Not for CPR

The OtTer Project

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Admitted
Bed4
18: 19
4 Wave
HR
220
80
178
SpO2
100
60
87
UAP
69/38
(51)
RR
120
10
37

“She’s a good 92…for CPR…”

Does functionally good = physiologically good?

In Hospital Arrest

71% survive to discharge

Portanova, et al. (2015). It isn't like this on TV: revisiting CPR survival rates depicted on popular TV shows. *Resuscitation; 96: 148-50.*

Of people in UK hospitals who had a resus team arrive….

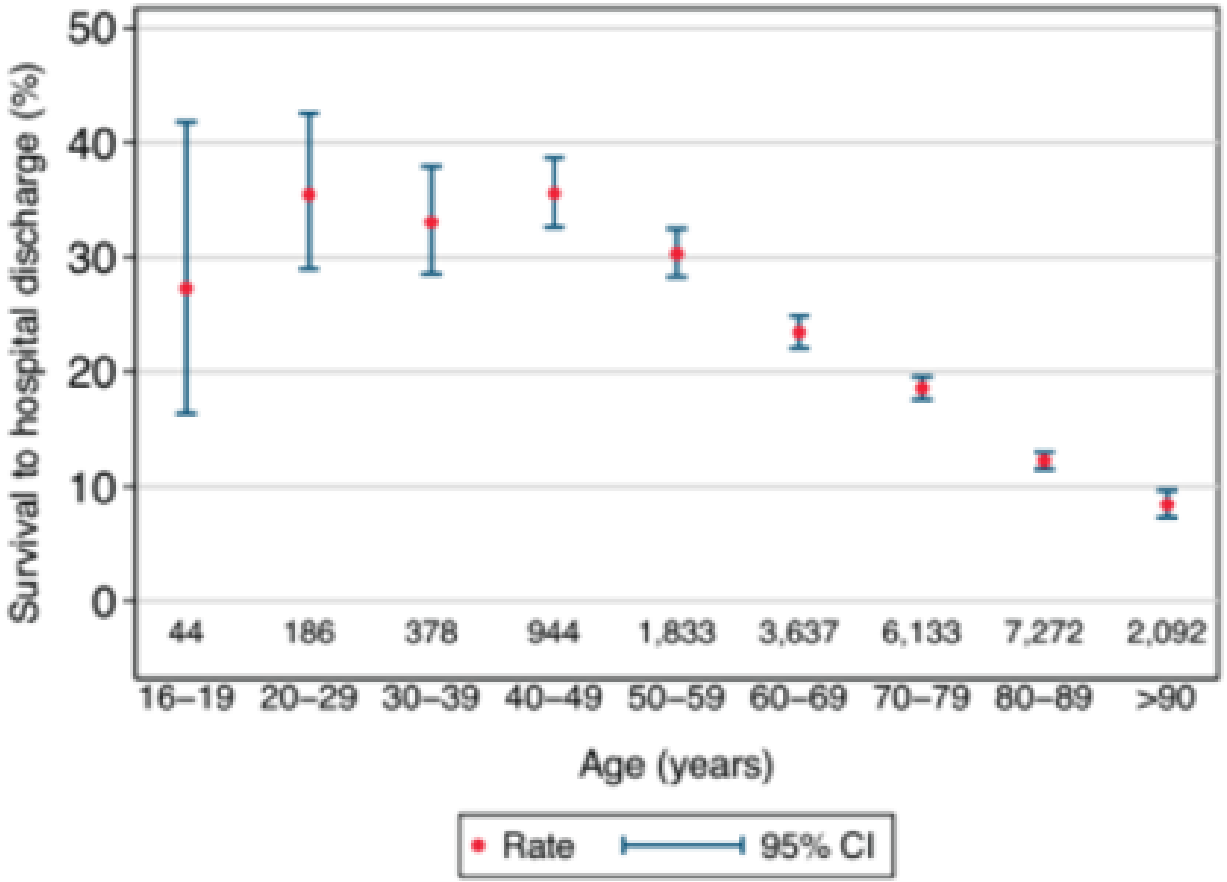


Fig. 5. Survival to hospital discharge following in-hospital cardiac arrest by age. The number of patients in each decile is indicated above the *x* axis.

