Simulation Scenario

Title	DNACPR	**Version**	1.4
Target Audience	FY doctors & student nurses	**Run time**	10 -15 mins
Authors	Paul Redman, James Foxlee, Udesh Naidoo, Mark Loughrey, Paul Wilder	**Last review**	25/7/18
Faculty comments	Actor to play patient relative	**Necessity**	ESSENTIAL

Brief Summary

Explaining to a relative about a decision to not attempt cardiac resuscitation on a patient ('DNACPR').

Educational Rationale

This is a breaking bad news interaction with relatives of a patient that foundation year doctors should be able to perform.

Learning Objectives: Nurse

- Effective communication with patients and relatives

Learning Objectives: Doctor

- Effective communication in an emotionally pressured environment
- Breaking bad news to a patient

No	CURRICULUM MAPPING	This scenario
1	Acts professionally	✓
2	Delivers patient-centred care and maintains trust	✓
3	Behaves in accordance with ethical and legal requirements	✓
4	Keeps practice up to date through learning and teaching	✓
5	Demonstrates engagement in career planning	
6	Communicates clearly in a variety of settings	✓
7	Works effectively as a team member	✓
8	Demonstrates leadership skills	✓
9	Recognises, assesses and initiates management of the acutely ill patient	✓
10	Recognises, assesses and manages patients with long term conditions	
11	Obtains history, performs clinical examination, formulates differential diagnosis and management plan	✓
12	Request relevant investigations and acts upon results	
13	Prescribes safely	
14	Performs procedures safely	
15	Is trained and manages cardiac and respiratory arrest	
16	Demonstrates understanding of the principles of health promotion and illness prevention	
17	Manages palliative and end of life care	✓
18	Recognises and works within limits of personal competence	✓
19	Makes patient safety a priority in clinical practice	✓
20	Contributes to quality improvement	

Candidate Briefing: Doctor

Setting	A&E resus

You have been handed over a patient in resus as your colleague has finished their shift and has now left the department. The patient has just returned from a CT scan of their brain.

You were told this is a 92 year old patient named Bessie Edwards who is currently in resus with coma having collapsed in her nursing home.

On initial assessment in ED resus, the patient was comatose with GCS of 6/15 (E2V1M3). Observations include PR54, BP 180/105, RR18 (but intermittently has had pauses during respiratory cycle).

The patient was reviewed by the consultant on call and it was felt that they may have any intracranial bleed. Premorbidly she was fully independent within the nursing home but had a history of dementia. A decision was taken to perform a CT scan without intubating her, perform some baseline blood tests and put up a drip.

The patient has returned from CT with a diagnosis of a massive intraparenchymal intracerebral bleed.

You have been asked come to talk to her granddaughter who has just arrived and who is also the next of kin. The nursing staff are concerned that there is no 'do not resuscitate form', especially as her GCS has dropped to 3/15 during the trip to CT.

The CT scan is available for you to view.

Technical set-up

Setting	A&E resus		
Simulator	High fidelity manikin		
Gender	Female	Age	92

Initial monitor parameters

RR	O2 sats	Pulse (HR)	BP	ECG rhythm
18	99% on 5L	54	180/105	Sinus bradycardia
Cap Refill Time	**Blood glucose**	**Temp.**		
3sec	5.4	36.1		

Initial patient set-up

Airway	**Obstruction**	**Airway adjunct**
	No	No

Breathing	**Chest sounds**	**O2 supply**
	Clear	Hudson mask

Circulation	**Heart sounds**	**Cannula**	**BP cuff**	**Peripheries**
	Regular	In place	Attached	Cool

Disability	**Eyelids**	**Pupils**	**AVPU/GCS**
	Closed	Right 2mm, Left 6mm	U / 6

Exposure	**Posture**	**Moulage**	**Bowel sounds**
	Supine	None	Normal

Specific equipment / prop requirements

- Completed CAS card
- Obs chart
- Non-invasive BP cuff
- CT scan
- Relatives clothing
- Blank DNACPR form
- ECG leads
- Sats probe

Facilitator Briefing

The patient's observations do not alter throughout scenario.

The end point of conversations should be relative understanding that the decision for DNACPR should be the clinician's and that they understand the futility of the condition.

The doctor may have some struggle initially to explain the concepts and answer relative's questions before the relative hopefully accepts the diagnosis and further management plan.

