

Comparing the Quality of Electronic and Paper Do-Not-Resuscitate Forms in Hospital

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Abstract : Cardiopulmonary resuscitation is medical intervention which should be considered for all inpatients; with a patient centred approach, open communication and accurate documentation of clinical decisions. National enquiries have shown that in a significant number of cases CPR was attempted when it was considered inappropriate. In these circumstances attempting to prevent a natural death and subjecting a patient to trauma at the end of life would deprive them of a dignified death. Anticipatory “do not attempt CPR (DNACPR)” decisions aim to prevent this for those considered appropriate. As a legal document, these forms are required to be completed accurately and thoroughly. The aim of this study was to evaluate the difference in quality of DNACPR forms completed using electronic versus paper formats. A retrospective review of DNACPR forms and related documentation was completed in two District General Hospitals in South-East England, one of which uses electronic forms, while the other uses paper red forms. 50 completed forms from each hospital were analysed to assess for legibility, and quality of completion of all subsections of the form, including communications with family, relatives and the Multidisciplinary team. The hospital using paper forms showed a 40-44% rate of completion of sections relating to communication with patients and family, compared to 70% with the hospital using electronic forms. Similar trends were observed with other sections of the form. Conclusion: This study suggests that the implementation of electronic DNACPR forms significantly improves clinical practice and promotes better open communication with patients, family and the MDT.

Keywords : DNACPR, resuscitation, DNAR, patient communication

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