Nolan, et al. (2014). Incidence and outcome of in-hospital cardiac arrest in the United Kingdom National Cardiac Arrest Audit. *Resuscitation: 85;987-992.*

Escalation: Heroism or Hindrance?

OtTeR Project

Nelson Marlborough Health
TE WAIORA

Affix ID label here

OPTIONS FOR TREATMENT AND RESUSCITATION (OtTeR)

Are there concerns about the Patient's decision making capacity? Yes/No -> If Yes, contact NOK/EPOA & reattempt conversation later.
Does the patient have an advanced care plan? Yes/No -> Reviewed? Yes/No
Is there an EPOA Yes/No -> Is this active? Yes/No

FULL ESCALATION, INCLUDING CPR ☐

DO NOT ATTEMPT CPR
Now indicate ceiling of treatment ☐

- ICU/Inotrope
- ICU/Ventilation
- HDU/Non-invasive Ventilation
- IV Antibiotics/ Fluids
- Oral Antibiotics/ SC Fluids
- Symptomatic care only
  Consider end of life care

Other instructions/ICD etc:

Not for Rapid Response Team ☐

Problem List:

Reason for decision:
☐ Treatments above the indicated ceiling may not be successful.
OR
☐ Treatments above the indicated ceiling are likely to result in poor quality of life:

Discussed with: (Full name & Role)

DOCTOR COMPLETING FORM: (must be at least 3 years post graduate. The ceiling of treatment decision should be reviewed and endorsed by the most senior healthcare professional available at the earliest opportunity)
Signature Name & Title Date

SENIOR MEDICAL OFFICER IN CHARGE OF CARE:
Signature Name & Title Date

REVIEWED: (Review if clinical situation changes. If ceiling remains the same, sign & date this box. If ceiling changes, cancel this form with a line time, date & signature & commence a new one)

Date	Signature	Name & Title
Date	Signature	Name & Title
Date	Signature	Name & Title

This form does not replace clinical judgement. Review decision if clinical situation changes
This form is not legal unless signed, dated & legible

