

Temporary Revision of Existing No CPR Order during OR Procedures and the Phase 1 Recovery period in PACU

This form is to be completed at the mandatory preoperative Anesthesia consultation for all patients with a No CPR Order who require a non-emergent operation

Patient ID

THE FOLLOWING TEMPORARY REVISIONS OF THE NO CPR ORDER IS EFFECTIVE FROM TIME OF SURGERY UNTIL THE PATIENT COMPLETES PHASE 1 OF RECOVERY IN THE PACU ON THE DAY OF THE PROCEDURE AND AFTER THAT TIME THE PREVIOUS ORDERS RETURN

(Please place one checkmark in box 1-3. If box 2 is checked, please indicate which conditions are applicable)

- 1. Full resuscitation measures to be employed regardless of the cause of the clinical event requiring resuscitation

- 2. Limited resuscitation. Resuscitation should be attempted only if, in the clinical judgment of the attending anesthesiologist and surgeon, one or more of the following conditions are met:
 - the clinical events are believed to be both temporary and reversible (e.g. reversible complication)
 - resuscitation efforts will support the following goals of the patient:

- 3. No resuscitation regardless of the cause of the clinical event requiring resuscitation

Date of discussion (YYYY/MM/DD):		Time: __: __ (24 Hour Clock)	
Patient capable of providing consent for medical treatment (circle appropriate answer):		YES	NO
Name of Substitute Decision Maker (SDM) if patient incapable:			
Date of No CPR order (YYYY/MM/DD):		Proposed procedure:	

I certify that I have explained to the patient or Substitute Decision Maker that the previous No CPR order will be in place when the patient completes Phase 1 of Recovery in the PACU

Print name of staff anesthesiologist completing form	Signature of anesthesiologist	Date (YYYY/MM/DD) Time:
Print name of staff surgeon verifying that he/she has reviewed the above prior to anesthesia	Signature of staff surgeon	Date (YYYY/MM/DD) Time:

Legend: OR= Operating Room; CPR= Cardio Pulmonary Resuscitation; PACU= Post-Anaesthesia Care Unit; DNR= Do Not Resuscitate.

Policy for the temporary revision of existing No CPR Order during the perioperative period

When a patient with a No CPR Order is scheduled for a surgical procedure which will require anesthesia, Sunnybrook Health Sciences Centre's policy requires a mandatory preoperative anesthesia consultation by a staff anesthesiologist. This consultation will facilitate clarification of the applicability and details of the No CPR Order during surgery and post-operatively until medical care is transferred from the Department of Anaesthesia to another service (i.e. Completion of Phase 1 Recovery and cleared to leave PACU on day of surgery). According to hospital policy, a No CPR Order cannot be "automatically" suspended during the perioperative period. For this reason, this policy outlines a mandatory consultation, clarification process and consent that must occur for each capable patient or their substitute decision maker before this temporary revision of an existing No CPR Order is put into place. Incapable patients must be represented by the appropriate Substitute Decision Maker for personal care.

Note: The temporary revision of the No CPR discussion should not occur in the OR area with exception of cases where emergency surgery is required and time is of the essence. For clarification of what qualifies as an emergency where consultation with the anesthesiologist is either impossible or impractical, it is expected that all patients with the exception of some cases classified as an "A" surgical priority have this reconsideration discussion.

From the Canadian Anesthesiologists' Society "Peri-Operative Status of 'Do Not Resuscitate' (DNR) Orders and Other Directives Regarding Treatment" (2002) (**Note:** for alignment with Sunnybrook policy terminology, DNR has been replaced with "No CPR.")

Clarifying the perioperative status of a No CPR Order or other directive regarding treatment

Following clarification of the nature of an existing No CPR Order or directive, further specific discussion with the patient or designated substitute decision-maker should occur to clarify the status of the order or other directive with respect to proposed surgery or other invasive diagnostic or therapeutic procedures.

1. Review the specific anesthetic procedures required to carry out the proposed surgery or diagnostic procedure. Are the procedure(s) consistent with the existing No CPR Order or directive?
2. If a cardiac arrest or other major clinical event were to occur as a consequence of surgery or a diagnostic procedure, but full recovery after immediate resuscitation could normally be anticipated, discuss whether the No CPR order or other directive should be modified or suspended
3. If a cardiac arrest or other major clinical event were to occur in the perioperative period, but not as a consequence of the surgical or diagnostic procedure, discuss whether the No CPR order or other directive should remain in place.

Note: The person giving consent must make certain the patient/SDM understand that the previous No CPR order will be in place when the patient leaves the PACU (regardless of disposition back to unit or ICU)

Possible Exceptions to Mandatory (Temporary) Revision of No CPR Orders

These parameters may not be fully applicable in emergency situations where there is insufficient time for the temporary revision of an existing order. Even in an emergency context, an attempt should be made to clarify a pre-existing No CPR order or other directive with a patient or designated substitute decision-maker.

If a pre-existing No CPR order or other directive cannot be discussed with a patient or designated substitute decision-maker, care providers should make decisions that, to the extent possible, protect and promote the best interests of the patient.

Acknowledgement: This policy was adapted from St. Michael's Hospital policy Mandatory Reconsideration of DNR Order.