



PROCEDURE NO.

PROCEDURE TITLE:
Plan of Treatment for CPR

Plan of Treatment for CPR

I have had the opportunity to have a discussion that explains the treatment of cardio pulmonary resuscitation (CPR). I (or my SDM) understand my current health conditions. I (or my SDM) understand what CPR is, what the side effects, risks and benefits of CPR are, and have considered my goals for care. I have received the brochure on CPR to support the conversation and had opportunity to receive answers to any questions I had.

- CPR is consistent with my goals of care
- CPR is not consistent with my goals of care
- I have had previous discussions on CPR and I am confirming that I do not wish to have CPR in my plan of treatment
- Dr. _____ is recommending that CPR be offered.
- Dr. _____ is not recommending or offering CPR.

If CPR is included in a plan of treatment, then at this home this means that in the event of a critical illness the ambulance will be called for transfer to hospital. In our home, qualified staff may initiate chest compressions and 911 will be called to provide full CPR and emergency treatment.

Note: Health Care staff will assess appropriateness of initiating/continuing or stopping CPR at the time of a cardiac event. This medical assessment in the moment may consider, for example, if the person is at a natural end of life, if there is overwhelming illness burden at the end of life, or if it is an un-witnessed event with significant time lapse.

If no CPR is in your current plan of treatment, then our care for any acute illness will still consist of full nursing and medical care, including oral fluids, pain control, antibiotics as necessary, treatment for the relief of symptoms, hospital care if necessary, and palliative care in this home. Informed consent for any care or treatment mentioned or offered at that time will be sought from the resident, or from their SDM if the person is no longer capable of making those decisions.

If no CPR is in your current plan of treatment and transfer to hospital is required, a signed DNR-C form on the chart will order ambulance attendants and first responders not to undertake CPR.

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I and/or my SDM:

- I have had opportunity to have an informed consent discussion regarding my health, the treatment of CPR including risks, benefits and burdens. Questions have been answered and my goals of care have been reviewed. I **DO consent** to have CPR included in my plan of treatment at this time.
- I have had opportunity to have an informed consent discussion regarding my health, the treatment of CPR including risks, benefits and burdens. Questions have been answered and my goals of care have been reviewed. I **DO NOT consent** to have CPR included in my plan of treatment

Resident Name: _____

Resident or SDM Signature: _____

Note: If a medical professional has assessed that the resident is unable to understand the information and appreciate the consequences of the decision required, this assessment of mental incapacity will be documented in their health record and their SDM(s) will be required to consent to a plan of treatment regarding CPR decision.

Date: _____

Caressant Care Health Care Professional/Staff who proposed/reviewed CPR plan of treatment:

Print Name: _____

Note: If no CPR is in the plan of treatment a DNR-C form will need to be completed to communicate that decision to first responders.

See Also:

Other Tools listed here

APPROVED:	REVISED/REVIEWED: February 2020	AUTHORIZED BY: Caressant Care Operations Team
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