1100003STA

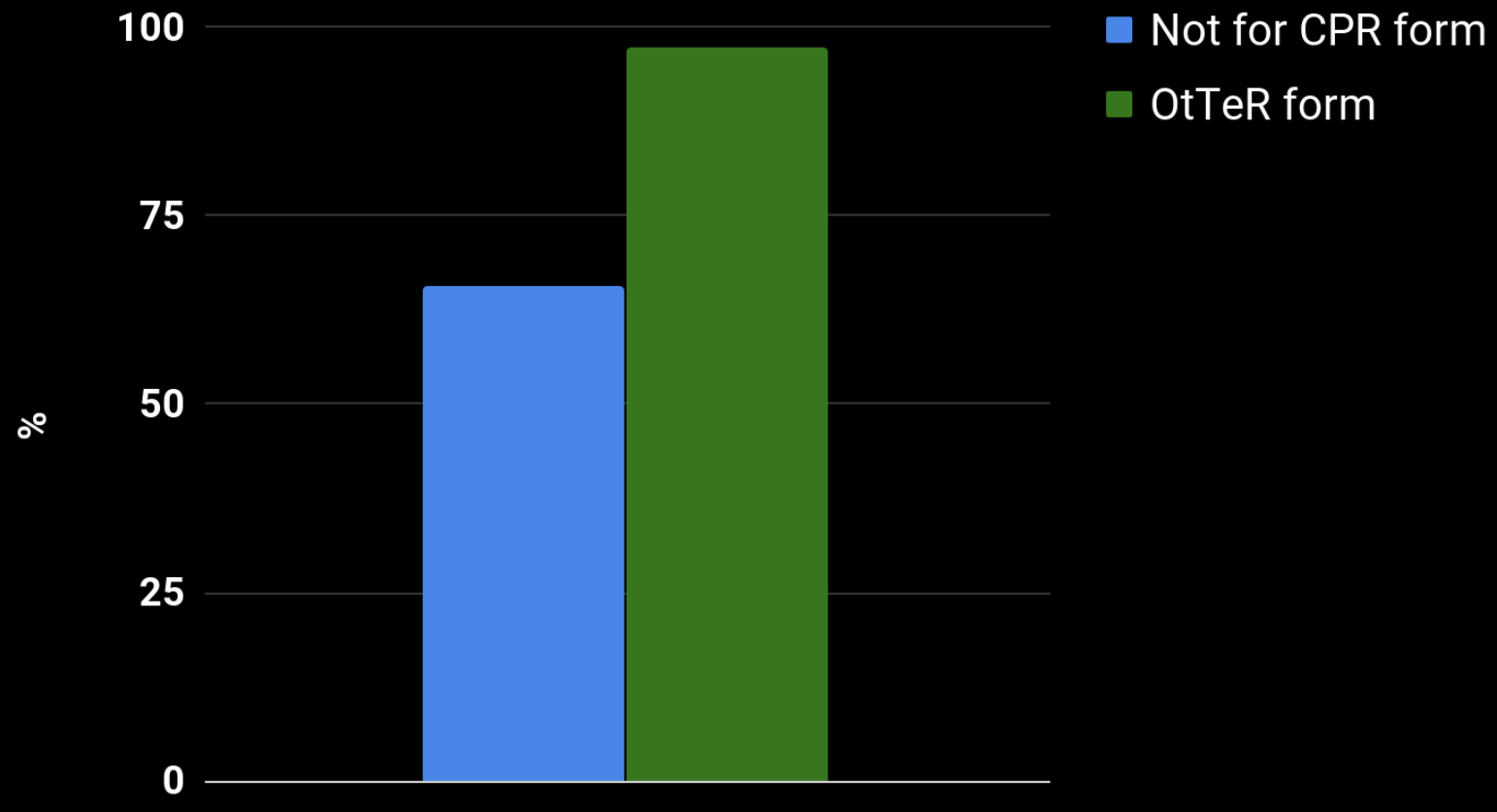
Options for Treatment & Resuscitation

Methods:

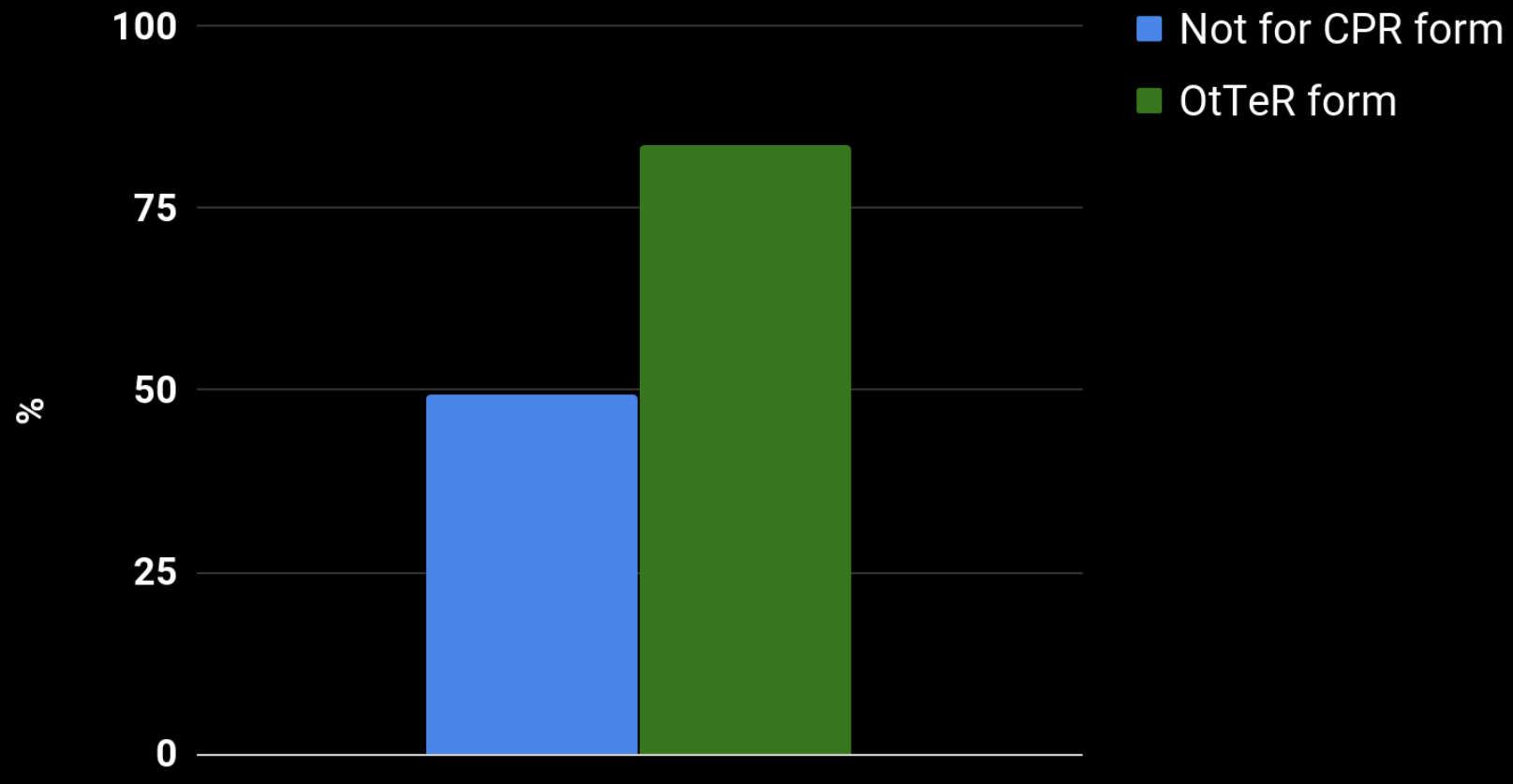
- Retrospective audit of patients admitted under multiple specialties over a 2 month period.
  - Online notes
  - Paper note review