Telephone advice

- You will be sitting in the control room for the duration
- Answer all calls as "switchboard" in the first instance to allow for realistic delay.

Patient relative's briefing

Setting	A&E resus
Name	Miss Edwards
Age	(Granddaughter)
Gender	Female

What has happened to you?

This is your 92-year-old grandmother named Bessie Edwards who is known to have a pleasant form of confusion and is currently living in a local residential home. You have just received a phone call within the last hour saying that she collapsed whilst in the resident's lounge.

As far as you are aware her only previous issue was hypertension but she has not been treated for the last six months.

You wouldn't consider her to have a formal diagnosis of dementia, and you think this is confusion of old age.

How you should role-play

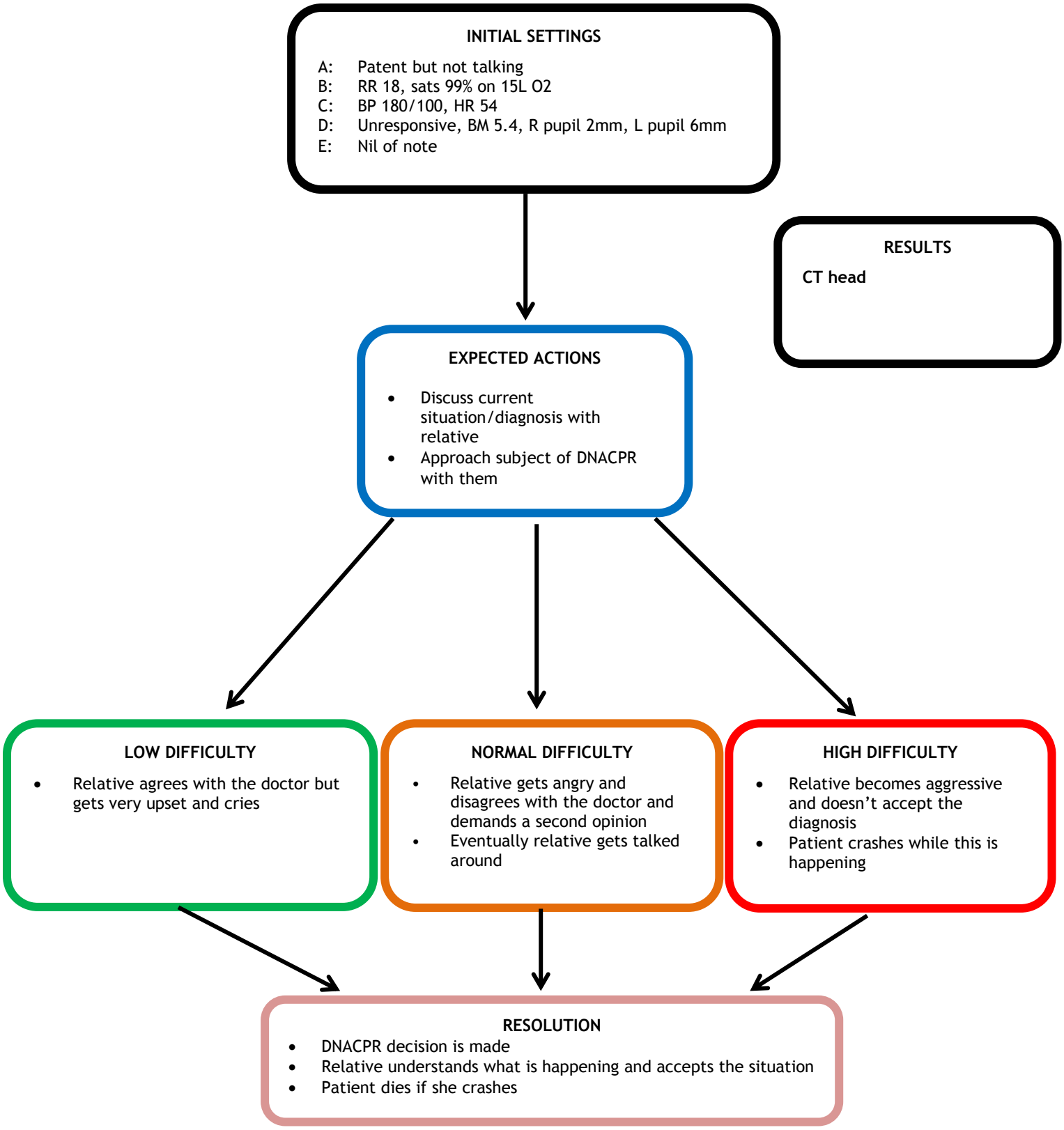
The doctor will discuss the fact that the CT scan shows a massive intracerebral bleed (in the middle of the substance of the brain) which is incompatible with life. They should also approach the subject of a 'do not resuscitate' order on your grandmother. If they do this you should be under the impression that you are being asked to 'kill' your grandmother, and you should make comments along the lines of the fact that it is a big question to be asking a relative whether someone should not be treated.

