



EOC DIRECTIVE

CALLS TO 999 EMERGENCY AMBULANCE SERVICE WHEN THERE IS A DNACPR IN PLACE FOR EXPECTED AND UNEXPECTED DEATH

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Background

There have been ongoing discussions, both nationally and locally around an ECT being able to verbally accept an order that resuscitation is NOT required when a call is made to 999. There has been extensive work done in this area and we are now in a position to issue a directive advising staff how to manage these calls with dignity and respect to the patient, their relatives and/or carers.

There are occasions when we receive a 999 call to report that a person who was expected to die or has a terminal illness is deceased or in the latter stages of their life. Carers/relatives often find this distressing and call 999. They may not have seen someone who has died before or be prepared for the patient's death to occur at this time.

It is important to remember that these calls come into SCAS from various people i.e. patients' relatives, health care professionals (HCP) and nursing and care home personnel.

If any ECT has any questions please talk to your SECT/CSO or a member of the CCC Education Team.

Process – Expected Death

In these circumstances, the ECT must establish if the patient is an expected death, e.g. patient has been advised by medical personnel that end of life is expected or has been told that they have a terminal illness.

If this is the case the ECT must follow the correct route through NHS Pathways as below:

- Early Exit
- Triage not Possible
- Call is about a dead or dying person.

The ECT must ask the remaining questions about verification of the death and then select the option as presented to them for a GP 6-hour disposition.

If the call is received within surgery opening hours and the call is from a relative of the deceased, the ECT should offer to contact the GP surgery where the patient is registered

on the caller's behalf. If the call has come from a nursing/care home then the ECT **must** advise the caller to contact the GP surgery.

If the call is received during the OOH (after 18:00 hours Mon – Fri and weekends) period the ECT must ensure the details are transferred to the correct GP Out Of Hours Service in order for a GP to contact the caller.

Do Not Resuscitate Orders/ReSPECT/Advanced Care Plans

There are currently across the SCAS geographical area, three types of forms relating to end of life wishes. These are:

- 1) DNACPR (Do not Attempt Resuscitation)
- 2) ReSPECT forms – this may include an instruction that the patient does not wish to be resuscitated
- 3) Advanced Care Plan – this may also include instructions that the patient is not for resuscitation.

If it is stated or upon asking, a DNACPR form is in place, resuscitation instructions do not need to be given.

If a ReSPECT form or ACP is in place (the caller may volunteer this information or you may ask), then the ECT needs to ask does it include an instruction that the patient does not wish to be resuscitated. If this is the case, the ECT does not need to give CPR instructions.

If an ECT is taking an active call and at any time are unsure then they must seek help from the SECT or a clinician to assist. If nobody is immediately available, ECTs **MUST offer** CPR instructions until assistance has been gained; however, if the person does not wish to carry out the instructions, they must not be coerced and the ECT must respect their request.

Unexpected Death – Nursing/Care Homes or Residential address

Process

When a call is received from a nursing/care home or a residential address and it is a member of staff from that facility, a carer or relative in a patient's own home who is making the call stating that their resident/relative has died but has a DNACPR / ReSPECT / Advanced Care Plan (ACP), the ECT must check that the patient has **not** stopped breathing due to:

- choking
- severe allergic reaction (anaphylaxis)
- sudden trauma.

If these conditions are present, then CPR instructions should be offered.

The presence of a DNACPR / ReSPECT / ACP may be confirmed by the caller, or if the caller is from a nursing/residential home and it is not stated, the ECT can ask. Remember, the person giving this information does not have to be a HCP.

A ReSPECT form or ACP may be in place but does not necessarily mean that resuscitation is not required. If a member of nursing/care home staff or a relative advises there is one in place for the patient, they must check the document and advise the ECT if resuscitation is required or to be withheld. If they are not able to confirm this, instructions to start CPR must be offered until someone can confirm during the call that the patient is not for active resuscitation.

SCAS may hold a copy of a DNACPR / ReSPECT / ACP on the I/CAD system. If this is the case the "SS" button will illuminate and the ECT MUST click on this to view the instruction. If the ECT can see there is an instruction to not resuscitate then CPR instructions must NOT be given.

In any of the scenarios above, if a DNACPR / ReSPECT / ACP clearly states that resuscitation is not required, ECTs must follow the expected death route through NHS Pathways and document DNACPR in place. A disposition of GP 6-hours will be reached.

During the in-hours period the ECT must advise the HCP/carer to call the surgery for a GP to verify the death. In the case of the call coming from a relative of the patient then the ECT must offer to make the call to the GP surgery on their behalf.

