Lindsey Lodge Hospice and Healthcare

Resuscitation Policy

Contents **Page**

Introduction

Lindsey Lodge Hospice cares for adult patients over the age of 18 years within an In-Patient Unit and dedicated Well-Being department which offer care and activities on a day care and sessional basis.

At Lindsey Lodge Hospice we support and respect a natural dying process.

The incidence of cardiorespiratory arrest in terminally ill patients, in the absence of a pre-existing condition heralding risk, is rare. Where it does occur, it is in the final stages of an incurable illness and near to the end of life, cardiopulmonary resuscitation (CPR) is very unlikely to be clinically successful. In some cases, it may prolong or increase suffering and subject the patient to a traumatic and undignified death. Patients admitted into, or attending Lindsey Lodge Hospice are encouraged to discuss Advance Care Planning which encompasses a DNACPR decision. A Respect document may or may not include a DNACPR decision. All Registered Nurses working at Lindsey Lodge Hospice have received face to face or online training regarding the use of the Respect document. For further information on the Respect document please refer to the locality Respect policy. Some patients, however, are unable to consider these decisions even within an appropriate and sensitive conversation. Guidance regarding CPR decisions can be gained from the Regional Policy 'Decisions to Attempt or Withhold Cardiopulmonary Resuscitation (CPR)' (2018).

At Lindsey Lodge Hospice, if a person (staff member, visitor or volunteer) or patient who doesn't have a DNACPR in place, suffers a collapse and the heart stops then 999 will be dialled to summon the ambulance service and CPR will be commenced by staff.

On arrival of the Paramedics, the senior nurse/manager will give a handover and respond to their directions as the team will take over and lead the resuscitation process. If the person who has collapsed is a staff member, volunteer or visitor the Paramedics will arrange for their transfer to the acute hospital setting. If it is a patient who has collapsed, then the patient should be transferred to the acute hospital under the care of the paramedics and Lindsey Lodge Hospice staff should endeavour to facilitate a seamless transfer of care.

Definitions and abbreviations

Cardio Pulmonary Resuscitation (CPR) is a technique designed to maintain the body's circulation after the heart has stopped, whilst attempting to restore normal heart function.

CPR involves artificial ventilation using either a mask or mouth to mouth techniques along with compression of the chest wall to maintain circulation.

Family or relevant other witnessed resuscitation

The issue of whether to allow family members/relevant others (these blanket terms may extend to include relatives, partners, close friends etc.) to be present whilst their loved one is being resuscitated has been debated for some time. However, it is recommended by the Resuscitation Council UK (1996) and the Royal College of Nursing (2002) that close family members should be allowed to stay if they wish to.

The arguments against this practice highlight the following concerns:

- The family may interfere with what the staff are doing
- The resuscitation attempt may be prolonged because staff find it difficult to stop with relatives present
- The staff may not function as well as they might if they are observed by the family
- That it may have an adverse psychological effect on family members

However, there is increasing evidence to support family witnessed resuscitation which cite several benefits including:

- Enables close family members to be with their loved one at the end of their life if resuscitation is unsuccessful
- Helps the family to understand the seriousness of the patient's condition
- Facilitates the grieving process
- Allows the family to see that everything possible has been done to help the patient and consequently can reduce misunderstandings and complaints

If close family members/relevant others request to stay during resuscitation, the final decision will remain with the resuscitation team leader although this should be informed by other staff member's views. It the family are allowed to stay an experienced member of staff must be identifies to provide appropriate information about what is being done and why and to answer the questions. Their role will be to support the family throughout the event and not to participate in the resuscitation of the patient.

Resuscitation Equipment

It is the duty of Lindsey Lodge Hospice to provide resuscitation equipment which complies with Resuscitation Council (UK) guidelines.

The resuscitation equipment should be standardised across both In Patient and Well-being Units.

All resuscitation equipment needs to be serviceable and readily available.

It is the responsibility of the Manager of each Unit (or their appointed deputy), to ensure that resuscitation equipment is checked at least weekly against the trolley list (Appendix 1).

There should be a system for the replacement of out of date or missing items.
Overstocking of drawers with consumables should also be avoided.