You can try and object to the DNACPR order because recently a friend's mother had a bleed inside the brain and had an operation at St George's hospital (on an aneurysm) and since they are doing well.

You have a brother in Scotland and your parents (Bessie's only son) now live in Australia.

Let the candidate slowly talk you round to the order, but not without some initial misunderstanding as to who needs to sign the piece of paper. You should be under the impression initially that you are 'signing her life away' – ultimately this should be a clinical decision made by the doctors involved, but is good practice to let the relatives know why the decision is being taken and make sure they understand it would be in the patient's best interest to do so.

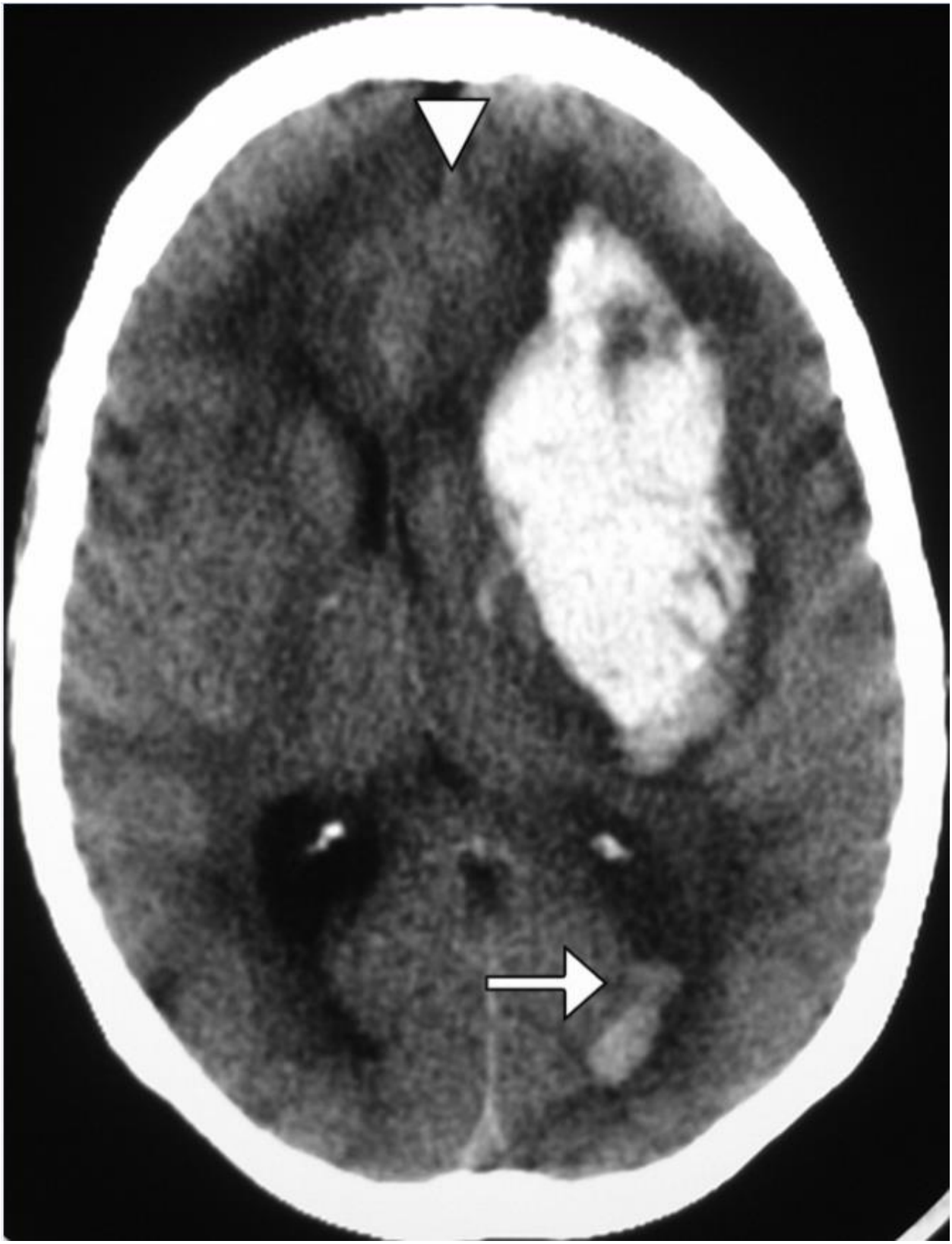
Scenario flowchart



References

- Local breaking bad news guidelines

Clinical props



Frimley Park Hospital NHS
NHS Foundation Trust

Name: BESSIE EDWARDS		ADULT NEUROLOGICAL OBSERVATION CHART	
Hospital No: 789987	NHS No: —	Date: 23/7/12	Frequency: 1°
D.O.B: 926	Ward: ED.	Print name:	Sign:

			hrs														
			mins														
RESPONSIVENESS	EYES OPEN	spontaneously	4														Eyes closed by swelling = C
		to speech	3														
		to pain	2	✓													
		none	1														
	BEST VERBAL RESPONSE	orientated	5														Endotracheal tube or Tracheostomy = T Dysphasia = D
		confused	4														
		inappropriate words	3														
		incomprehensible sounds	2														
		none	1	✓													
	BEST MOTOR RESPONSE	obeys commands	6														Record the best arm response Paralysed = P
		localises pain	5														
		normal flexion to pain	4														
		abnormal flexion to pain	3	✓													
		extension to pain	2														
		none	1														
	COMA SCORE		15	14/15													
PUPILS	RIGHT	Size (mm)		3													+ = Reacts - = No Reaction C = Eye Closed SL = Sluggish Pupil
		Reaction		no													
	LEFT	Size (mm)		5													
		Reaction		no													
LIMB MOVEMENT	ARMS	Normal power															Record right (R) & left (L) separately if there is a difference between the two sides Fractured limb = #
