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 1,2.

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.

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.

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.

References:
