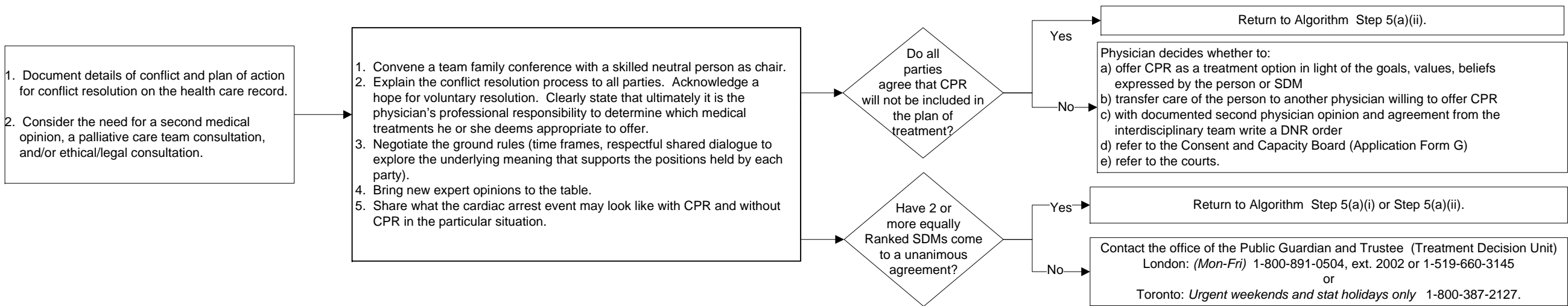


Algorithm for Conflict Resolution Regarding CPR Decision



Physician Assessment Related to CPR
CPSO Policy #1-06 G

Patient is likely to benefit:

There is a reasonable likelihood that CPR and other life support will restore and/or maintain organ function. The likelihood of the person's returning to his or her pre-arrest and life-support condition is at least moderate.

Benefit to patient is unlikely or uncertain:

It is unlikely that or uncertain whether CPR and other life support will restore organ function. The subsequent prognosis is poor or uncertain and the likelihood of adverse consequences is high.

Patient almost certainly will 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.

Is CPR being offered as a treatment option?

CPR Discussion Points when CPR is being offered as a treatment option H

1. Explain that the goal is to respect the person's informed choice and to provide accurate information and appropriate care at all times during the person's illness and to support the family.
2. Discuss the person's unique values and goals/medical condition.
3. Explain that:
 - CPR is an aggressive procedure which can work well in cases where the person is fairly healthy
 - CPR can be successful when the person's heart suddenly stops beating normally and a health care provider or someone trained in CPR is on hand to begin CPR immediately. Studies have shown that only about 12 out of every 100 patients who receive CPR while in the hospital live through the procedure and are able to go home. Only 1-4% of persons with chronic illness will survive. Those whose hearts stop outside of hospital have a significantly lower chance of survival. The benefits of CPR are virtually zero for those who suffer unwitnessed heart stoppage (no one trained in CPR present when the heart stops).
 - CPR will not help those who are at the natural end of their lives due to a progressive life limiting illness.
4. Discuss the:
 - Benefits:
 - In optimal circumstances CPR can save life
 - Risks
 - After 5 minutes without a heartbeat, serious brain and organ damage takes place which can leave the person in a state of pain and dependent on machines which breathe for the person. Breathing machines require a tube about the size of one's thumb to be placed into the person's airway. Tubes in the airway prevent the person from being able to talk while the machine is breathing for him or her. Depending on the severity of the brain damage, the machine for breathing may not be able to be removed.
 - Possible side effects
 - Broken ribs
 - Punctured lung
 - Pain from trauma to chest
 - Alternative courses of action
 - Excellent care and appropriate medical interventions that respect the person's goals related to comfort, prolonging life, and which address physical, emotional and spiritual needs will be offered.
 - Consequences of not having CPR
 - Palliative support will be given as natural death occurs.
5. Answer any questions.
6. Discuss the Physician Assessment related to CPR (Box G).

CPR Discussion Points when CPR is not being offered as a treatment option I

1. Follow Steps 1 to 6 in Box H.
2. Inform the person/SDM that because CPR would not be beneficial and could actually cause harm. Explain that the physician is recommending that CPR not be included in the plan of treatment.
3. Answer any further questions but do not continue to press your points.
4. If the person/SDM agrees with the physician's recommendation/decision, refer to Algorithm Step 5(a) (ii).
5. If the person/SDM does not agree with the physician's recommendation/decision, refer to Algorithm for Conflict Resolution.

References:

Ian Anderson Continuing Education in End-of-Life Care, University of Toronto (www.cme.utoronto.ca/endoflife/)

Advance Directives on Care Choices, Alzheimer Strategy: Initiative #7 Do Not Resuscitate Confirmation: Reference Document for Paramedics, Firefighters, Nurses and Physicians, May 2007, Version 13.1

College of Physicians & Surgeon's of Ontario Policy #1-06 (Sept 2002, Reviewed Feb 2006) – Decision Making for the End-of-Life

College of Nurses Guiding Decisions about End-of-Life Care (2009)