

RESUSCITATION INFORMATION PACK

RESUSCITATION PROTOCOL

This is not an easy topic to think or talk about but we do need to discuss this phase of our lives as it can be a distressing time and should be a time when we are with our loved one rather than having to make clinical decisions.

This document is to give staff, residents and family information about possible difficult decisions that need to be made around what kind of medical care would the resident want if they were too ill or injured to express their wishes.

Our philosophy clearly directs that staff will give the best possible care to residents in the event of an emergency and staff will always administer first aid when needed.

However, active Resuscitation involves chest compression (CPR) and could be required in the event of a cardiac arrest (when the heart stops beating).

We would like you to indicate whether you wish that staff administer active resuscitation should a situation arise.

If the resident is unable to voice their own wishes and has no advance directive, resuscitation will be attempted, (unless otherwise directed by GP)

If you wish for further explanation, or to make any amendments to this form, the Nurse Manager or the Registered Nurse will be happy to assist.

RESUSCITATION AUTHORISATION

NHI: _____

Name of resident

Confirm that it is my wish that in the event of a cessation of breathing and/or heart beat

NO CARDIO PULMONARY RESUSCITATION be carried out

CARDIO PULMONARY RESUSCITATION be carried out

I consent for the medical practitioner to use their discretion should the need arise.

I acknowledge that the following topics have been covered during the discussion of this authorisation and that they have been explained to my satisfaction:

1. What resuscitation involves and how it would be applied.
2. The consequence of having a Not for Resuscitation Authorisation in effect is that if my heart or breathing stops, no attempt at resuscitation will be made and death will result.
3. The Not for Resuscitation Authorisation refers specifically to not starting Cardio Pulmonary resuscitation (CPR) in the event of my heart or breathing stopping and has no bearing on the provision or otherwise of any other treatment.
4. This Authorisation may be revoked and/or changed at any time by me.

Signed: _____ **Date:** _____

(Resident)

Witnessed by: name and signature: _____

Doctor to authorise a medically initiated DNR order or

Doctor to confirm mental competence of the above mentioned resident:

Name GP: _____ GP Signature: _____

Date: _____

Review at least annually or when condition changes.

If order changes then redo form.

Review date: _____ Comments: _____

Review date: _____ Comments: _____

Review date: _____ Comments: _____

Healthcare Advance Directives

The Patients' Right to Decide

All adult individuals in health care facilities such as rest homes, hospitals, hospices and home health agencies, have certain rights under law.

You have a right to fill out a paper known as an "advance directive". The paper says in advance what kind of treatment you want or do not want under special, serious medical conditions, conditions that would stop you from telling your doctor how you want to be treated. For example, if you were taken to a health care facility in a coma, would you want the facilities staff to know your specific wishes about decisions affecting your treatment?

Advance directives only come into consideration once patients lose their mental capacity, are unconscious or otherwise unable to communicate

WHAT IS AN ADVANCE DIRECTIVE?

An advance directive is a written or oral statement which is made and witnessed in advance of serious illness or injury, about how you want medical decisions made.

Two forms of advance directives are;

A Living Will and

Health Care Surrogate Designation

An advance directive allows you to state your choices about health care or to name someone to make those choices for you, if you become unable to make decisions about your medical treatment. An advance directive can enable you to make decisions about your future medical treatment.

WHAT IS A LIVING WILL?

A living will generally states the kind of medical care you want or do not want if you become unable to make your own decisions. It is called a 'living will' because it takes affect while you are still living. The law provides a suggested form for a living will. You may use it or some other form. You may wish to speak to an attorney or physician to be certain you have completed the living will in a way so that your wishes will be understood.

WHAT IS A HEALTH CARE SURROGATE DESIGNATION?

A 'health care surrogate designation' is a signed, dated and witnessed paper naming another person such as a husband, wife, daughter, son or close friend as your agent to make medical decisions for you, if you should become unable to make them for yourself. You can include instructions about any treatment you want or wish to avoid. The law provides a suggested form for designation of a health care surrogate. You may use it or some other form. You may wish to name a second person to stand in for you, if your first choice is not available.

YOUR LIVING WILL

A living will allows you to instruct your physician to withhold or withdraw life-sustaining treatment in the event you become severely ill and there is no reasonable expectation of recovery from physical or mental disability.

This approach frees the health profession as well as family members from assuming what your wishes may be.

A Living Will enables you to make choices for terminal care while still healthy and competent.

However a signed Living Will allows you to change your mind and can be revoked at any time.

There are several ways a Living Will can be worded. This Living Will was chosen because of its general applicability. If this format does not suit your needs, you may cross out some phrases and add others, or you may choose a different one.

Read the following instructions about how to complete your Living Will. Your two witnesses should sign in the spaces provided. It is not required by law, but it is recommended that one of your witnesses not be a blood relative or beneficiary of your Property Will.

If you do not wish to name someone as your medical power of attorney in paragraph two, please write NA for not applicable so others will know you did not fail to complete.

Keep the signed original in a safe place. Give copies of your signed will to your physicians, family members, attorney or anyone who may be making decisions for you if you are unable to make them for yourself. You may want to keep a copy with you.

If you are admitted to the hospital or any other health care facility, bring a copy with you. Have your physician include the document in your medical file.

WHICH IS BETTER?

You may wish to have both or combine them into a single document that describes treatment choices in a variety of situations and names someone to make decisions for you should you be unable to make decisions for yourself.

DO I HAVE TO WRITE AN ADVANCE DIRECTIVE UNDER LAW?

No, there is no legal requirement to complete an advance directive. However, if you have not made an advanced directive or designated a health care surrogate, health care decisions may be made for you by a court appointed guardian, your spouse, your adult child, your parent, your adult sibling, an adult relative, or a close friend in that order. This person would be called a proxy.

CAN I CHANGE MY MIND AFTER I WRITE A LIVING WILL OR DESIGNATE A HEALTH CARE SURROGATE?

Yes, you may change or cancel these documents at any time. Any changes should be written, signed and dated. You can also change an advance directive by oral statement.

WHAT IF I HAVE FILLED OUT AN ADVANCE DIRECTIVE IN ANOTHER AREA AND NEED TREATMENT IN ANOTHER HEALTH CARE FACILITY?

An advance directive completed in another area, in compliance the law can be honoured.

WHAT SHOULD I DO WITH MY ADVANCE DIRECTIVE IF I CHOOSE TO HAVE ONE?

Make sure that someone such as your doctor, lawyer or family member knows that you have an advance directive and where it is located.

Consider the following:

- If you have designated a health care surrogate, give a copy of the written designation form or the original to the person.

- Give a copy of your advance directive to your doctor for your medical file.

- Keep a copy of your advance directive in a place where it can be found easily.

- Keep a card or note in your purse or wallet which states that you have an advance directive and where it is located.

- If you change your advance directive, make sure your doctor lawyer and/or family members have the latest copy.

For further information ask those in charge of your care.