Reminder

→ Please use the following for directions on each order:  ☑️ = YES  ☐ = NO

Patient Care

Comfort Measures:

→ All patients receive comfort measures: Pain and comfort medications, oral and body hygiene, body positioning, wound care, temperature control, and complementary therapies as clinically appropriate.

☑️ BC Ministry of Health Services No Cardiopulmonary Resuscitation form will be honoured as attached (community DNAR), as per Section 12 of C&W Policy AE0300 (http://infosource/cw/policies/pdf/CW%20Guidelines%20for%20Resuscitation.pdf) with the following clarifications, if appropriate:

Levels of intervention:

☑️ Limited Interventions: Administer oxygen and suctioning as clinically appropriate. Consider appropriateness of transfer to Canuck Place Children's Hospice

☑️ Intermediate Interventions: No PICU admission. Designated interventions may be carried out on a ward, or in PICU/NICU if patient is already there

☑️ Advanced Interventions: Patient either in PICU/NICU or to be transferred to PICU in case of deterioration

Medications

☑️ Administer oral antibiotics as clinically indicated

☑️ Administer intramuscular antibiotics as clinically indicated

☑️ Administer intravenous antibiotics as clinically indicated

Nutrition

☑️ Offer oral food and fluids

☑️ Administer tube feedings (NasoGastric (NG) tube/NasoJejunal (NJ) tube/G tube/J tube)

☑️ Administer intravenous fluids only as clinically indicated for medications

☑️ Administer intravenous fluids to maintain hydration as clinically indicated

☑️ Administer parenteral nutrition as clinically indicated

Respiratory Support:

☑️ Airway positioning and suctioning

☑️ Artificial airway (eg. Nasal trumpet, nasopharyngeal airway)

☑️ Oxygen

☑️ Mask ventilation (bi-level positive airway pressure (BiPAP), continuous positive airway pressure (CPAP))

☑️ Intubation and invasive ventilation

☑️ Increased ventilatory support (for patients already ventilated)
Do Not Attempt Resuscitation (DNAR)

DATE _____/_____/_______       TIME _________
DD      MM       YYYY BSA __________ M2

WEIGHT:_________ KG
HEIGHT:_________ CM

Cardiac Support:
☐ Chest compressions
☐ Resuscitation medications
☐ Electrical cardioversion
☐ Initiation of inotropes/vasopressors
☐ Increased inotropes/vasopressor support

Laboratory
☐ Blood work

Blood Products
☐ Transfuse blood and blood products as clinically indicated

Communication Orders
Additional Patient Specific DNAR Orders:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Initial DNAR orders discussed with family/guardian and child (if appropriate) and documented by:

Physician Signature: _____________________________  College ID#:______________________________
Print Name: ____________________________________  Pager #: ______________________________

DNAR Review (as per Section 11 of C&W Policy AE0300):
- In acute situations, the DNAR order must be reviewed and signed below by the responsible physician in consultation with members of the health care team every 72 hours.
- Consultation with child and family/guardian need only occur during reviews if there is significant change in the child's condition, or if there is indication that the wishes of the child or family/guardian have changed.
- In non-acute situation, the responsible physician reviews the DNAR order regularly as per program procedure and avoids repetitive consultations with families/guardians regarding long-standing DNAR orders. 72 hourly reviews are not required.

Signature:_______________________________________  Print Name:____________________________________
College ID:______________________________________  Pager:________________________________________

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