



COLLEGE OF NURSES  
OF ONTARIO

ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

# Do Not Resuscitate Confirmation Form

Sharon McNickle RN Practice Consultant

**This presentation was adapted with the permission of Chris Sherwood, chair of the Do Not Resuscitate Task Force. We would like to thank Chris for sharing his presentation with us so that we could in turn share it with you.**

# Agenda

- History
- Task Force
- Do Not Resuscitate Confirmation Form
- Relevant Legislation
- Communication and Collaboration
- Case Scenario

# History

- Policy pertaining to paramedics dictated that, under no circumstances, could they honour do not resuscitate orders.
- 1999 MOHLTC introduced the *DNR/Validity Order Form*.
- Required a Physician, RN(EC), RN or RPN at the sending location to provide a *DNR/Validity form* at time of transfer.
- Task force to broaden scope of policy.

# Task Force

- OPCA struck a Task Force.
- Developed Terms of Reference.
- Agreement on new *DNRC Form* for paramedics and firefighters.
- Two sided form – one side French, one side English.
- New Standard developed – Paramedic basic life support patient care standard.
- Reference document completed.
- Discipline-specific training developed.
- Implementation date set and MOHLTC letter distributed verifying this information.

# Task Force...

Ontario Palliative Care Association

Association of Municipal Emergency Medical Services of Ontario

College of Nurses of Ontario

Ontario Paramedics Association

Emergency Health Services Branch MOHLTC

Ontario Fire Marshal

Ontario Association of Fire Chiefs

Ontario Base Hospital Advisory Group

Ontario Association of Community Care Access Centers

Palliative Care Consultants Network

# Task Force Objectives – June 2003

- Define the issues of palliative care patients and families in the home with respect to ambulance transfer to hospitals and other facilities.
- Develop a process for transfers.
- Develop an implementation strategy.

# DNRC Form

- One-page form with unique serial number.
- Used as a communication tool between health care providers and can be completed in advance.
- Durable, no expiry date, can be photocopied.
- Revocable.
- Include definition of DNR.
- Include palliative interventions.
- No physician order required.
- A common “Fire” and “Paramedic” form.

# DNRC Form

Does not require a regulated professional present at the time of transfer.

Limits the portions that require completion:

- patient's name,
- condition under which the form is signed,
- professional's signature and designation,
- professional's printed name,
- date.

Needs to be fully completed to be considered valid.

**Do Not Resuscitate Confirmation**  
**To Direct the Practice of Paramedics and Firefighters**  
*Confidential when completed*

When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and **will** provide necessary comfort measures (see point #2) to the patient named below:

<b>Patient's name – please print clearly</b>	
Surname	Given Name

1. **“Do Not Resuscitate”** means that the paramedic (according to scope of practice) or firefighter (according to skill level) **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:
  - Chest compression;
  - Defibrillation;
  - Artificial ventilation;
  - Insertion of an oropharyngeal or nasopharyngeal airway;
  - Endotracheal intubation;
  - Transcutaneous pacing;
  - Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists.
2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) **will** provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.

The signature below confirms with respect to the above-named patient, that the following condition (check one ) has been met and documented in the patient's health record.

- A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.
- The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.

Check one  of the following:

M.D.   
  R.N.   
  R.N. (EC)   
  R.P.N.

<b>Print name in full</b>	
Surname	Given Name
Signature	Date (yyyy/mm/dd)

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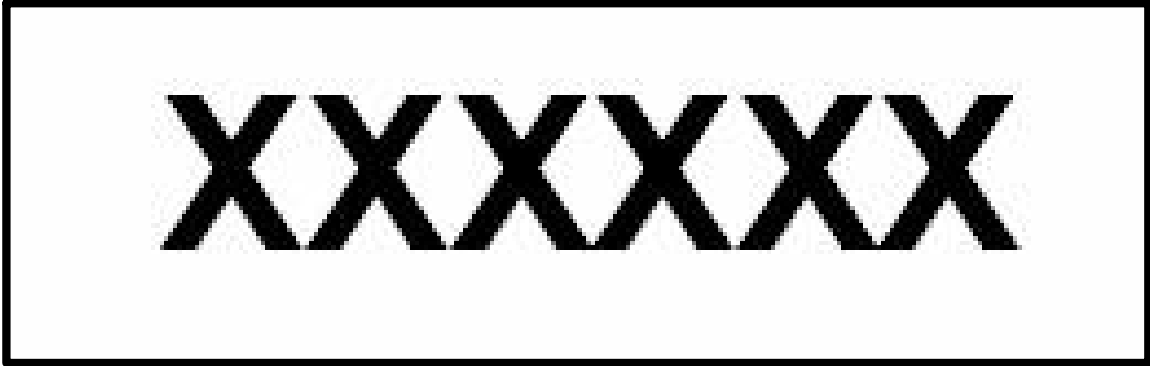
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  - Transcutaneous pacing;
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- Artificial ventilation;
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- Transcutaneous pacing;
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# Health Care Consent Act