		Mild weakness															
		Severe weakness		R													
		Extension															
		No response															
	LEGS	Normal power															
		Mild weakness															
		Severe weakness		R													
		Extension															
		No response															

PUPIL SCALE (mm) 1 2 3 4 5 6 7	BLOOD PRESSURE mm Hg	230															40
		220															39
		210															38
		200															37 Temp °C
		190															36
		180	↑														35
		170															34
		160	1														33
		150															32
		140	1														31
		130	1														30
		120	1														
		110	1														
		100	1														
		90	V														
	PULSE RATE	80															
		70															
		60															
		50	•														
		40															
		30															
	RESPIRATORY RATE			18													
	DELIVERED O_2			2L													Include nurse concern & urine output in MET score
	O_2 Sats			93													
	MET			10													
	RANDOM GM																
	NURSE'S INITIALS			JM.													

FPH102

Frimley Park Hospital NHS
NHS Foundation Trust

Hospital Number: 789987	
NHS Number:	

Title: Mrs Sex: F DoB: Age: 92 Yrs Surname: Edwards First name: Bernie Address: Postcode: Tel (H): Tel (M): Employer / Educ. Est: Religion: Language:	NOK: Address Relation Tel (H): Tel (M): NOK: Address: Relationship: Tel (H): Tel (M):
Source of Referral: Nursing Home Date of Arrival: 23/7/12 Time of Arrival: 13:52 Mode of arrival: Ambulance No of Attendances in past year: 0 Previous Attendance Number: ED-12-051816-1 To be seen in: Resus.	GP: Address: Tel No: Fax No:

Speciality Expected: Specialty:	Time referred to specialty: Time seen:	Duty/On-Call Emergency Department Consultant:
Presenting Complaint: Collapse		

Triage Nurse:	Time of Triage:	
Presenting Complaint: Collapse in NHome. Iw GCS	Triage (ESI):	3
History of Presenting Complaint: Witnessed collapse	Pain Score	
On Assessment: GCS 6/15	Allergies	none.
Previous Medical History: Dementia.	Tetanus Status	
Social History:	Triage Treatment	
	Triage Notes	