- Documentation around ceilings of treatment in patients with OtTeR vs not for CPR forms.

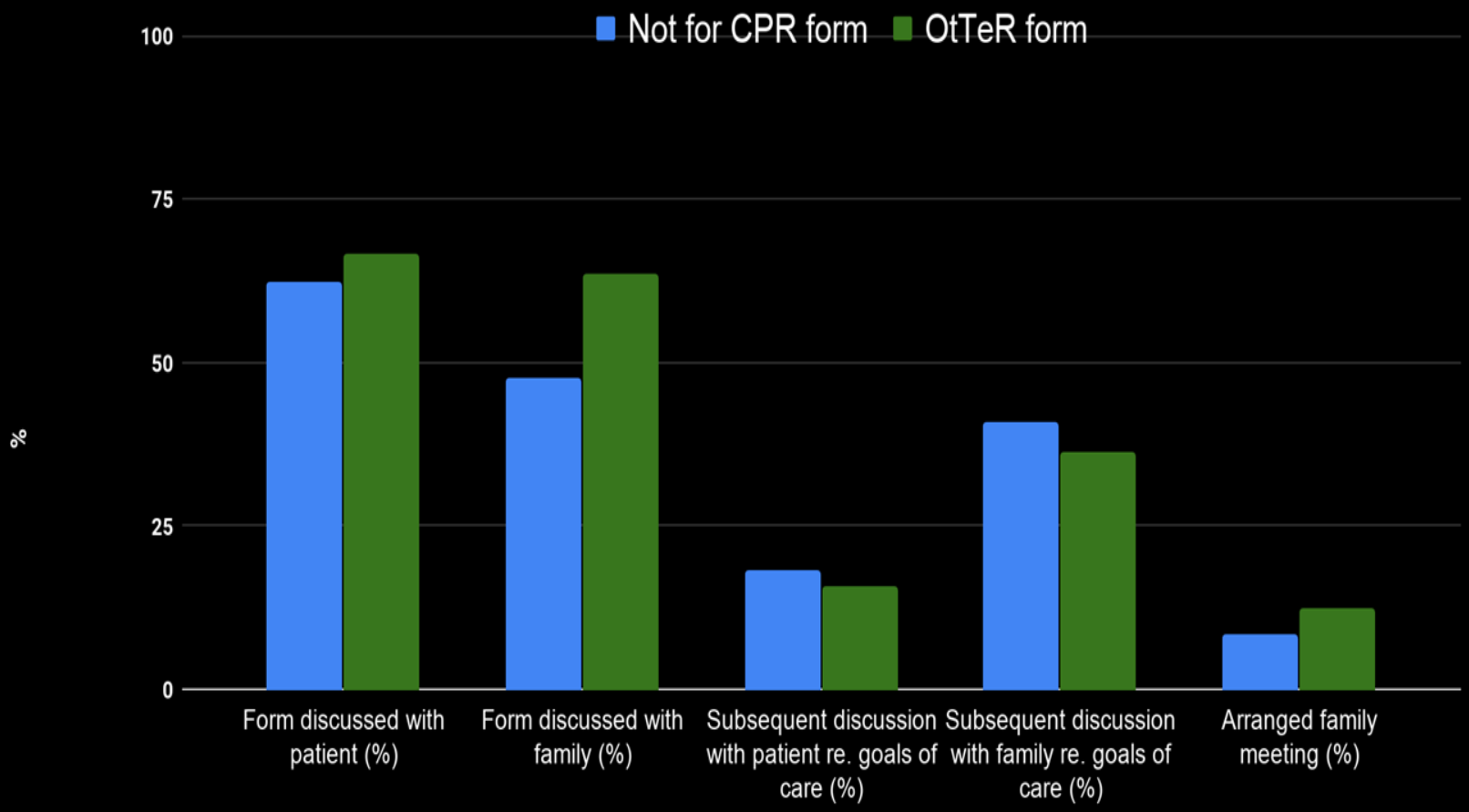
Congruence Of Ceiling Of Treatment: Form vs notes



