London Health Sciences Centre

RESUSCITATION STATUS

The following reflects what should be done if the patient is found vital signs absent or is in a life-threatening situation. Where possible, this form is the result of discussion between the patient and/or Substitute Decision Maker (SDM) and the healthcare provider.

ADDRESSOGRAPH

IF VITAL SIGNS ABSENT

	CHECK ONLY ONE	☐ Attempt Resuscitation (AR)	☐ Do Not Attempt Resuscitation (DNAR)
Discussion Not Held	☑	☐ 'Default' decision based on MRP's judgment that respiratory or cardiac arrest is very unlikely ☐ 'Default' decision as discussion not yet possible	☐ Based on prior patient wishes where SDM unavailable
Patient Wishes Discussed		☐ Patient has provided consent ☐ SDM has provided consent	☐ Patient has provided consent ☐ SDM has provided consent
Other (at physician's determination)		☐ Attempt resuscitation is temporary due to invasive procedure and this has been explained to the patient/SDM ☐ Resuscitation considered medically inappropriate; Patient and/or SDM has been informed and conflict resolution measures have been **initiated**	☐ Resuscitation deemed medically inappropriate; Patient and/or SDM has been informed and do not object ☐ Resuscitation deemed medically inappropriate; Patient and/or SDM has been informed and conflict resolution measures have been **completed**

IF LIFE-THREATENING SITUATION

RESUSCITATION LEVEL	DESCRIPTION	RESTRICTIONS
☐ FOCUS ON COMFORT	Maximize comfort through symptom management, consistent with Allow Natural Death. May use oxygen, suction and manual treatment of airway obstruction as needed for comfort.	**No intubation** **No mechanical ventilation (invasive or non-invasive)** **No vasoactive drugs**
☐ RESTRICTED	In addition to care described above - May use medical treatment, antibiotics, and IV fluids as indicated to manage reversible problems, if they are expected to return patient to previous state of health.	**No intubation** **No mechanical ventilation (invasive or non-invasive)** **No vasoactive drugs** Generally avoid high intensity care unit
☐ BASIC	In addition to care described above - May use vasoactive drugs, cardioversion and cardiac monitor to support heart function. May consider non-invasive mechanical ventilation to support breathing.	**No intubation** **No invasive mechanical ventilation** Generally avoid the intensive care unit
☐ ADVANCED	In addition to care described above - Use intubation and invasive mechanical ventilation as indicated. Provide advanced resuscitation including life support measures available in the intensive care unit.	

☐ 'ADVANCED' based on 'Attempt Resuscitation' ☐ Based on Consent of patient/SDM ☐ Based on prior wish where SDM unavailable

☐ SDM(s) involved above; Name(s): _____ Relation to patient _____

Consulting Service/
Healthcare Professional: _____ ☐ MRP/Delegate Informed Date: _____
PRINTED NAME / SIGNATURE (YYYY/MM/DD)

MRP and/or Delegate: _____ Date: _____
PRINTED NAME / SIGNATURE (YYYY/MM/DD)

DO NOT THIN FROM HEALTH RECORD

INSTRUCTIONS

This form is to be filled out

- **for <u>EVERY admitted patient</u>**
- **by the MRP or delegate**
- **at the time of admission**

Most Responsible Professional (MRP):
A member of the Physician/Professional Staff with admitting privileges, who will have overall responsibility for the care of the patient. The MRP may appoint a designate/delegate, e.g., Resident or Nurse Practitioner authorized by a medical directive.

Process:

THERE ARE <u>TWO</u> COMPONENTS TO THIS FORM (BOTH must be filled out EVERY time):

- **VSA, and;**
- **LIFE-THREATENING SITUATION**

1. "IF VITAL SIGNS ABSENT" SECTION

MRP should ask of every patient prior to filling out this form:

i. "Would I be surprised if the patient died over the next 12 months?"
ii. "Would I be surprised if the patient developed a permanent loss of basic functional independence* over the next 12 months?"

Consider the need for an end of life discussion for EVERY patient and document as appropriate:

- Where the answer to either question above is 'no', then the MRP (or delegate) has a responsibility to engage the patient in a dialogue about their code status in light of their current medical condition.
- Where the MRP (or delegate) is uncertain of how to answer the questions (i. and ii.) because the condition of the patient is not yet well understood, document that in the event the patient is found vital signs absent (VSA), LHSC will attempt resuscitation. The resuscitation form must also be revisited in 48hrs to determine if an end of life conversation is warranted
- Where the answer to both questions (i. and ii.) is 'yes', MRP (or delegate) should document "Attempt Resuscitation", and sign the document.

2. "IF LIFE-THREATENING SITUATION" SECTION

IF order for VSA is 'ATTEMPT RESUSCITATION',

Then 'ADVANCED' must be selected as the option for LIFE-THREATENING SITUATION.

IF order for VSA is 'DO NOT ATTEMPT RESUSCITATION',
Then the MRP or delegate should engage the patient or SDM in a dialogue to better understand what Resuscitation Level they would be comfortable with in the event of a life threatening emergency.

Not Offering Resuscitation for VSA

If the MRP determines that resuscitation should not be offered because it would fall outside the standard of medical care, or because the patient almost certainly will not benefit (see below):

i. The MRP will explain his/her reasoning to the patient and/or SDM.
ii. If the patient or SDM does not object, the MRP will document code status that resuscitation is inappropriate, and that conversation about code took place.
iii. If the patient or SDM disagrees with the MRP (or delegate) and insists on an 'Attempt Resuscitation' status, the MRP will document 'Attempt Resuscitation' and initiate conflict resolution procedures (see below)

* **Almost Certainly Not Benefit** - "There is almost certainly no chance that the person will benefit from CPR and other life support, either because the underlying illness or disease makes recovery or improvement virtually unprecedented, or because the person will be unable to experience any permanent benefit."