Temperature	36.1	Blood Pressure	196/94	Nurse Concern	YES
Pulse	54	SP O² (Air)	93%	GCS	E V M 6/15
Respiratory rate	18	Pupils (Left)		Pupils (Right)	
Peak Flow	(Pre/Post)	Blood sugar		Weight	
MET SCORE =					

Hosp No.: 789987

Name	Signature	Initials	Position	Speciality	Date	Time
Dr J Smith	Smith	JS	SHO (F2)	EM	23/7/12	14:00

Have you considered the use of a Chaperone when seeing this patient,
Please refer to the Trust and Emergency Department Chaparone Policy.

Chaperone Used? Y / N

Name:_____

Presenting Complaint: Collapse, unconscious.

HISTORY: (Please continue on continuation sheets if necessary)

Witnessed collapse in N. Kane (EMT)
Had been complaining of headache same morning,
paracetamol given, no effect.
At lunch in Resident's lounge - collapse
? seizure - twitching afterwards, change in colour
° incontinence
→ 999 — A+E.

Age >65	
3 Coronary Artery Disease (CAD) Risk Factors: Family history, raised cholesterol, diabetes mellitus, hypertension, active smoker	
Known CAD stenosis >50%	
Aspirin use in past 7 days	
Recent (<24 hours) severe angina	
Raised cardiac markers (CK)	
ST deviation >0.5mm	
TIMI Risk Score	

Age >60	
BP >140/90	
Clinical features: Unilat weak (2 pts) Speech only (1 pt)	
Duration: >60 mins (2 pt) 10-59 mins (1 pt) <10 mins (0 pt)	
Diabetic	
ABCD2 Score (max 7)	

Women of Childbearing age? LMP: ..... Pregnant? Y / N

2

Hosp No.: 789987

Past Medical History

Dementia
Hypertension

☐ Diabetes ☐ AF ☐ Hx Dementia ☐ Hypertension ☐ IHD/Angina
☐ COPD ☐ Arthritis ☐ Epilepsy ☐ Asthma ☐ Pacemaker

(Please tick relevant conditions if present)

Drugs

Is the patient on anti-cancer medication? YES/NO If yes, what?
Please contact Lead Chemo Nurse on bleep 277

- Bendroflumethiazide 2.5mg od
- Temazepam 10mg nocte prn.

Allergies

Drug	Reaction	Date
~~Lisinopril~~		
Nil known		

3

Hosp No.: 789987

Systematic Enquiry:

Family History

Social History

Alcohol: .....units/week Smoking:

Occupation: Retired Accountant. Retired: Yes /No

Lives in: House / Flat / Bungalow / WCF / Residential Home / Nursing Home / Barracks

Surrey / Hampshire / Berkshire/ Other/ Not known

Usually able to go out: Yes / No Lives alone: Yes / No Stairs: Yes / No

Mobility: ☑ Independent
☐ Stick
☐ Frame
☐ Wheelchair
Wheels ++

Services: ☐ MOW
☐ Bathing services
☐ District Nurse
☐ Day Centre
☐ Day Hospital

Carer/s: ☐ None
☐ Spouse
☐ Other family
☐ Friend/ Neighbour
☐ OD ☐ BD ☐ TDS ☐ QDS

Drives: Yes / No

Has memory deficit been present for 6 months or more? ☐ Yes ☐ No

AMT (N/A ✓)

☐ Age ☐ Recognition of two persons ☐ Time (to nearest hour) ☐ Date of Birth
☐ Address for recall ☐ WW2 ☐ Year ☐ Present monarch
☐ Location ☐ Count backwards 20 - 1

Score ...../10

If Score 7 or below commence dementia CQUIN ☐ Yes ☐ No

4

Hosp No.: 789987

EXAMINATION

Jaundiced Anaemic Cyanosed Clubbed Lymphadenopathy

Temp 36.1 Cap Blood Glucose.....

General Impression:

Unwell

Cardiovascular

HR 54 reg / irreg BP sitting .....