Additional documentation at the time of admission



Patient/Whanau Initial Involvement And Discussion Frequency



Limitations

- Small numbers small centre.
- Increased frequency = better care?
- Documentation vs reality.

Conclusions

- OtTeR form increased visibility of goals of care and documentation around goals of care at the time of admission.

- But… did not increase inclusion of the patient/their family in discussions, or the frequency of additional discussions after admission.

Where to from here...

Completing the OtTeR Form

Step 1: Preparation

- Identify yourself & the conversation context to the patient and family/Whanau.
- Ask permission to have the discussion
- Ensure that the 'right' people are in the room (eg Tuakana) and that enough time is available to have the discussion
- Document the full name of all people involved in the discussion (Staff, patient & relatives) on the reverse of this form.
- If no support person is available, consider calling a support person through NMH chaplaincy for support/advocacy

Step 2: Conversation guide

Understanding - What is your understanding now of where you are with your illness?

Information preferences – How much info about what's likely to be ahead with your illness would you like?

Prognosis – Share prognosis, tailored to information preferences

Goals – If your health situation worsens, what are your most important goals?

Fears/Worries – What are your biggest fears and worries about the future with your health?

Function – What abilities are so critical to your life that you can't imagine living without them?

Trade-offs - If you become sicker, what are you willing to go through for the possibility of gaining more time?

Family – How much does your family/whanau know about your priorities and wishes?

If required, record further summary of discussion with patient, and or relatives/EPOA in clinical notes

Notes

If the patient is for full escalation, tick the box to document that decision.

If the patient is not for attempted CPR, tick that box and proceed to ceiling of treatment decision

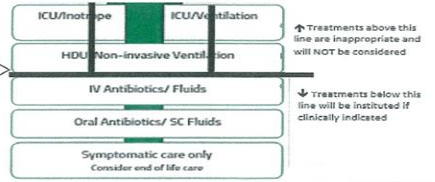
Indicate the ceiling of treatment by drawing a line across the form and crossing through treatments above this line. All treatments below this line will be undertaken if needed. **All treatments above this line are deemed inappropriate and will not be offered.** Document the reasons for the decision and add further information if needed.

We plan to check in again (date):

Step 3: Summary & Follow up

- Summarise conversation, recommendations & outcomes.
- Complete front of OtTeR form
- Agree & confirm a follow-up within 24 hours
- Recommend patient follows up with GP to create an ACP

