9.0 General Patient Care

9.1 Standards of Patient Care

9.1.20P Adult Cardiopulmonary Resuscitation (CPR) Policy

1.0 Purpose

The purpose of this Policy is to outline the requirements of VIHA health care providers\(^1\) related to provision of Cardiopulmonary Resuscitation (CPR) and the use of No CPR Orders in adult patients. This policy is aligned and consistent with current health care consent and advance directives legislation set forth in the BC Health Care (Consent) and Care Facility (Admission) Act, September 1, 2011.

2.0 Policy

2.1 In the event of a witnessed cardiac arrest, CPR will be initiated unless one or more of the following circumstances apply:

2.1.I The patient has an advance directive refusing CPR.

2.1.II The health care provider has reasonable grounds (e.g., based on a direct conversation) to believe that the patient, when capable, expressed the wish to refuse CPR\(^2\).

2.1.III The patient is incapable and their substitute decision-maker has refused CPR on behalf of the patient, and this refusal is consistent with the patient’s pre-expressed wishes.

2.1.IV The Most Responsible Practitioner (MRP) or the admitting physician has documented on the patient’s health care record that the patient should not receive CPR and has discussed this with the patient or their substitute decision-maker\(^3\).

2.1.V The patient is wearing a MedicAlert bracelet engraved with ‘No CPR’.

2.1.VI The patient is living in a residential care facility and they (or their substitute decision-maker) have not requested CPR.

3.0 Principles

3.1 All adult patients are presumed capable unless proven otherwise and have the right to give, refuse or revoke consent.

3.2 A decision to refuse CPR does not imply that the provision of any other health care treatment will be impacted (e.g., tube feeding, mechanical ventilator support, dialysis,

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\(^1\) Throughout this document, words that are used in a particular way appear in italics when they are first used and are defined in section 6.0 of this document.

\(^2\) Health Care (Consent) and Care Facility (Admission) Act, 12.1

\(^3\) Substitute Decision-Maker: The person with greatest authority to make decisions on behalf of an adult who is incapable of doing so. This includes a Representative, Committee of Person, or Temporary Substitute Decision Maker. Refer to Policy 9.1.2.
analgesics, sedatives, antibiotics).

3.3 In all circumstances, VIHA strives to ensure that only patient-desired and medically appropriate care is provided to all patients.

4.0 Scope

4.1 This Policy applies only to decisions regarding CPR. Refer to Policy 9.1.2 for information on decision-making regarding other types of health care.

4.2 This Policy applies to all VIHA facilities and care settings including private homes and community locations. Facilities that are associated with VIHA through affiliation agreements are currently not included in the scope of this Policy.

4.3 This Policy applies only to adults. No CPR Orders for minors are handled under a different Act and are governed within VIHA under Policy 9.1.22P (Please see Policy 9.1.22P Informed Consent for Minors).

5.0 Procedures

In applying this Policy to practice, VIHA clinical programs/services must use the following procedures and, when necessary, develop additional program/service-specific Procedures or Guidelines documents that are consistent with and further address the following components:

5.1 Providing CPR where advance directive is in place

5.1.I Where an advance directive refusing CPR exists on the patient’s health care record, the health care provider must not initiate CPR.

5.2 Providing CPR where advance directive is NOT in place

5.2.I CPR will be initiated on patients who suffer a witnessed cardiac arrest (in the absence of an advance directive or MedicAlert bracelet) unless any of the circumstances outlined in section 2.1 of this Policy apply.

5.3 Documentation, Review and Communication

5.3.I Within 48 hrs of admitting a patient with a life-threatening illness to an acute care facility, the admitting physician or MRP or their designate must ensure that the patient’s CPR decision status is determined and documented in the patient’s health care record.

5.3.II A document regarding refusal of CPR will be honoured, provided that the MRP or their designate is satisfied that it is consistent with the requirements of an advance directive, as described in Section 2.1 of the Health Care (Consent) and Care Facility (Admission) Act; or, provided that it is a patient and doctor signed order on the BC Ministry of Health /BC Medical Association No CPR document.

5.3.III The MRP shall only write a No CPR Order when one or more of the following conditions apply:

- The patient, or if incapable their substitute decision-maker, refuses CPR.
- The patient’s previously expressed wishes included refusal of CPR.
- The MRP believes on the basis of a comprehensive clinical assessment that the provision of CPR would be medically inappropriate. In this case the MRP must
discuss this finding with the patient or their substitute decision-maker, and gain their agreement prior to writing the No CPR Order.

5.3.IV  The patient’s CPR decision status must be reviewed by the MRP on re-admission or inter-facility transfer, to determine whether it is current and valid.

5.3.V   The patient’s CPR decision status must be reviewed by the MRP if there is a significant change in the patient’s condition.

5.3.VI  Any changes to the patient’s CPR decision status must be promptly recorded on the patient’s health care record.

5.3.VII When the patient is transferred to another in-patient care area/program, information regarding CPR status will be communicated to the receiving care area/program.

