4.5 Specialist health expertise guidelines

4.5.2 Student health care plans

4.5.2.2 Do not attempt resuscitation orders

Background

Caring for a child who has a life-limiting illness is very challenging. In most instances, health professionals strive to preserve life, and consent to emergency, life-preserving procedures is assumed. However, there are times when death is inevitable and ongoing treatment may cause more harm than benefit. At this point, the aim of care is to allow the individual to die with dignity and in relative comfort, rather than to pursue ongoing medical intervention.

In some situations, families and health professionals arrive at the decision to allow the child or young person to die naturally. They ask that in the case of medical emergency, urgent treatment to save the patient’s life is not conducted. In such situations, an advance health directive or Do Not Attempt Resuscitation order is established. Such orders are also known as Do Not Resuscitate, Not For CPR, Not For Resuscitation and Allow Natural Death orders. In accordance with the principle of non-malfeasance (the duty to do no harm), there is no ethical obligation for medical and nursing professionals to provide treatment that may be futile or harmful.

The establishment of a Do Not Attempt Resuscitation order is driven by the clinical and family circumstances of each case. Parents or legal guardians can make orders for dependent children and young people under the age of 18 years, in partnership with the treating doctor. In some circumstances, the child or young person may be involved in the decision making, however consent must be provided by the parent or legal guardian. Orders must be tailored to each situation and to each child or young person. Even if resuscitation is not to be carried out, other aspects of care must continue. It is never permissible to withdraw or withhold care that alleviates pain or promotes comfort. The order must include the measures that should be performed in the event of a medical emergency, as well as those which should not.

General principles

Do Not Attempt Resuscitation orders can be revoked if the clinical or other circumstances change. Orders should be seen as dynamic, and subject to change. It is important to maintain clear and contemporaneous documentation in relation to all discussions about Do Not Attempt Resuscitation orders, in particular, discussions with the child’s treating doctor and parent or legal guardian.

Some children with life-limiting illnesses may have a Do Not Attempt Resuscitation order and may also continue to attend school. School staff may have reservations about honouring an order for fear of liability or the effect a dying child may have on other students and staff. In reality, the risk of rapid deterioration and death while at
school is very low. However, it is important that the School Principal and Community Health Nurse are involved in any decision-making about whether or not an order can be implemented.

If a *Do Not Attempt Resuscitation* order is accepted by the relevant parties in the school community, the student health care plan must be adapted (or established) to reflect the changed circumstances. Care planning should always include appropriate school staff, with clear and well-rehearsed chains of command and action. Schools should plan for bereavement support for students and teachers no matter where the death occurs.

This guideline has been developed to facilitate decision making when a *Do Not Attempt Resuscitation* order is introduced to a school setting.

**Role of community health staff**

1. *Do Not Attempt Resuscitation* orders are usually applicable only in Education Support Schools where a Community Health Nurse is present on a full-time basis.

2. There is a presumption that the usual resuscitation measures will be attempted unless an advance decision has been made and explicit instructions have been put in place in the student health care plan.

3. *Do Not Attempt Resuscitation* orders should be used to expressly describe situations where resuscitation is not to be attempted. The order and the student health care plan need to also describe what procedures and care should be provided to promote comfort.

4. An order must be signed by the treating doctor and parents or legal guardian before it can be considered by the School Principal and Community Health Nurse.

5. As part of care planning, orders should be subject to case conferencing with all relevant parties, including the School Principal if the child is to continue to attend school.

6. The agreed student health care plan to be implemented in the school must be signed by the parents or legal guardian, the treating doctor, Community Health Nurse and School Principal. **The care plan must not be implemented if there is not agreement from all parties.**

7. Care planning should include scenario planning to identify clear chains of communication, actions and roles. Scenarios need to be well-rehearsed, and include such considerations as:
   - Assessment of condition and identification of a medical emergency situation
   - Contact with ambulance
   - Contact with parent

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Date Reviewed: August 2013
Next Review August 2016
NSQHS Standards: 1.7 & 1.18
4. School aged Children

4.5 Specialist Health Expertise

4.5.2.2 Do not attempt resuscitation orders

8. Emergency situations are not always possible to anticipate in advance and situations are subject to sudden change; therefore all possible scenarios should be considered.

9. Care planning for a Do Not Attempt Resuscitation order is to be reviewed if there is a change in the individual’s medical condition, or six-monthly, and changed as appropriate. Regular communication with Princess Margaret Hospital liaison staff member and parent/guardian is crucial.

10. Do Not Attempt Resuscitation orders should be seen as dynamic and subject to change. It is important to maintain clear and contemporaneous documentation in relation to all discussions, in particular, those with the child’s treating doctor and family members.

11. If there is any conflict between family members, or issues relating to family law, legal advice should be sought. Information on how to request advice from the Department of Health Legal and Legislative Services can be obtained at http://intranet.health.wa.gov.au/LLSD/home/ or by phone (08) 9222 4038.

Documentation

- **Primary School Health Record CHS 409** This record serves as the health record for students during their primary school years (K-7)

- **High School Health Record CHS 410** This record serves as the health record for students during their secondary school years. It seeks student and family details, and information about health status of the student.

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Do not attempt resuscitation orders in the school setting

1. **DNAR order introduced to the school:**
   - Check order includes details about care to be provided, and procedures to be withheld in the event of a medical emergency.
   - Check the order has been signed by parent/guardian and treating doctor.

2a. **Organise case-conference between all relevant parties, including:**
   - Community health nurse (CHN)
   - School administration
   - Parent
   - PMH staff
   - Others as appropriate

2b. **Order requires more information**
   Discuss with parent and/or consulting doctor or relevant PMH liaison staff.

3a. **Update student care plan**
   - Consider possible scenarios and clearly define roles and responsibilities in the event of a medical emergency.
   - **Care plan must be signed by relevant parties including parent, treating doctor, CHN and school principal.**
   - Review and update plan as situation changes (or 6 monthly)

3b. **Care plan is not signed by all parties including parent, treating doctor, CHN and school principal**
   Do not implement care plan.

4. **After a medical emergency**
   - Write comprehensive documentation
   - Inform managers
   - Debrief
   - Discuss actions and outcome
   - Recommend changes for the future
   - Consider need for bereavement support for members of the team or wider school community.
Related policies, procedures and guidelines

| Guidelines for the appropriate use of Do-Not-Resuscitate (DNR) Orders. Princess Margaret Hospital. (2006) |
| Patient Information Retention and Disposal Schedule (DOH) – Version 3 |

Useful resources

| Code of Ethics, Department of Health WA. |

Policy Owner

| Portfolio |
| Director Statewide Policy Unit. | School Health |

References


