Do Not Attempt Resuscitation (DNAR) decisions in the perioperative period

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Clinical scenario

- 46 year old patient with advanced motor neurone disease
- Admitted to hospital for abdominal pain
- DNAR agreed by patient and doctor
- SBO and peritonitis suspected
- Patient wishes for laparotomy
Perioperatively…

• What do you do?
• What can you do?
• What can you not do?
• What about post operative management and ICU support?
AAGBI glossy

- Published May 2009 for adult patients
- Increasingly common for patient with DNAR order to undergo surgery
- Anaesthesia vs resuscitation??
- Addresses autonomy
- Decisions based on patient and the clinical team +/- proxy decision makers
Situations include:

• Patient with a DNAR decision and need:
  – A support device (feeding tube)
  – Urgent unrelated surgery (appendicectomy)
  – Urgent related surgery but not a terminal event (bowel obstruction)
  – A procedure to decrease pain (#NOF)
  – A procedure to provide vascular access
Previously..

- USA (ASA guidelines) 1993
- Canada 2002
- Joint statement by BMA/Resus Council UK/RCN 2007

- No guidelines existed until now for UK
- Common presumption to withdraw DNAR fully during periop period
Definitions

• DNAR decision
• Location sensitive DNAR decisions
• CPR
• Proxy decision makers
• Competent/incompetent adults
• Independent mental capacity advocate (2005)
Who can implement a DNAR decision? (England & Wales)

• A competent patient
• An advance decision by a patient who now lacks capacity
• Proxy decision makers
• Senior clinician in charge of the patient’s care
Why is a review of DNAR necessary preop?

- Anaesthesia itself will promote cardiopulmonary instability that will require support
- Routine interventions during anaesthesia may be classified as ‘resuscitation’.
- Survival post anaesthetic related arrest is >90%.
- If the anaesthetist
  - Strictly obeys DNAR - Is it euthanasia?
  - Insists on suspending DNAR – is it denying human rights and causing assault?
• MCA 2005: ‘advance decision must be applicable to the circumstances that subsequently arise if it is to remain valid.’
• Circumstance of anaesthesia will not have been considered when DNAR was made
Therefore…

• ALL DNAR decisions must be reviewed before anaesthesia / surgery.

• May need modification for the perioperative period by senior staff
How to review a DNAR decision

• Emergency situation
  – Attempts should still be made to discuss
  – Patients best interests decided by doctor

• During preoperative phase consider:
  – Medical condition, mental competence
  – Surgical intervention
  – History surrounding DNAR decision
AAGBI recommends 3 options

- **Option one**
  - Discontinue DNAR during perioperative period
- **Option two**
  - Modified DNAR decision
  - Allow monitoring, temporary manipulation of airway and breathing, use vasopressor or antiarrhythmic drugs
  - Consider defibrillation, discuss chest compression
- **Option three**
  - no changes to the DNAR decision
  - Not usually compatible
Sample proforma

Conflict resolution

• Hierarchy of decision makers:
  1. The competent patient’s direct instructions
  2. Patient’s advance decision or proxy decision maker
  3. The senior clinician in consultation with relatives or IMCA

• Trust legal team if advice needed
Duration of the DNAR management decision

- Intraoperative phase
  - Theatre and recovery area

- Postoperative phase
  - Continue until pt is discharged from the recovery area
  - Reinstate prior DNAR decision on handover to the ward
  - May need to prolong the decision if PCA/epidural used
So what about ICU?

- No specific mention
- Severity of underlying disease / operation
- If ICU support post op is necessary:
  - Open discussion with patient pre-op
  - Setting boundaries /ceiling of care
  - Continue peri-op DNAR mx decision?
  - When to return to the original DNAR?
In summary

- Applies only to adult patients
- Three DNAR Mx options perioperatively
- Consider the legal hierarchy on who decides
- Involve relatives (no legal authority)
- Neither pts or proxy decision makers can demand Rx which is against pts interests
  - But can refuse Rx
- Advance decisions must be relevant to the situation