

The Role of the Nurse Practitioner (NP) in the use and implementation of Do Not Resuscitate (DNR)/Not For Cardiopulmonary Resuscitation (NFCPR)/Not for Resuscitation (NFR) Orders

4/11/2011

Background:

Resuscitation practice/training for health professionals in New Zealand (NZ) is guided by The New Zealand Resuscitation Council in line with evidence based practice.

At present there is no specific New Zealand (NZ) law that dictates resuscitation protocol in particular “Not for resuscitation/Not for cardiopulmonary resuscitation/Do not resuscitate” Orders, including who can write a NFR/DNR/NFCPR Order.

Resuscitation however does come under the following Acts/Codes:

- The Health & Disability Act (1993)
- Health and Disability Code of Health and Disability Services: Consumer Rights (namely)
 - Right to services of an appropriate standard:
 - *“Every consumer has the right to have services provided that comply with legal, professional, ethical, and other relevant standards”*
 - *Every consumer has the right to have services provided in a manner consistent with his or her needs*
 - *Every consumer has the right to have services provided in a manner that **mimimises the potential harm to, and optimises the quality of life of, that consumer***
 - Right to make an informed choice and give informed consent
 - *Services may be provided to a consumer only if that consumer makes an informed choice and gives informed consent, except where any enactment, or the common law, or any other provision of this code provides otherwise*

CPR has been described as “prolonging the dying process” when given inappropriately. A recent article by McLennan, Paterson, Skegg & Aickin (2011) points out that CPR is only lawful (given current law), whether there is a DNR/NFCPR Order or not, **only** if it is given based on reasonable grounds for believing that it is in the patient’s best interest.

NFCPR orders are the only ‘treatment’ requiring an order NOT to give. The standard policy of NZ hospitals is for CPR to be attempted on all patients in hospital having a cardiac arrest unless a NFR/DNR/NFCPR is in place.

At present individual hospital policy appears to determine who writes NFCPR/DNR Orders. Usually, more experienced senior medical staff such as the registrar or consultant. At MidCentral Health this has been extended to Nurse Practitioners, after

the policy was recently updated and discussed (advocated for) with the NP Cardiac Care who is a member of the resuscitation committee and resuscitation instructor.

It is important that in order to obtain 'informed consent' for a NFCPR/NFR Order, the relevant clinician has knowledge of survival predictors and outcomes in order to fully inform and discuss with the patient whether this 'treatment' would be appropriate for them. Individual NPs determine whether it is appropriate for them to sign off NFCPR Orders under MCH policy and this should be done in conjunction with the team as at present all patients are admitted under a medical team. Current practice means NFR Orders only last while a patient is in hospital so although discussion regarding resuscitation may occur in an outpatient patient setting an NFCPR Order must be signed each time the patient admits to hospital.

In conclusion there is no legal barrier stopping Nurse Practitioners (NPs) from signing off on NFCPR/NFR Orders and in fact it I believe it would be highly appropriate in many cases that they can.

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References:

HDC: Code of Health and Disability Services Consumer Rights

McLennan, S.; Paterson, R.; Skegg, PDG.; Aickin, R. (2011). The use of CPR in New Zealand: is it always lawful?, *The New Zealand medical Journal* 124 (1328).

MidCentral Health. (2011). Not For resuscitation (NFCPR) Orders, MDHB-1225.