



Paediatric / Neonate Not for Cardiopulmonary Resuscitation Policy

1. Background

In the provision of best possible treatment for our paediatric / neonate patients, it is recognised that in some instances, the patient's condition is not compatible with long term survival.

In such cases, it is important to document this situation and provide clear management directions to ensure patient comfort is maximised and to avoid interventions that will not positively affect outcome.

In situations where, cardiopulmonary resuscitation (CPR) is likely to be unsuccessful and neurological recovery to the previous functional level is unlikely, it may not always be in the paediatric / neonate patient's best interest to commence CPR.

A pre-emptive informed decision not to commence CPR may prevent undue distress and suffering to the paediatric / neonate patient, their family and staff. A decision not to commence CPR is to be carefully considered and made on an individual basis.

This policy is for paediatric and neonate patients only.

2. Policy Statement

A 'Not for CPR' order is only applicable to cardiopulmonary arrest. It does not imply the withdrawal of all treatment. General supportive measures and the provision of competent medical and nursing care must continue.

If a paediatric / neonate patient has an unexpected cardiopulmonary arrest without directions regarding the extent of resuscitative measures having been documented, nursing or medical staff are to activate a Code Blue Emergency Response (as per the site's emergency procedures) and commence cardiopulmonary resuscitation.

3. Indications for Withholding CPR

The decision not to commence CPR can be made by parents or legal guardians for dependent children and young people under the age of 18 years, in partnership with the treating clinician. In some circumstances, the child or young person may be involved in the decision making, however consent must be provided by the parent or legal guardian.

An informed decision to withhold CPR will require an open and compassionate conversation which may include the following:

- comprehensive information about the diagnosis and prognosis that is tailored to the patient / parent / legal guardian's needs
- time to ask questions and reflect on the decision
- a description of the process of CPR and its likely outcome for this patient

- an explanation of how care will still be provided
- counselling and/or other forms of emotional support.

The circumstances in which a decision to withhold CPR may be considered include:

- if the medical team is reasonably certain that in the event of a cardiac arrest, CPR will result in a temporary restoration of cardiopulmonary function that is unlikely to be sustained or resuscitation being achieved
- if in the event of a cardiac arrest, CPR will result in the paediatric / neonate patient being so severely disabled and have such a poor prognosis, that the distress caused by the resuscitation procedures would be disproportionate to the outcome.

4. Communication

If a 'Not for CPR' order is considered, it must be discussed with the patient / parent or legal guardian. However, consent must be provided by the parent or legal guardian:

The clinician in charge is to fully outline the diagnosis, prognosis and treatment options available, allow the parents or legal guardian time to review and discuss this information, involve them in the decision about CPR and ensure that they are informed of the final decision.

However, if the parent or legal guardian wishes to be afforded CPR in the event of cardiac arrest despite the medical team determination that it is futile, a 'Not for CPR' order is **not** to be completed.

If there is irresolvable dissent between members of the family, the matter may have to be referred for legal advice. Refer to the WACHS Ethical Decision Making for Clinical or Patient Care Issues Guideline for the Escalation Flow Chart (Appendix B).

5. Documentation

The 'Not for CPR' order must state:

1. The rationale for the decision.
2. Whether an Emergency Response is to be activated for criteria other than cardiopulmonary arrest.
3. The extent of communication about the decision with the parent or legal guardian (including their name). If appropriate, they are to read and sign the order.
4. The names of other staff consulted about the decision (medical, nursing, allied health).
5. The name of the medical officer making the 'Not for CPR' order, the date and the time the order was made.

The 'Not for CPR' order is valid for the current admission, unless revoked by the parent or legal guardian or there is a significant improvement in the patient's condition.

The 'Not for CPR' order is to be placed at the front of the paediatric / neonate patient's medical record.

If the order is rescinded, a **red** line is to be drawn through it and the word CANCELLED, with the medical officer's signature, time, date and rationale clearly documented.

Copies of the completed order and accompanying guidelines are to be made available to the parent or legal guardian on request.

6. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

7. Records Management

[Health Record Management Policy](#)

8. Evaluation

Complaints associated with the Not for Cardiopulmonary Resuscitation process.
Clinical Incidents associated with Not for Cardiopulmonary Resuscitation.

9. Standards

[National Safety and Quality Health Service Standards](#)

Comprehensive Care Standard: 5.15

Partnering with Consumers Standard: 2.6

Communicating for Safety Standard: 6.3

Recognising and Responding to Acute Deterioration Standard: 8.10

10. Legislation

Access via: [Western Australian Legislation](#) or [Commonwealth legislation](#).

Guardianship and Administration Act 1990

Civil Liability Act 2002

Criminal Code (Compilation Act 1913)

Acts Amendment (Consent to Medical Treatment) Act 2008

11. References

[EMHS Not for Cardiopulmonary Resuscitation Policy \(2016\)](#)

[Office of the Public Advocate Enduring Power of Guardianship](#)

[Guardianship and Administration Board of WA](#)

12. Related Forms

[MR39 WACHS Not for Cardiopulmonary Resuscitation Form – Paediatric / Neonate](#)

13. Related Policy Documents

WACHS [Advance Health Directive and Enduring Power of Guardianship Guideline](#)

WACHS [Ethical Decision Making for Clinical or Patient Care Issues Guideline](#)

14. Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

**This document can be made available in alternative formats
on request for a person with a disability**

Contact:	Director Palliative Care (K. Auret)	TRIM Record #	ED-CO-14-27772
Directorate:	Nursing and Midwifery Services	Date Published:	05 May 2020
Version:	4.00		

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