NEW PROFORMA FOR DNAR AND TREATMENT ESCALATION PLAN (TEP) IMPROVES QUALITY OF DOCUMENTATION IN A LARGE TEACHING HOSPITAL

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Background: Where a decision has been made that a person is not for resuscitation in the event of a cardiopulmonary arrest, accurate documentation of the decision and good communication between clinical staff is essential for appropriate patient care. A proforma for documentation of Do Not Attempt Resuscitation (DNAR) decisions and Treatment Escalation Plans (TEP), was previously developed and successfully trialled on a single ward. The aim of this current project was to roll out and audit usage of this proforma hospital-wide in this large teaching hospital.

Methods: A data set against which to audit DNAR documentation was agreed based on the National Consent Policy Part 4. This dataset included clarity of the decision, decision date, reason for not attempting CPR, person documenting and whether a TEP was completed. A baseline chart review of people with a DNAR decision was completed prior to launch of the proforma and again weekly for 4 weeks following introduction of the proforma.

Results: Prior to proforma launch, 47 patients were identified as being NFR on the day of the audit. 82% of charts had clear documentation of DNAR. 57% documented a treatment escalation plan. Person documenting was legible in only 46% of cases. Usage of the proforma improved the clarity of DNAR decision to 100%, treatment escalation plan documentation to 80% and legibility of the name of the person documenting to 95%.

Conclusion: Introduction of a standard DNAR and TEP documentation proforma improved the quality of DNAR decision documentation. Some improvement is needed in the documentation of TEPs to further improve patient care. Better compliance with the form documentation can be improved through further training and ongoing refinement of the proforma.