5.4 Special Circumstances

5.4.I  Medical/Surgical Procedures: All No CPR Orders must be reviewed by the MRP before the patient undergoes a medical or surgical procedure that creates a risk of cardiopulmonary arrest, to confirm this order for the peri-operative period. This review will be documented in the patient’s health care record. The patient’s No CPR Order will resume on return to his/her unit of origin, unless a new CPR Order is made.

5.4.II Concern over substitute decision-maker’s refusal of consent: If the substitute decision-maker refuses CPR on behalf of the incapable adult, health care providers may provide CPR if s/he believes that the substitute decision-maker has not complied with his/her duties – for example, has made a decision that is not consistent with the adult’s pre-expressed wishes.

5.4.III BC Ambulance Service: BC Ambulance Service paramedics will only withhold resuscitation when provided with: 1) a signed physician’s Do Not Resuscitate/No CPR Order and/or if the patient is wearing a MedicAlert bracelet engraved with ‘No CPR’; or 2) an advance directive that refuses CPR.

5.4.IV MedicAlert bracelets: If the patient is wearing a MedicAlert bracelet engraved with ‘No CPR’, CPR must not be initiated. These MedicAlert bracelets require a physician signature to be obtained in BC and are considered a valid form for documenting an adult’s pre-expressed wishes.

6.0 Definitions

Advance Directive: A written instruction made by a capable adult that gives or refuses consent to health care in the event that the adult is not capable of giving the instruction at the time the health care is required. Refer to Policy 9.1.2 or the Health Care (Consent) and Care Facility (Admission) Act for the necessary elements and all considerations related to advance directives.

Capability (Capable): For the purpose of this Policy, capability refers to an adult’s ability to give or withhold valid consent to CPR. That is, the ability to understand general information about CPR (including the risks and consequences of either accepting or refusing this intervention), to deliberate on the choice to have CPR and to make and communicate a decision based on this understanding and deliberation.

Cardiopulmonary Resuscitation (CPR): Those interventions applied at the onset of cardiopulmonary arrest with the intention of successfully restoring spontaneous vital signs.

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1Health Care (Consent) and Care Facility (Admission) Act, 12.2
including but not limited to, endotracheal intubation, cardiac defibrillation, chest compressions and mechanical/manual ventilation.

Health Care: Anything that is done for a therapeutic, preventive, palliative, cosmetic or other purpose related to health, and may include (a) a course of health care, for example, a series of immunizations or dialysis treatments or a course of chemotherapy, and/or (b) participation in a medical research program approved by an ethics committee designated by regulation.

Health Care Provider: A person who is licensed, certified or registered to provide health care in BC under the Health Professions Act or the Social Workers Act.

Most Responsible Practitioner (MRP): The medical staff member with active, provisional or approved locum tenens privileges at the time of MRP designation who is designated responsible for the coordination, facilitation and timely management of the patient’s health care.

No CPR Order: A physician’s written order stating that CPR is not to be administered to the patient in the event of respiratory and/or cardiac arrest or a rapid decline in cardiac or respiratory function to a level which life cannot be maintained without intervention (see section 5.3.III). A No CPR Order must be written by the MRP on the patient’s health care record for example on a Clinical Order Set, or a current version of the Ministry of Health No Cardiopulmonary Resuscitation form.

Patient: Individual receiving care within a VIHA facility, or receiving home health care services from any VIHA employee. For the purpose of this Policy this term includes residents and clients.

Substitute Decision-Maker: For the purpose of this Policy, this is a generic term for the person with appropriate authority to make decisions on behalf of an adult who is incapable of doing so. This includes a Representative, Committee of Person, or Temporary Substitute Decision Maker. Refer to Policy 9.1.2 for all considerations related to decision-making for incapable adults.

VIHA Facilities: Facilities that are owned and operated by the Vancouver Island Health Authority.

7.0 References

Provincial Policy
Health Care (Consent) and Care Facility (Admission) Act, BC Ministry of Health;
http://www.bclaws.ca/EPLibraries/bclaws_new/document-ID/freeside/00_96181_01

VIHA Policies
Planning and Supporting an Expected At-Home-Death
9.1.2 Consent to Health Care and Advance Care Planning
9.1.22P Consent to Health Care – Minor
9.1.7 Inter-unit Transfers within an Acute Care Facility
9.1.9 Inter-site Facility Transfers for Admitted Patients
9.1.18P Abuse, Neglect, or Self-Neglect of Vulnerable Adults
10.3.9P Cardiopulmonary Resuscitation (CPR) in Residential Services
12.1.1 The Most Responsible Practitioner (MRP)

VIHA Procedures and Guidelines
10.3.9PR Identification of a resident with Cardiopulmonary Resuscitation (CPR) designation in Residential Services
Other
Fraser Health Authority Policy – Cardiopulmonary Resuscitation (CPR) and Do Not Resuscitate (DNR) Orders
Vancouver Coastal Health Authority. Policy/Guideline CP300 – Cardiopulmonary Resuscitative Intervention Guidelines
Health Care Providers’ Guide to Consent to Health Care, BC Ministry of Health;