Resuscitation Training

Resuscitation training for all clinical staff is **mandatory** and should include instruction on the use and testing of equipment.

Resuscitation Equipment includes the following:

- Defibrillators and consumables
- Wall and portable suction
- Emergency trolleys and contents (including emergency drug boxes)

CPR requires regular staff training in order that they do not become deskilled.

As resuscitation training is mandatory and managers at Lindsey Lodge Hospice should provide sufficient time for clinical staff to attend training.

Adult Basic Life Support training is should be undertaken yearly and at least 85% of clinical staff should have received mandatory resuscitation training in any 12 month period. A Basic Adult Life Support course contains the following components:

i. Basic life support including adult CPR
ii. Choking adult
iii. NEWS
iv. DNACPR/Respect document
v. Practice scenarios
vi. Anaphylaxis
vii. Demonstration and practice in the use of AED (automated external defibrillator)

Equality Act (2010)

Lindsey lodge Hospice is committed to promoting a pro-active and inclusive approach to equality which supports and encourages and inclusive culture which values diversity.

Lindsey Lodge Hospice is committed to building a workforce which is valued and whose diversity reflects the community it serves, allowing Lindsey Lodge Hospice to deliver the best possible healthcare to the community. In doing so, Lindsey Lodge Hospice will enable all staff to achieve their full potential in an environment characterised by dignity and mutual respect.

Lindsey Lodge Hospice aims to design and provide services, implement policies and make decisions that meet the diverse needs of our patients and their carers the general population we serve and our workforce, ensuring none are placed at a disadvantage.

Lindsey Lodge therefore strives to ensure that in both employment and service provision no individual is discriminated against or treated less favourably by reason of age, disability, gender, pregnancy or maternity, marital status or civil partnership, race, religion or belief, sexual orientation or transgender (Equality Act 2010).

References

British Medical Council, the Resuscitation Council (UK) and the Royal College of Nursing (2016), Decisions regarding cardiopulmonary resuscitation, 3rd Edition, (1st revision)

Dougherty L & Lister S (2015) The Royal Marsden Hospital manual of Clinical Nursing Procedures, Blackwell Publishing

General Medical Council (2010), Treatment and Care Towards the End of Life: good practice in decision making

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (2018), Resuscitation Policy

Resuscitation Council (UK) (2015) BLS/AED Guidelines

Royal College of Physicians (2009) Advance Care Planning

Royal College of Nursing (2002), Witnessing Resuscitation, Guidance for Nursing Staff

Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) policy

(Regional Policy for North and North East Lincolnshire)

Appendix 1

Resuscitation Trolley list

5 x 5ml syringes

5 x 10ml syringes

Scissors

Razor

Tourniquet

Magills forceps

Safety needles – green (21G) and red (18G)

Sodium chloride (NaCL 0.9%) flushes 10mls x 1 box

Non latex gloves (small, medium and large) 2 pairs each

Gauze squares x 5

Mepore tape x 1 roll

Alcohol swabs x 5

Ported IV cannulas size 16G, 18G, 20G and 22G x 3 of each

IV dressing x 2

Nasal pharyngeal airways 6.0 and 7.0 x 1 of each

Lubricating gel

Sharps bin

Adult face mask with reservoir

Nebuliser mask and tubing

Salbutamol 2.5mg & 5mg x 5 of each

Stethoscope

Pocket mask

Sodium chloride infusion bag, 1 litre x 2 bags

I-Gels size 3, 4 and 5

Adult bag mask valve

Spare AED pads

Oral Pharyngeal airways size 2, 3 and 4

Blood giving set x 2

Fine bore suction catheter size 12.0 and 14.0

1st line Emergency cardiac Drug brick x 1

Anaphylaxis drug box x 1

Security anti-tamper tag number

REFERENCES:				
Lead Author: Karen Parkes Date of Ratification by QA sub-committee of Trustees: 17/09/19 Review: Annually				
To Be reviewed	Review completed	By	Approved By	Circulation
Sept 2020	January 2021	Karen Parkes	QA Subcommittee 10.02.21	L Drive: Policies & Procedures
Sept 2021				