BP lying 201/106 BP Standing ..... (Remember >2 mins for Postural BPs)

HS 1+2+0 Murmur? Y (N) Carotid Bruit? Y N

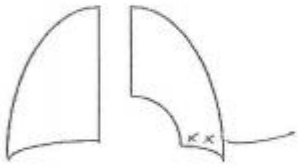
JVP ..... Oedema .....

Respiratory

RR 18 Sats on Air 93% Sats on 15L % O_2 99

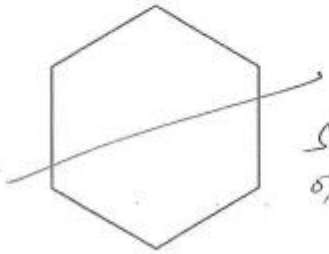
Current PEFR..... Best PEFR ..... Predicted PEFR .....

Percussion / Auscultation



(L basal crps (v. few)

Abdominal



SSM

other.

Ascites? Y / N

PR

PV

Hosp No.: 789987

Neurological

GCS: E 2 V 1 M 3 6/15

Pupils: (R) 3mm (L) 2mm

Cranial Nerves: (Not Assessed - tick here:)

Abnormalities:

no appt anxiety.

Peripheral Nerves: (Not Assessed - tick here: /)

		Power			Reflexes		Tone	
		Right	Left		Right	Left	Right	Left
Shoulders	abd (c5,6)							
	add (c5,6,7)							
Elbow	flex (c5,6)			Biceps (c5,6)				
	ext (c7,8)			Triceps (c7,8)				
Wrists	flex (c6,7,8)			Supinator (c6)				
	ext (c7,8)							
Hips	flex (l1,2,3)							
	ext (l5,s1,2)							
	abd (l4,5,s1)							
	add (l2,3,4)							
Knees	flex (l4,5,s1,2)			Knee (l2-4)				
	ext (l2,3,4)							
Ankles	flex (l4,5,s1,2)			Ankle (s1,2)				
	ext (s1,2)			Plantar (l5-s2)				

Cerebellar Signs:

Nystagmus .....

Gait .....

Finger/Nose .....

Dysdiadokoinesis .....

Heel/shin .....

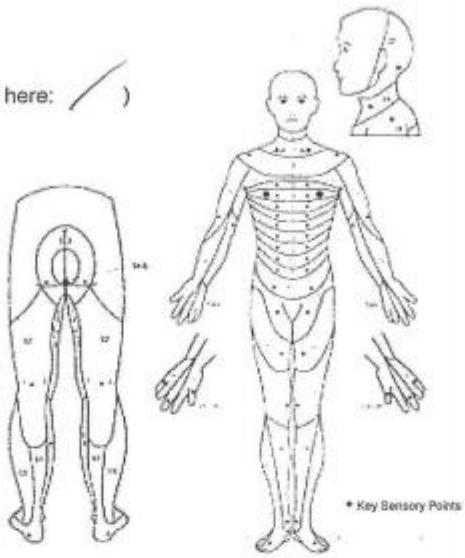
Dysarthria .....

Romberg's test .....

6

Hosp No.: 789987

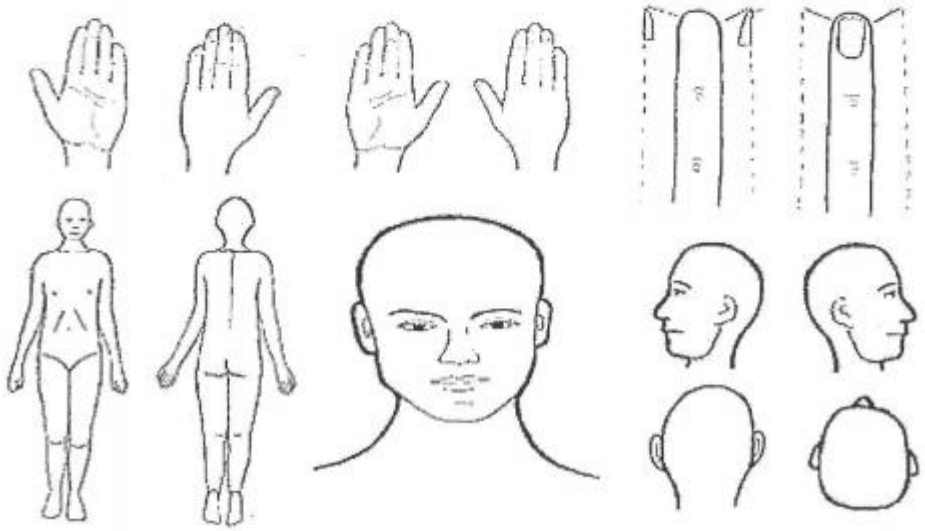
Sensation
(Not Assessed - tick here: /)



Anal sensation? Y N

Other examination findings / comments:

no apparent injury



Hosp No.: 789987

Initial Impressions / Differential Diagnosis:

? Intracranial bleed.

