

Evaluation of awareness and implementation of DNACPR decisions in Trauma and Orthopaedic Surgery.

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Introduction

In-hospital CPR has survival rates of 15-20¹, further reduced with frailty and multimorbidity. Successful CPR is associated with significant morbidity and prolonged suffering. Do not attempt resuscitation (DNACPR) is an advanced medical decision, aimed at preventing harm where CPR is considered futile.²

Aim: To reduce the burden of inappropriate CPR within surgical specialties.

Standards:

1. DNACPR status reviewed on admission, and all decisions implemented within 24 hours of clerking.
2. DNACPR decisions implemented prior to surgery.
3. To assess clinician perceptions regarding DNACPR decisions.

Methods

This is a 2nd cycle QIP – Cycle 1: January 2020, Cycle 2: January – February 2023

Intervention: Poster, departmental education

Method:

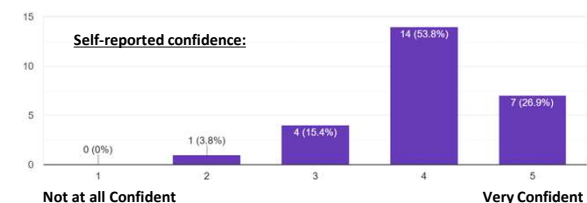
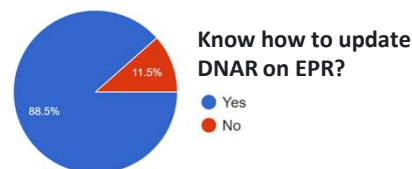
1. Survey sent to clinicians of all grades in Trauma and Orthopaedics (T&O) and General Surgery in January 2023
2. Data collection on implementation of DNAR decisions was retrospectively collected over January and February 2023 for all T&O emergency and elective admissions >60-years-old.

References:

1. *Decisions relating to cardiopulmonary resuscitation. BMA. 3rd edition, 2016.*
2. *Cardiopulmonary resuscitation. GMC Guidance. p128-145*

Results

- Survey: 26 respondents across all grades – high self-reported confidence in having DNAR discussions.



- Data collection: 264 patients included, of which 80 had DNAR discussions. 80% of DNAR discussions were implemented on EPR.
- 47 patients with DNAR in place underwent surgery
- Improvement in both standards between cycles
- 1 patient received inappropriate CPR

	Cycle 1	Cycle 2
DNAR Implemented <24hrs	46%	69%
DNAR Implemented prior to surgery	75%	87%

Conclusions

Improvement was demonstrated

on both standards between

cycles. This QI focused on

implementation of DNACPR following discussions, however, did not consider patients in whom DNACPR may have been appropriate but not discussed.

Further areas to explore include appropriateness of CPR/ DNACPR decisions in advance of surgical interventions and the understanding behind limitations of treatment offered separate to CPR.