

Instructions to candidate – Aim for 8 minutes

You are a foundation doctor in a busy geriatric ward.

John Smith is a 80 year old gentleman. He was admitted to the hospital due to an infective exacerbation of COPD and became septic. Despite optimum medical treatment, he is not responding well clinically. Your consultant has put a DNAR in place for him.

John's son, Peter is his carer and is very worried about his father. He has asked to speak to you.

Explain DNAR to Peter and address his concerns. John has given permission for you to speak to Peter.

You have 8 minutes for this station.

SP script

Patient name: John Smith, 80 years old

SP's name: Peter, 45 years old

You are Peter and you are the son of John, who was admitted to hospital 5 days ago as he suddenly became very unwell. Initially, your dad mentioned some difficulty in breathing. Then he started coughing up yellow phlegm and developed a temperature. He became very muddled and confused. As a carer to your dad, you became very concerned and brought him to the hospital. Here, they treated him with antibiotics. It has been five days and there isn't much improvement. Today, you were informed by the nurse that a DNAR has been put in place for your father. Now you are here visiting you are glad that there is a doctor available to chat with you.

John's PMH: HTN, previously had 2 MIs (last one was 2 years ago), COPD, frequent chest infections. When specifically asked, mentioned that your dad has been in and out of hospital about 5 times over the last year due to COPD exacerbation.

FH: Nil

DH: you don't remember all his medications but you have a list at home and your dad adheres to his medications. NKDA.

SH: ex-smoker, 20/day for 40 years. Doesn't drink alcohol. Used to work as a taxi driver. Lives in a house alone. You live on the same street so you visit him everyday. Your dad has carers coming in 4 times a day as your dad needs help with day-to-day activities due to the severity of his COPD.

Your dad hasn't discussed or expressed any wishes or beliefs about his care in the event he can't decide in the future. Your dad doesn't have an advanced directive, advanced statement or a lasting power of attorney.

Candidate is expected to correlate all the information you've given and use them to ease into the discussion of a DNAR.

ICE/Questions

- I – you have no idea what is a DNAR. Your dad hasn't had one before
- C – you haven't seen your dad this unwell. He's a strong man and always come out of hospital admission.
- E – you are hoping that the doctor could answer some questions you have
- Questions (if not covered in the candidate's explanation):
 - o What is a DNAR?
 - o Why will the medical team not resuscitating your dad?
 - o Does this mean all treatment for your dad has stopped?
 - o Does this mean your dad will not make it out of hospital this time?
 - o Does this mean your dad will have it in place too when he leaves the hospital this time?
 - o Once in place, does this mean it will be permanent in this admission?
- Feelings – you are not quite keen to have a DNAR in place for your dad. And you wonder if you can decide on behalf of your dad because you personally know your dad better.
- Feelings – if there is a satisfactory explanation from the doctor, you start to understand the reason behind the need for a DNAR and you hope for the best outcome for your dad. You thank the doctor for his time.

Feedback

Does the candidate	Y/N
Establish John's background history	
Establish John's previous admissions to hospital	
Establish if John has an AD, AS or LPA	
Use the information gathered about John to explain why a DNAR is necessary	
Explain what does a DNAR entail	
Answered Peter's questions appropriately	
Explore Peter's ICE/feelings with empathy and care	

Quick notes on DNAR

- Unlike what is commonly portrayed in TV, success rate of CPR is very low
- CPR involves pumping patient's chest, delivering oxygen and potentially using charging pads in an attempt to restart the heart
- It is not pleasant and it can affect a patient's dignity
- Even if successful, it can cause complications such as broken ribs, brain hypoxia etc., which can further reduce a patient's quality of life
- Therefore, it is a benefit vs risk situation when it comes to making a decision to do a CPR or otherwise
- Try to establish a patient's baseline during your consultation. Have they had one before? What is their baseline function? What medical conditions do they have? Do they have repeated admissions with similar issue which is worsening? Have they had a discussion previously with anyone? Do they have any written statement? How likely are they to get better from this admission?
- DNAR is Do Not Attempt to Resuscitate document, which as the name suggests, means not to perform a CPR on a patient when their heart stops pumping
- Patients with DNAR will still receive optimum medical care
- It needs to be discussed with the patient (if able to) before deciding to put one in place
- If patient loses capacity to make a decision, it will be the medical team who will make a best interest decision based for the patient, taking into account patient's beliefs/values, either from an AD, AS or their relatives
- DNAR is a decision made by a consultant
- DNAR will be reviewed daily
- Once in place, it will only be in place for this admission. It doesn't apply when a patient leaves a hospital or any future hospital admission.
- Hospital DNAR and community DNAR are separate entities
- DNAR may be a common topic of discussion in your career (you may become an expert!) but bear in mind that not everyone knows what is DNAR. So treat each consultation with care, empathy and always aim to provide adequate information to a patient/relative who wants to understand what a DNAR is