## Consent to Treatment

### No treatment without consent

**10. (1)** A health practitioner *who proposes a treatment* for a person shall not administer the treatment, and shall take reasonable steps to ensure that it is not administered, unless,

(a) he or she is of the opinion that the person is capable with respect to the treatment, and the person has given consent; or

(b) he or she is of the opinion that the person is incapable with respect to the treatment, and the person's substitute decision-maker has given consent on the person's behalf in accordance with this Act. 1996, c. 2, Sched. A, s. 10 (1).

# Health Care Consent Act

## Wishes

**5. (1)** A person may, while capable, express wishes with respect to treatment, admission to a care facility or a personal assistance service. 1996, c. 2, Sched. A, s. 5 (1).

## Manner of expression

**(2)** Wishes may be expressed in a power of attorney, in a form prescribed by the regulations, in any other written form, orally or in any other manner. 1996, c. 2, Sched. A, s. 5 (2).

## Later wishes prevail

**(3)** Later wishes expressed while capable prevail over earlier wishes. 1996, c. 2, Sched. A, s. 5 (3).



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# Health Care Consent Act

**“plan of treatment” means a plan that,**

- (a) is developed by one or more health practitioners,
- (b) deals with one or more of the health problems that a person has and may, in addition, deal with one or more of the health problems that the person is likely to have in the future given the person’s current health condition, and
- (c) provides for the administration to the person of various treatments or courses of treatment and may, in addition, provide for the withholding or withdrawal of treatment in light of the person’s current health condition; (“plan de traitement”).



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# Communication and Collaboration

- Clients/SDM wishes known.
- Inter-professional collaboration.
- Informed consent.
- Development of a plan of treatment.
- Communication and documentation.

# Communication and Collaboration continued...

- Complete the form.
- Give original or photocopy to client/SDM.
- Provide education.

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# Case Scenario

Mr. Smith is a 63yo male with a diagnosis of end stage cardiac disease.

- Multiple emergency room visits, but D/C'd home.
- Recognizes he is approaching the end of life phase.
- Discussion about wishes.
- Would still like him to be able to go to the hospital if he has an acute event or they can not handle the situation.
- Afraid that he would present in such a manner that CPR would be initiated, but does not wish to have CPR.

# Resources

- Call CNO practice consultant at:  
1-800-387-5526 or (416) 928-0900
- E-mail: [cno@cnomail.org](mailto:cno@cnomail.org)
- Website: [www.cno.org](http://www.cno.org)
- Fast Fax: 1-877-963-7502
- Forms available at:  
[www.health.gov.on.ca](http://www.health.gov.on.ca)

### Teleconference Evaluation Form

Thank you for participating in the College of Nurses of Ontario's teleconference *Do Not Resuscitate Confirmation Form*. The College would like your feedback on the teleconference. To complete the following form, use the tab key or arrow keys to move among shaded fields. Select  or de-select  tick-box options by clicking in them once. Please enter text in all underlined fields that apply.

Your feedback is greatly appreciated!

1. Please indicate your level of satisfaction with each of the following:

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
a) Time for participant discussion..... <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Time for College input..... <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Discussion content..... <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Handling of participant questions..... <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Overall satisfaction..... <i>Comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Will the information from the teleconference make a difference to you in your practice setting?  Yes – Please describe:  
 No  
 Unsure

3. Will the information from the teleconference have a positive impact on patient care?  Yes – Please describe:  
 No  
 Unsure

4. Other comments:

5. Your nursing category:

- RN
- RPN
- RN(EC)
- Non-nursing

→ Please specify: \_\_\_\_\_

6. Your practice setting:

- Nursing home
- Retirement home
- Hospital
- Other

→ Please specify: \_\_\_\_\_

7. Your primary area of practice:

- Direct Care
- Administration
- Education
- Other

→ Please specify: \_\_\_\_\_

8. Have you attended a College teleconference before?  Yes  No

Thank you for your feedback. Please send the completed form as an e-mail attachment to Del Hersey at [dhersey@cnomail.org](mailto:dhersey@cnomail.org) or by fax to 416 928-9643 (attn: Del Hersey).