Investigations:

Radiology: ☐CXR ☐AXR ☑CT Head ☐Other.....

Results:

Bloods: ☑FBC ☑Coag / INR ☐ESR
☑U&Es ☐LFTs ☐Bone ☑CRP
☐Other .....

Results:

Hb		MCV		Na		Bili		AST		Chol	
WCC		B12		K		Alk P		GGT		HDL	
Neut		Folate		Ur		ALT		Amylase		TG	
Plt		PT		Creat		Alb		CK		LDL	
ESR		APTT		Glucose		PO4		Trop (1)		TSH	
		INR		CRP		Cor Ca		Trop (2)		FT4	

Others:

☑ECG ☐Urine ☐βHCG ☐ABG ☐Other .....

Results:

8

Hosp No.: 789987

Management Plan:

D/W

- likely intracranial bleed. for CT head.

if bleed present, to explain to family to TLC as very likely won't survive this.

Discharge? Y / N
Refer? Speciality .....
Admit CDU? (consider VTE prophylaxis)
Decision time .....

VTE Risk? Please assess on separate risk assessment sheet
Have you started VTE prophylaxis? Y N
If not - reasons:

MRSA Status: **C. Diff status:**

Met Calls Y N **For CPR?** Y N
Orange sticker? Y N

Senior Review: Name: ..... Designation:.....

@ 14:30 - Handed over to incoming team to review CT scans and await relatives attending

Time ..... Date ..... Signature .....

9

Name _____

Address _____

Date of birth _____

NHS & Hospital numbers _____ / _____

NHS
Frimley Health
NHS Foundation Trust

DO NOT PHOTOCOPY

This form is for Adults Only

Do Not Attempt Cardiopulmonary Resuscitation

1	Reason for DNACPR decision (Please complete A, B or C): A) CPR is unlikely to be successful due to _____ _____ B) CPR may be successful but followed by a length and quality of life that would not be of overall benefit to the patient. The patient has been informed of the decision YES / NO. If "NO" please state reason _____ _____ C) There is a valid advance decision to refuse CPR, ADRT or ReSPECT or a community DNACPR form. Please circle. Attach a copy of the Advance Decision to Refuse Treatment (ADRT) to the back of this DNACPR form
2A	Fill in this section if patient is deemed to have capacity Summary of discussion with patient _____ _____

OR

2B	Fill in this section of patient is deemed <u>not</u> to have capacity Summary of discussion with INSERT NAME who is INSERT RELATIONSHIP _____ _____ The above discussion must be with Next of Kin or Legal Guardian or Power of Attorney (Health)

3	A) Is the patient for NEWS? If "YES" please document limits of therapy below. Full plan should be written in medical notes	YES	NO
	B) Is the patient for consideration for MADU, SADU, CCU?	YES	NO
	C) Is the patient for consideration for ICU?	YES	NO
	D) For other treatment please specify *(e.g. ceiling at ward based care, antibiotics, fluids)* _____ _____		

4	Healthcare professional completing this DNACPR order. NAME _____ POSITION _____ SIGNATURE _____ DATE & TIME _____
5	Endorsement by Consultant in charge of patient care *(to be completed within 24 hours if not the signature above)* NAME _____ POSITION _____ SIGNATURE _____ DATE & TIME _____
6	This form is for review on **OR** This form is not for review ☐ *(please tick)*

APPENDIX THREE

Decisions relating to cardiopulmonary resuscitation
Issues for consideration: COMPETENT adults

Information Giving

- ensure patient has access to information about decision making in relation to CPR

Discussion

- senior health professional should initiate sensitive discussion with patient
- respect patient's wish not to discuss resuscitation

Assess the Clinical Issues

- Is CPR likely to restart the patient's heart and breathing?
- Would restarting the patient's heart and breathing provide any benefit?
- do the expected benefits outweigh the potential burdens of treatment

Seek Consensus

- responsibility for the decision rests with the consultant or GP in charge of care

Communicate the Decision

- ensure effective communication of decision to relevant health professionals

APPENDIX THREE

Decisions relating to cardiopulmonary resuscitation
Issues for consideration: INCOMPETENT adults

Is there a valid and applicable advance refusal of CPR?