In the OOH period ECTs must ensure the call details are transferred electronically to the OOH GP service. During the OOH period, ECTs must call the OOH Service to alert them to the death so that these calls can be actioned by them appropriately.

Please remember, if a carer or relative is unclear about a DNACPR / ReSPECT / ACP, the ECT must offer to give them CPR instructions. They have the right to choose if they are prepared to attempt resuscitation. If they decline then please respect their decision.

Deteriorating Patients with a DNACPR / ReSPECT Form / ACP

There may be occasions when a nursing/care home or carer at a residential address will call 999 regarding a patient whose condition is deteriorating or has symptoms not relating to end of life, e.g. chest pain.

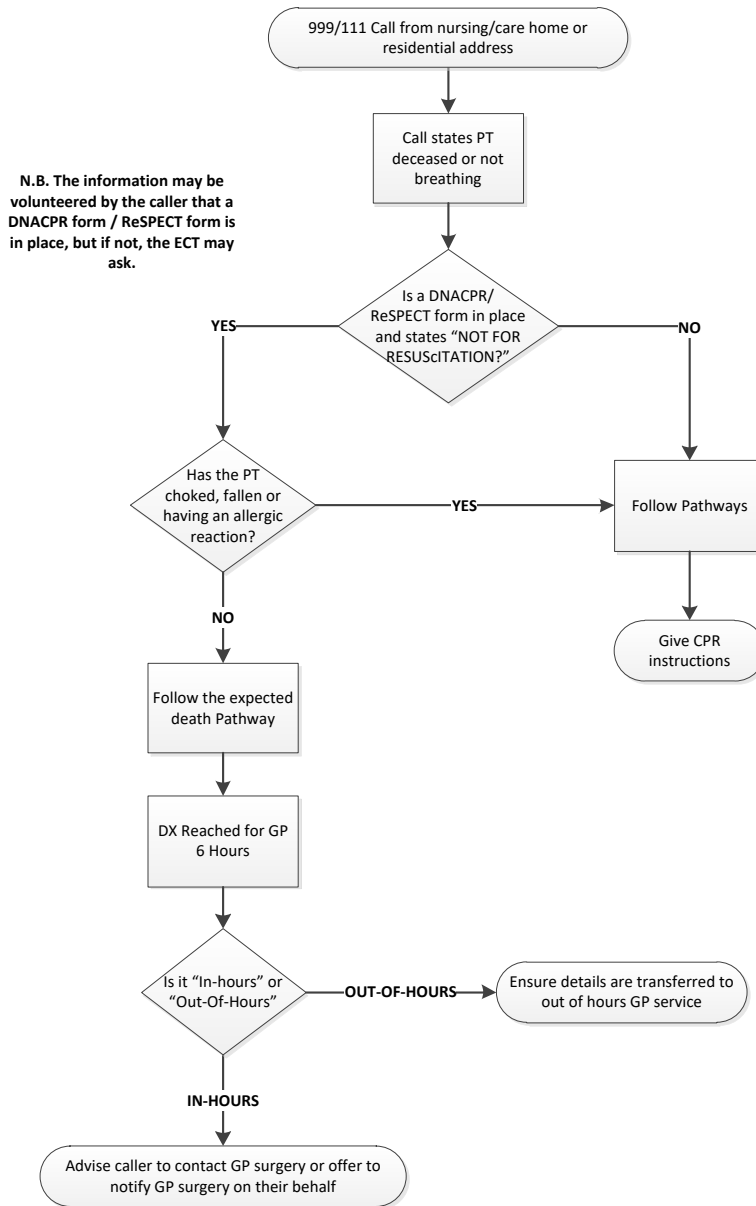
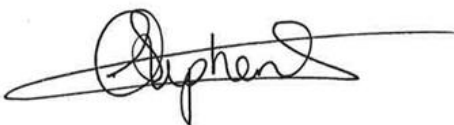
If during the assessment of the current symptoms, the caller advises the patient has stopped breathing, then the DNACPR / ReSPECT / ACP instructions must be followed and the ECT must early exit from the triage and follow the **expected** death pathway.

Resource Dispatch

If a dispatcher reviews an event for an expected / unexpected death which has a DNACPR / ReSPECT / ACP in place, the dispatcher **must not** assign a vehicle.

If at any time during the process of taking a 999 call a vehicle is assigned to an event which subsequently becomes an expected or unexpected death with a DNACPR / ReSPECT / ACP in place, and the patient has not suffered from choking, severe allergic reaction or sudden trauma, the dispatcher **must** at the earliest opportunity, stand the crew down from the event.

DNACPR CALL FLOW

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