

# DOES THE CONTENT OF A FORM MAKE A DIFFERENCE IN RESUSCITATION CONVERSATIONS ?

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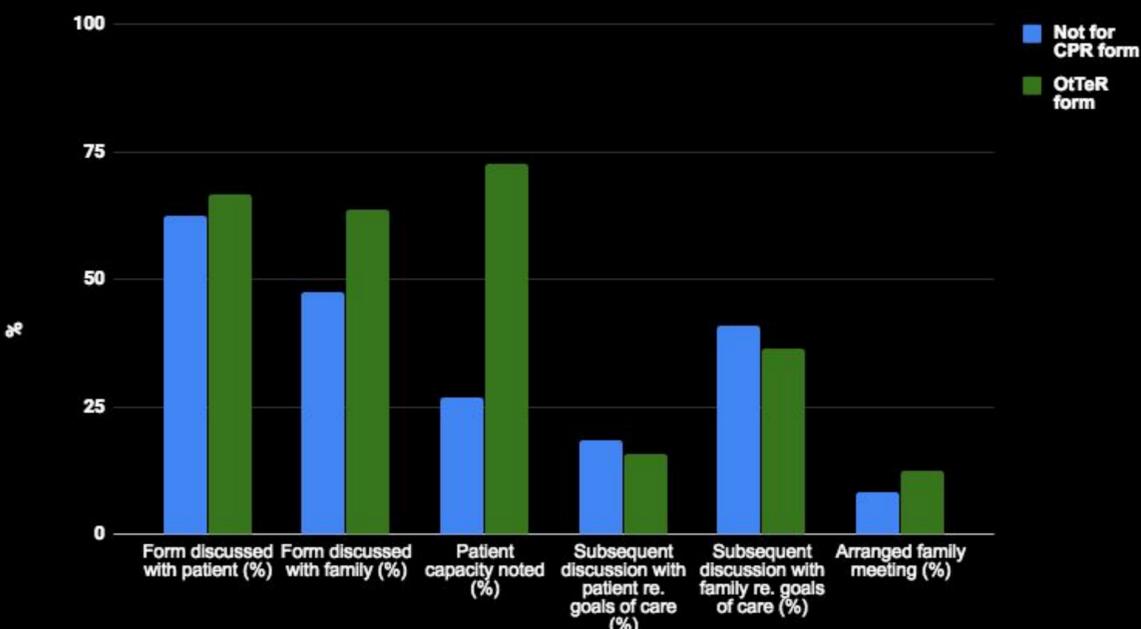
## Background

- Most “do not attempt CPR” (DNACPR) forms fail to discuss the broader aspects of resuscitation.
- The various options for resuscitation may or may not benefit patients with significant illness.
- Involving patients and families in discussions about these options is associated with improved outcomes<sup>1,2</sup>.

## Methods

- Retrospective chart review following the pilot of a newly developed tiered goals of care form encompassing multiple resuscitation interventions.
- 113 patients identified who had either standard DNACPR form (n=80) or tiered resuscitation form (n=33) documented in the notes.

