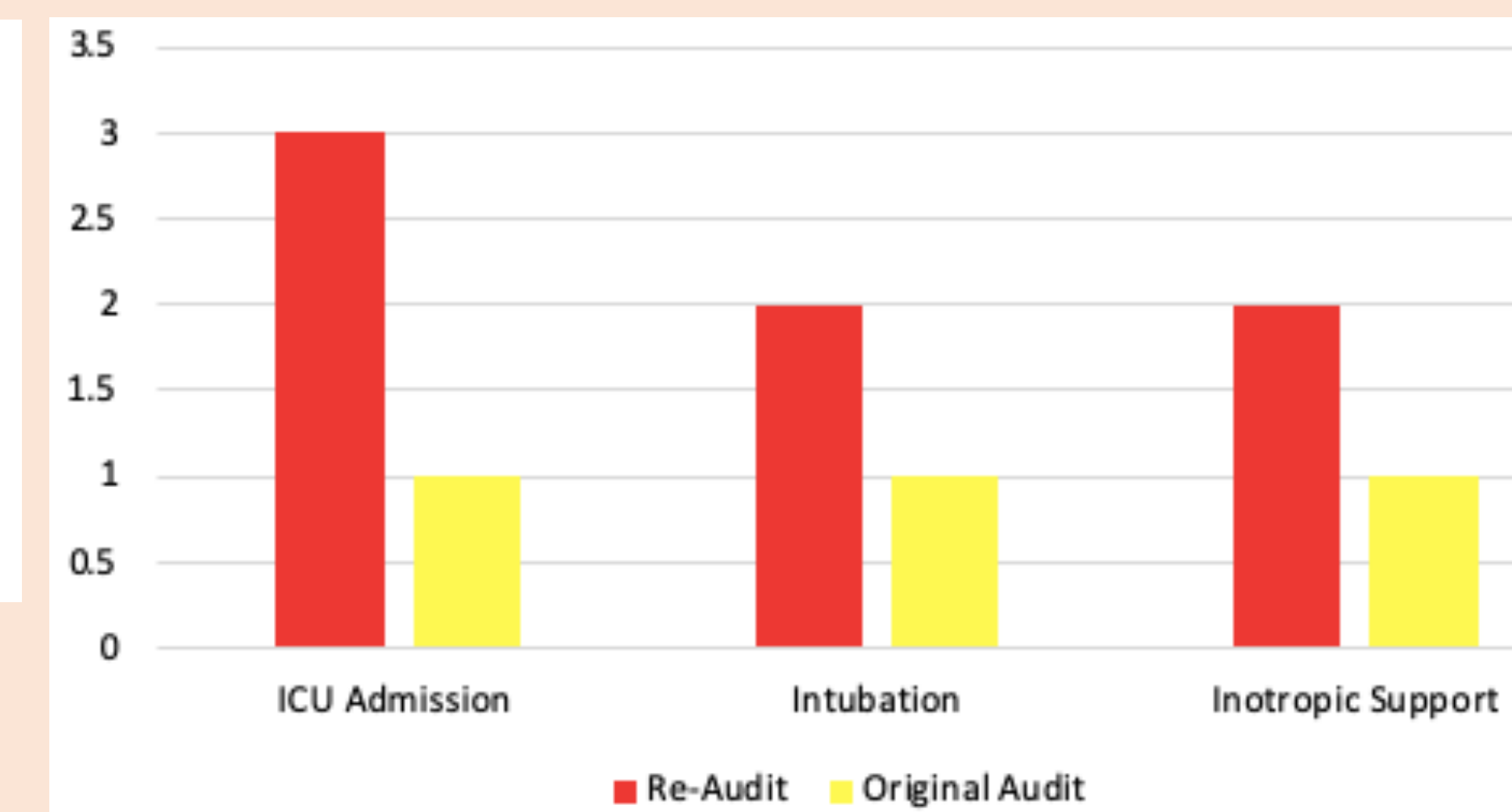


Figure 7: Documentation of different components of ceiling of care

Discussion

- Efficacy of education session in improving DNAR documentation adherence
- Recent studies have highlighted uncertainty among NCHDs regarding treatment escalation in acutely unwell patients in the absence of adequately filled DNAR orders and clear documentation of ceilings of care
- Propose the introduction of a Ceilings of Care document, akin to the United Kingdom's Medical Advance Plan

Conclusion

- Accurate recording of DNAR status and ceilings of care is essential for quality care and treatment escalation
- Simple education strategies have proven beneficial in enhancing compliance
- Additional efforts are needed to enhance ceilings of care documentation

References

- HSE Guidance Regarding Cardiopulmonary Resuscitation & Do Not Attempt Resuscitation (DNAR) Decision Making during the COVID-19 Pandemic (May 2020): National Quality Improvement Team HSE Guidance Document
- Khan AH, Al Omran Y, James H, Bhattacharya M. Improving ceiling of care decisions and documentation for oncology patients. IJS Short Reports. 2020 Oct 1;5(2):e19.