

ALLOW A NATURAL DEATH BY LIMITING THE USE OF LIFE-SUSTAINING TREATMENT - CHW POLICY AND PROCEDURE[®]

DOCUMENT SUMMARY/KEY POINTS

- This Policy and Procedure describes clearly the processes to be followed when considering allowing a natural death by limiting the use of life-sustaining treatment in patients at CHW.

NSW Health Ministry of Health Policy Directive

- **Using Resuscitation Plans in End of Life Decisions**
http://www0.health.nsw.gov.au/policies/pd/2014/pdf/PD2014_030.pdf
- This CHW Policy and Procedure is consistent with MoH Policy.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
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Team Leader:	Program Development & Quality Manager	Area/Dept: Palliative Care CHW

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This Policy/Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy/Procedure is mandatory.

CHANGE SUMMARY

- Minor review to update the link to the MoH Policy Directive [PD2014_030]. No other changes made.

READ ACKNOWLEDGEMENT

- Local manager to determine which staff are to read and acknowledge the contents of this document where end of life care options need to be documented.

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Definition

Cardio-Pulmonary Resuscitation (CPR)

The expression 'CPR' includes a number of treatment options, including nasopharyngeal suctioning, oxygen – passive or bag and mask, cardiac compression, tracheal intubation, electrical cardioversion, and inotrope infusion/ arrest medications.

Treatment Decisions

- Where cardiopulmonary arrest or death is considered a likely possibility in a child with a known condition, the physician or surgeon in charge may decide, in conjunction with the family, that some or all Cardio-pulmonary Resuscitation (CPR) options should not be used in the event of an arrest.
- A decision to vary or limit CPR may be made where its benefits are judged, by the physician or surgeon in charge, to be disproportionate to the likely burdens they would impose. Parents and caregivers will be included in discussions about these decisions.
- Whilst the treatment plan is the responsibility of the physician or surgeon in charge, treatment plans which vary or limit CPR must wherever possible be fully discussed: with parents or guardians, when appropriate with the child, with ward nursing staff and with other medical staff.
- Treatment plans may be varied by the physician or surgeon in charge, if altered circumstances require a change. These changes will be discussed with the parents and caregivers.
- It is the responsibility of the medical officer in charge to discuss treatment decisions with the family and caregivers. The outcomes of the discussions should be documented in the patient notes and the "Allow a Natural Death" (AND) form should be completed. This form can be accessed on PowerChart. Instructions to complete the form are located using the following link:

[http://elearning.schn.health.nsw.gov.au/documentation/files/clinical_applications/powerchart/clinical_documentation/ad_hoc_charting/ad_hoc_charting_forms_-_Allow_Natural_Death_\(AND\)_workflow_and_documentation.pdf](http://elearning.schn.health.nsw.gov.au/documentation/files/clinical_applications/powerchart/clinical_documentation/ad_hoc_charting/ad_hoc_charting_forms_-_Allow_Natural_Death_(AND)_workflow_and_documentation.pdf)

Treatment Continuum

- A decision to vary or limit CPR does not constitute "stopping" treatment.
- Medical, nursing, allied health treatment and symptom management continues, individualised to the needs of the child.
- It is important to be positive with the parent and the child about what can be done to help the child. When discussing options with the parents and child, using terminology such as "allowing a natural death" and "continuing care" is important.
- Avoid negative statements such as "there's nothing more we can do" or "not for resuscitation". Care will continue to be provided to the child and family.

Documentation

- The management plan must be clearly documented on the Allow a Natural Death (AND) Form. When possible a senior medical officer should complete this PowerChart form.
- The plan should indicate which components of airway care and CPR **should be** carried out, in the event of deterioration including cardiopulmonary arrest, as well as those which **should not be** carried out.
- The plan, for instance, may specify suctioning of the airway and oxygen administration, but may indicate assisted ventilation and cardiac compression will not be done.
- Daily progress notes should refer to the plan, including its date, and should clearly indicate any changes to the plan.
- The plan remains valid for the duration of an admission (standing order) unless:
 - A weekly review is requested by the family
 - The family changes the choices previously identified on the AND form.
- Each subsequent hospital admission requires a medical review of the AND form (accessed from PowerChart). If the families' wishes remain unchanged, a medical officer can identify this on the AND form. This will remain valid for the admission. If the families' wishes have changed, a new form will need to be completed and signed off electronically.
- The AND instructions can be revoked by medical staff at any time after discussions have been held with the family. This can be completed on PowerChart by selecting the "Review" option.
- This form should **NOT** be printed and placed in the patient notes. Printed information on an AND form may contain incorrect information if orders are updated and changed electronically in PowerChart.

Communication

- As indicated above, the plan will be fully discussed with medical staff, ward nursing staff, parents, and where appropriate with the child, always maintaining a family centred care focus.
- At the outset, details of the plan will be discussed with ward nursing staff, and if necessary further information will be provided to avoid any ambiguity or difficulty in interpretation.
- Ward nursing staff will ensure the plan is communicated to other nursing staff subsequently caring for the child. They will additionally communicate the plan to any medical staff who may not be familiar with the AND plan if they are attending the patient.
- Such communication will obviate the need for coded signs on the bed-head, which will not be used.

- An existing AND form can be reviewed by accessing the Acute Management Plan in the main drop down menu of the patients electronic record
- Once a form is completed, an automatic alert will be created which will read "This patient has an Allow Natural Death (AND) Plan". This will be removed if the plan is rescinded'
- Parents should be informed that they can revisit the decisions at any time.

Documentation needed on discharge or transfer to another health facility

- The AND form is only relevant whilst the child is an inpatient at the Children's Hospital at Westmead.
- Please call a member of the Palliative Care Team to discuss if a NSW Ambulance Form is needed prior to discharge or transfer to another health facility.

Dispute resolution for patients, families and staff members

In the case of a disagreement with the limiting of life-sustaining treatment of a patient at CHW, concerns can be raised with the Clinical Risk Manager (Ext 53995), the Director of Clinical Governance & Medicine (Ext 53475), or the Chief Executive (Ext 53327) and with the Patient's Friend (Ext 53442).

Further Information

Please contact a member of the Palliative Care Team if you have any questions or feedback about this form.

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