

## **CHAMP**

### **The “DNR Discussion”**

Don Scott, MD, University of Chicago

#### **Prognosis: Survival to D/C After CPR**

General Med All Patients:	7-14%
Commonly Used Estimate	10%
Frail Older Adults	<5%
1 <sup>0</sup> Cardiac Disease	≅ 33%

#### **Predictors of Very Poor Prognosis**

Malignancy, esp. metastatic  
Chronic Renal Failure (SCr > 1.7)  
Sepsis or Pneumonia as Admitting Dx  
Decreased Functional Status (> 1ADL)  
Homebound Before Admit

#### **First Steps**

1. Are there advanced directives in place?
2. Do you think CPR is appropriate?
3. Is patient decisional?
  - Is there a guardian?
  - Is there a named surrogate and documentation?
4. Know who patient wants to participate
5. Do other team members want to participate?

#### **Pointers for Discussion**

1. Define Purpose of Discussion
2. Ask what Patient / Family Understands
3. Review Current Condition / Prognosis
4. Review Treatment Plan
5. Introduce & Define CPR
6. Discuss Benefits / Burdens of CPR
  - a. Include Prognosis Statement re CPR
7. If with Surrogate(s)—Focus on What Patient Would Want
8. Stress Positive things that will be done
9. Stress Symptom Relief, No Matter the Decision
10. Reinforce that DNR does not mean “do not treat”

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### Suggestions for the “DNR Discussion”

#### Beginning the Discussion

*I know this is a tough time for you and your family, and it may be a frightening time as well. I want you and your family to know that I will do all that I can to help you deal with this illness and the difficult decisions we need to make together (and with Dr. \_\_\_\_\_ [PMD]). I would like to take this time for us to discuss an important topic--I would like to talk about what we should do if you became even sicker or were to die. As your doctor, I want to make sure we are always doing the things that might help you, and that we never do anything that can't help you, or that you would not want us to do. Let me begin by asking what your understanding is of your current illness?*

#### If CPR Indicated or Much Uncertainty

*OK, so we've discussed your current situation and what you value most at this stage of your life. Have you given any thought to how you would like to be cared for at the time of death? Sometimes when people die, or are near death, life support measure are used to try to bring them back, alternatively, we could focus solely on keeping you comfortable. How do you feel about this?"*

#### If CPR is Not Indicated

*In my best medical opinion, I believe that if you were to die, that performing CPR will have a great chance of causing more suffering and harm. I do not recommend the use of artificial or heroic means to keep you alive, such as chest compressions, electrical shocks to your chest or place you on a breathing machine. If you agree, I will write an order in the chart that if your are to die, that no attempt to resuscitate you be made. I want to emphasize that this does not mean that we will not continue to care for you in all the other ways we have been doing. Is this OK?*

(Adapted from: Weisman, MD. Communication Phrases Near the End of Life-Pocket Card., EPERC.)

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