Example



Options for Treatment & Resuscitation

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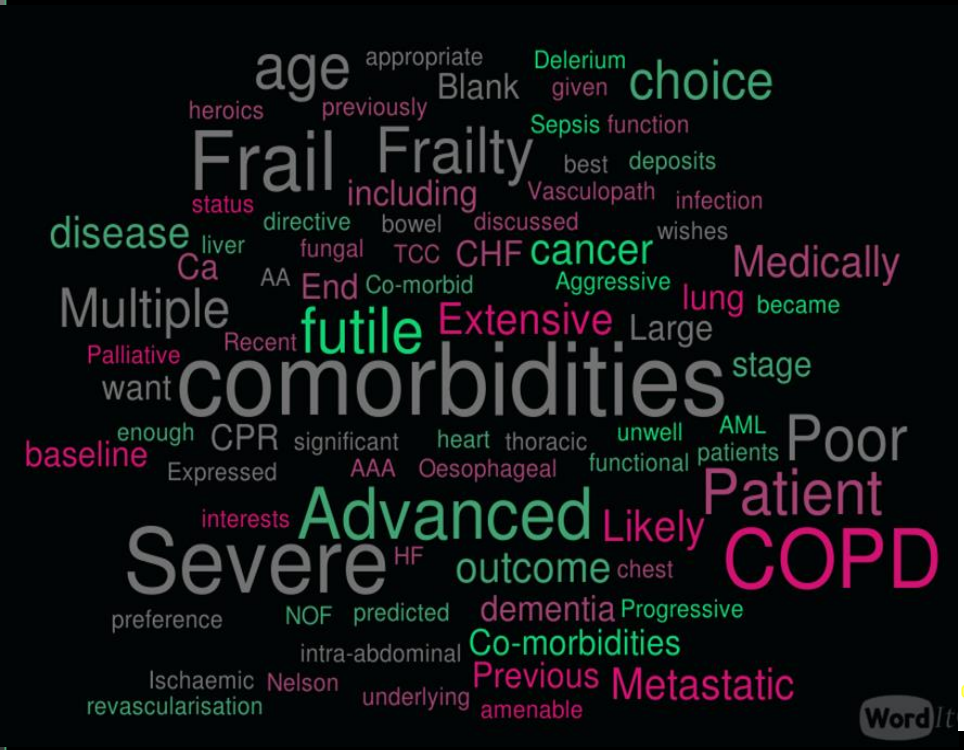
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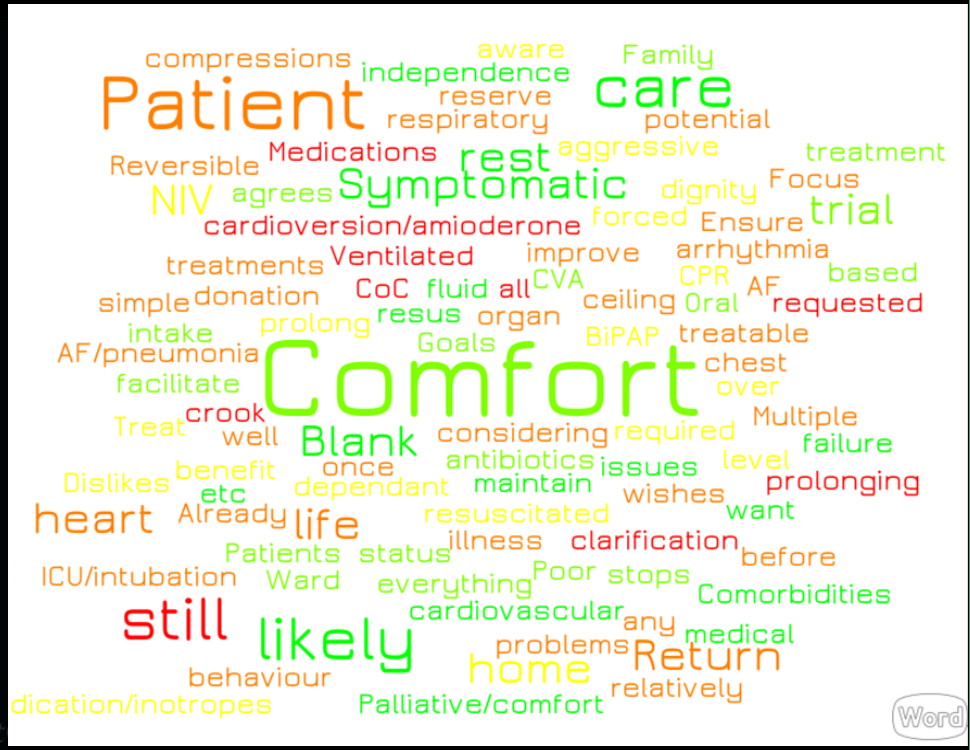
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