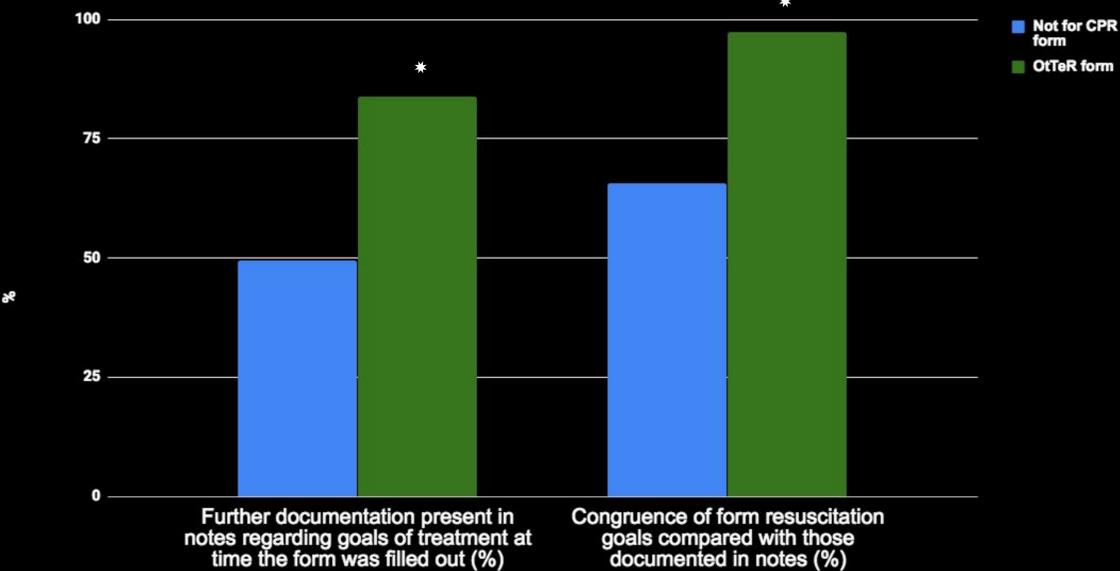
## Review of Discussion Frequency



## Results

- Utilisation of the new form improved documentation, with reference made to goals of care in 83.8% of patients compared with 49.4% in the DNACPR group (p<0.01).
- The ceiling of treatment documented on the new form was concordant with that in the clinical notes in 97% of cases compared to 68.7% with the existing form (p<0.01).
- There was no significant difference between forms regarding documentation of discussion with patients or families at the time of form completion or during admission.

## Documentation of Resuscitation Goals



## Conclusions

- Despite making goals of treatment decisions more accessible, the more detailed resuscitation form did not significantly improve documented communication with families or patients.
- The tiered resuscitation form resulted in improved documentation and visibility of goals of treatment decisions compared to the existing DNACPR form.
- Subsequent to this audit a difficult conversation guide was added to the back of the tiered resuscitation form in order to help prompt clinicians to have these conversations.

Affix ID label here

OPTIONS FOR TREATMENT AND RESUSCITATION (OtTeR)

Are there concerns about the Patient's decision making capacity?	Yes/No -> If Yes, contact NOK/EPOA & reattempt conversation later.	
Does the patient have an advanced care plan?	Yes/No -> Reviewed?	Yes/No
Is there an EPOA	Yes/No -> Is this active?	Yes/No

FULL ESCALATION, INCLUDING CPR

DO NOT ATTEMPT CPR   
 Now indicate ceiling of treatment

ICU/Inotrope     ICU/Ventilation

HDU/Non-invasive Ventilation

IV Antibiotics/ Fluids

Oral Antibiotics/ SC Fluids

Symptomatic care only  
 Consider end of life care

Other instructions/ICD etc:

Not for Rapid Response Team

Problem List:

Reason for decision:

Treatments above the indicated ceiling may not be successful.  
 OR  
 Treatments above the indicated ceiling are likely to result in poor quality of life:

Discussed with: (Full name & Role)

DOCTOR COMPLETING FORM: (must be at least 3 years post graduate. The ceiling of treatment decision should be reviewed and endorsed by the most senior healthcare professional available at the earliest opportunity)

Signature	Name & Title	Date
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SENIOR MEDICAL OFFICER IN CHARGE OF CARE:

Signature	Name & Title	Date
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REVIEWED: (Review if clinical situation changes. If ceiling remains the same, sign & date this box. If ceiling changes, cancel this form with a line time, date & signature & commence a new one)

Date	Signature	Name & Title
Date	Signature	Name & Title
Date	Signature	Name & Title

This form does not replace clinical judgement. Review decision if clinical situation changes  
 This form is not legal unless signed, dated & legible

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## Completing the OtTeR Form

### Step 1: Preparation

- Identify yourself & the conversation context to the patient and family/Whanau.
- Ask permission to have the discussion
- Ensure that the 'right' people are in the room (eg Tuakana) and that enough time is available to have the discussion
- Document the full name of all people involved in the discussion (Staff, patient & relatives) on the reverse of this form.
- If no support person is available, consider calling a support person through NMH chaplaincy for support/advocacy

### Step 2: Conversation guide

**Understanding** - What is your understanding now of where you are with your illness?

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**Information preferences** - How much info about what's likely to be ahead with your illness would you like?

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**Prognosis** - Share prognosis, tailored to information preferences

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**Goals** - If your health situation worsens, what are your most important goals?

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**Fears/Worries** - What are your biggest fears and worries about the future with your health?

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**Function** - What abilities are so critical to your life that you can't imagine living without them?

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**Trade-offs** - If you become sicker, what are you willing to go through for the possibility of gaining more time?

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**Family** - How much does your family/whanau know about your priorities and wishes?

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### Notes

If the patient is for full escalation, tick the box to document that decision.

If the patient is not for attempted CPR, tick that box and proceed to ceiling of treatment decision

Indicate the ceiling of treatment by drawing a line across the form and crossing through treatments above this line. All treatments below this line will be undertaken if needed. **All treatments above this line are deemed inappropriate and will not be offered.** Document the reasons for the decision and add further information if needed.

If required, record further summary of discussion with patient, and or relatives/EPOA in clinical notes

### Step 3: Summary & Follow up

- Summarise conversation, recommendations & outcomes.
- Complete front of OtTeR form
- Agree & confirm a follow-up within 24 hours
- Recommend patient follows up with GP to create an ACP

Example

↑ Treatments above this line are inappropriate and will NOT be considered

↓ Treatments below this line will be instituted if clinically indicated

We plan to check in again (date):

Options for Treatment & Resuscitation