NO

Is there a valid and applicable Lasting Power of Attorney?

- If yes consult and consent the appointed attorney in the same way as you would the patient.
- If no consult the appointed attorney in order to obtain a view on what the patient would have wanted as part of your assessment as to what is in the patient's best interests the

Assess the best interests of the patient

- What is known about the patient's wishes regarding resuscitation?
- Did the patient request confidentiality?
- Did the patient identify people to be consulted about treatment?
- seek the views of people close to the patient about what he or she would want
- discuss with the clinical team

Assess the clinical issues

- Is CPR likely to restart the patient's heart and breathing?
- Would restarting the patient's heart and breathing provide any benefit?
- Do the expected benefits outweigh the potential burdens of treatment?

Seek consensus

- responsibility for the decision rests with the consultant or GP in charge of care

Communicate the decision

- ensure effective communication of decision to relevant health professionals

YES

Communicate the decision

- record the patient's wishes clearly in notes and communicate decision to relevant health professionals

NEWS - OBSERVATION CHART

NHS Frimley Health NHS Foundation Trust

Surname: EDWARDS		First name: BESSIE	
Hospital number: 789987	D.O.B: 92YRS	Date of admission: TODAY	

Section	Range	TODAY / -1hr	Score	Range
	DATE	TODAY		DATE
	TIME	-1hr		TIME
A+B Respirations Breaths/min	≥25		3	≥25
	21–24	18	2	21–24
	18–20	•		18–20
	15–17			15–17
	12–14			12–14
	9–11		1	9–11
	≤8		3	≤8
A+B SpO2 Scale 1 Oxygen saturation (%)	≥96	99		≥96
	94–95		1	94–95
	92–93		2	92–93
	≤91		3	≤91
SpO2 Scale 2† Oxygen saturation (%) Use Scale 2 if target range is 88–92%, eg in hypercapnic respiratory failure	≥97 on O_2		3	≥97 on O_2
	95–96 on O_2		2	95–96 on O_2
	93–94 on O_2		1	93–94 on O_2
	≥93 on air			≥93 on air
	88–92			88–92
	86–87		1	86–87
† ONLY use Scale 2 under the direction of a qualified clinician	84–85		2	84–85
	≤83%		3	≤83%
Air or oxygen?	A=Air			A=Air
	O2 L/min	5	2	O2 L/min
	Device	venturi		Device
C Blood pressure mmHg Score uses systolic BP only	≥220			≥220
	201–219			201–219
	181–200			181–200
	161–180	V		161–180
	141–160	¦		141–160
	121–140	¦		121–140
	111–120	¦		111–120
	101–110	Λ	1	101–110
	91–100		2	91–100
	81–90		3	81–90
	71–80		3	71–80
	61–70		3	61–70
	51–60		3	51–60
	≤50		3	≤50
C Pulse Beats/min	≥131		3	≥131
	121–130		2	121–130
	111–120		2	111–120
	101–110		1	101–110
	91–100		1	91–100
	81–90			81–90
	71–80			71–80
	61–70	54		61–70
	51–60	•		51–60
	41–50		1	41–50
	31–40		3	31–40
	≤30		3	≤30
D Consciousness Score for NEW onset of confusion (no score if chronic)	Alert			Alert
	Confusion		3	Confusion
	V		3	V
	P		3	P
	U	U	3	U
E Temperature °C	≥39.1°		2	≥39.1°
	38.1–39.0°		1	38.1–39.0°
	37.1–38.0°	36.1		37.1–38.0°
	36.1–37.0°	•		36.1–37.0°
	35.1–36.0°		1	35.1–36.0°
	≤35.0°		3	≤35.0°
NEWS TOTAL		5		TOTAL
	Monitoring frequency			Monitoring
	Pain score			Pain score
	Initials			Initials

National Early Warning Score 2 (NEWS2) © Royal College of Physicians 2017 Version: 201807_004 Product Code: