

Critical choices about DNAR/DNR

Deciding about making a DNAR/ DNR order

A do-not-attempt-resuscitation (DNAR) order tells medical professionals not to attempt emergency CPR (cardiopulmonary resuscitation) if the patient's breathing or heartbeat stops. A DNAR/DNR (do not resuscitate) order is sometimes called PND which stands for permit natural death.

Question: What do CPR orders mean?

CPR - cardiopulmonary resuscitation - is used to try to restart a patient's heart and breathing when they stop.

CPR may involve:

- * Simple efforts such as mouth-to-mouth resuscitation or "bagging" i.e. mask with a bag that presses air into the lungs and external chest compression (pumping on the chest with hands).
- * Advanced CPR may involve electric shock, using a tube to open the patient's airway, injection of medication into the heart and, in a few cases, open chest heart massage.
- * Intravenous fluids and medications
- * CPR may include putting the child on a ventilator – a machine that "breathes" for the child.

Question: Does a DNAR include anything else?

No other treatments change when you give a DANR order. The order applies only to CPR if the heart or breathing stops. All other aspects of your child's care continue.

Question: Must the child consent as well as the parent?

If the child is old enough to understand and decide about CPR, the child's consent is also required for a DNAR order. The parent and doctor decide together whether the child is mature enough to make such a decision.

Question: What happens if I change my mind after a DNAR order has been written?

You can remove the order by telling your doctor, nurses or others of the change in your decision. If you are at home, you can choose not to present the order when you call for emergency help.

Parent voice:

I knew when the time came that I would want to decide against the DNAR order. I knew I would probably want to change my mind the minute after I signed. So my partner and I took time to think not only about the decision but also about my constant uncertainty and about how I would react in the emergency. He said two things that really helped me:

1. *This is a huge and difficult decision. Is the time to make that when you are in a panic?*
2. *Making this decision is breaking my heart – please don't ask me to make it every other day.*

So we agreed we would make our decision once, make it together, and change it only if something changed for our child.

Question: *What happens to a DNAR at home?*

If you have a DNAR order you can take it with you into any community. If you show it to emergency paramedics and health care professionals, they will not try to resuscitate, but will support your child and make her comfortable

Question *When is a DNAR suggested?*

Health care professionals will talk about this with you when they feel that CPR will interfere, for no worthwhile purpose, with a peaceful death. This is usually when a disease or organ failure is so advanced that CPR will leave the patient with very little quality of life and in a worse medical state even if it succeeds.

Note: You should know that a doctor who believes that CPR will not restore the child's life, is not obliged to do it, even if there is no DNAR order.

Question: *What if I agree to a DNAR and then my child is choking?*

The health professionals will not allow a child to suffer when they can help. They will take steps to ease the choking.

Question: *Is CPR painful for the child?*

It may be depending on what needs to be done to restore breathing and heartbeat. It is always an act of high tension and urgency with many people crowding around the child. Parents are pushed aside. Once it starts, you cannot stop it very easily.

End note:

In the Intensive Care Unit many specialized treatments are available. These can make the DNAR decisions more complicated. The staff will work with you to make decisions that fit your child's situation.

This pamphlet is the result of a collaboration between
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CHILDREN'S HOSPICE

Parent voice:

I sort of saw CPR once. It felt, even from afar, like a frightening scene from a TV hospital program. I asked myself a lot of questions when the doctors first raised the DNAR. My first thought was – never – and then I thought what if she does breathe again but only on a ventilator in the ICU? What if she breathes but that is all she can do? I began to think of the risks involved in life after CPR. What we may lose out on in her life. How would CPR fit with our values about a peaceful death? It took me a week or so of thinking but I signed “PND” permit natural death. I did it as a real act of choice. That is what I wanted – a natural death after all the unnatural things her body had put up with!