

Trinity Hospice and Palliative Care Services
Position statement on Cardio-Pulmonary Resuscitation (CPR)

Definitions

Cardiopulmonary Resuscitation –Cardiopulmonary resuscitation (CPR) embraces all the procedures from basic life support to the most advanced medical interventions. People may be called upon at any time to attempt CPR in a variety of different settings including one's own home, public places, nursing homes and hospitals.

Basic Life Support- Basic life support is defined by the Resuscitation Council guidance. Basic life support refers to resuscitation provided by airway, breathing and circulatory support provided without the use of equipment other than a protective barrier device e.g. pocket mask, bag valve mask and an Automated External Defibrillator (AED).

Trinity Hospice & Palliative Care Services cares for patients with advanced, progressive life-limiting diseases and aims to enhance the quality rather than the quantity of their life. Unexpected cardio pulmonary arrest due to reversible causes is rare in our patient population.

CPR which includes external chest compression and ventilation and automatic external defibrillation is unlikely to be successful for most patients admitted into our care.

CPR carries risks of complications and harmful side effects and if used inappropriately may do more harm than good by prolonging the dying process. For many patients under the care of specialist palliative care the harm of CPR will outweigh any actual or potential benefit.

Discussions and decisions about CPR are now recognised as good practice in the anticipatory care planning for all those approaching the end of life.

If the anticipated outcome of CPR is uncertain, anticipatory decisions either to implement or withhold CPR will be explored with the patient, their family and the staff caring for them.

Whilst the ultimate decision around conducting CPR is a medical one, it is good practice for the wishes of the patient and family to be considered as part of that decision making process.

Declining cardio-pulmonary resuscitation is a very specific decision and will not affect any other decisions about care.

Many patients referred to Trinity services will already have a DNACPR (do not attempt cardiopulmonary resuscitation) decision in place as part of their advance care plan.

Due to the duty of care placed on the ambulance service to take action if an individual becomes unwell, in most circumstances, a patient being moved from the hospice to another care setting by ambulance should have a current DNACPR form in place. Without such a form being completed prior to the ambulance journey any change in an individual's condition may lead to a hospital admission whether wanted or not.

Trinity Hospice recognises our duty of care to all of our staff, volunteers and visitors, and must be prepared to deal with any unfortunate medical emergency that should arise on our premises, including cardio-pulmonary arrest.

Trinity hospice will ensure that all clinical staff are trained to provide **Basic Life Support** using external cardiac massage and where appropriate bag and mask breathing for both adults and children and in the use of an AED device if necessary and appropriate.

If basic cardio-pulmonary resuscitation is undertaken it will mean that the affected patient, visitor, member of staff or volunteer will be transferred to the local acute hospital by emergency ambulance for stabilisation and further management.

Reference; GMC Ethical Guidance on Cardiopulmonary resuscitation (CPR)

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/treatment-and-care-towards-the-end-of-life/cardiopulmonary-resuscitation-cpr>

Position statement reviewed 23.1.20 by Dr Gillian Au, Medical Director Trinity Hospice and Palliative Care Services.