

It's about conversations. It's about decisions. It's about making important choices.

- Most of us hope to die peacefully, able to connect with loved ones until the very end. It does not always happen that way. Making your wishes known now helps those who care about you to make the right decisions if you can't speak for yourself.
- This brochure is your guide to thinking and talking about those important decisions.
- Please think about your wishes, talk to your loved ones and to your doctor or nurse.. Make your wishes known.
- Please ask questions about things you don't understand.



FAQs

Q: Can I change my mind?

A: Yes, you can change your Code Status Level at any time. Tell your doctor or nurse of your wishes and it will be noted in your chart. Note that CPR and/or ALST may not be a medically appropriate option for some patients.

Q: What happens if I do not want CPR and I have to go for surgery?

A: Usually, the "No CPR" order is canceled during the time you are in the operating room. If you do not want CPR during the operation, then tell your surgeon and/or anesthesiologist.

Q: What is a DNAR order?

A: The term DNAR means "Do Not Attempt Resuscitation". This term was formerly used in this hospital for patients who did not want CPR. It has been replaced by the five Code Status Levels described in this pamphlet.

Q: Why do I need to decide this? Why don't you just provide CPR and ALST to everyone?

A: Sometimes patients who receive CPR or ALST end up with permanent brain damage, in a "vegetative state". Or, they may linger for a long time on life support, forcing their loved ones to make difficult medical decisions.

Q: What does "medically appropriate trial" mean?

A: This means that you want your doctor to provide you with life support but not to persist if you will not survive and have a quality of life that is acceptable to you.

Q: Who decides my quality of life?

A: You do. Think about what you would want if you became very ill. Tell your family, loved ones and your doctor so that they know what you want and can speak for you if you are unable to speak for yourself.

My Code Status Level

Please choose ONE of the following:

Level 5: Full Resuscitation

- I want all medically appropriate life sustaining measures

Levels 4 and 3: Respiratory Resuscitation

Level 4:

- I do not want CPR
- I will accept a medically appropriate trial of **intubation** and mechanical ventilation including life support (ALST)

Level 3:

- I do not want CPR
- I will accept a medically appropriate trial of **non-invasive ventilation** including life support (ALST)

Level 2: No Resuscitation

- I do not want CPR or ventilator support but I want full medical therapy as appropriate

Level 1: End Of Life Care

- I want comfort measures only
- I do not want CPR or ventilation
- I do not want aggressive medical care
- I do not want any prolongation of my life
- I want treatment to provide relief of any pain or discomfort I may have

If you have further questions or concerns, talk to your doctor or nurse.

Quality & Risk Management

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Patient Services
It's Your Life



Thunder Bay Regional
Health Sciences
Centre

healthy
together

En santé
ensemble

Our promise....

Thunder Bay Regional Health Sciences Centre aims to provide the best care and the best outcomes for all of our patients.

Medically appropriate therapies are given to all patients at TBRHSC who suffer cardiac or respiratory arrest unless:

- Different medical orders are written based on the patients' wishes or medical futility
- There is an almost certain lack of benefit to the patient
- A different request from the patient or **Substitute Decision-Maker (SDM)** is made to the doctor or nurse
- The patient shows signs of irreversible death

What is a Substitute Decision Maker?

A Substitute Decision Maker (SDM) is a person who has the legal authority to speak for you when you cannot speak for yourself. If you have not named an Attorney for Personal Care (Power of Attorney or POA) then below is the legal ranking or order of persons who can make decisions for a patient who is not capable of making decisions for them self:

1. A legal guardian with the authority to give or refuse consent to treatment
2. An attorney for personal care with the authority to give or refuse consent to treatment
3. A representative appointed by the Consent & Capacity Board (if one exists)
4. A spouse or common-law partner
5. A child or parent or a children's aid society
6. A parent who has only a right of access
7. A brother or sister
8. Any other relative (related by blood, marriage or adoption)
9. The Public Guardian and Trustee is the decision maker if no other person is capable, available or willing to give or refuse consent

What is Cardio-Pulmonary Resuscitation (CPR)?

Cardio-Pulmonary Resuscitation (CPR) is an emergency set of procedures used in the event of sudden and unexpected death.

CPR usually involves:

- Forceful pressure on the chest
- Putting a breathing tube through the mouth into the lungs,
- Electrical shocks to the heart,
- Strong heart medications

If started early enough, CPR may be helpful and the patient may have a good outcome, depending on the underlying medical condition(s)

CPR is intended for fairly healthy people; it may not be helpful for everyone.

Many people believe that CPR can help everyone whose heart stops, even those who are at the natural end of their lives.

In fact, most people who receive CPR:

- **Do not survive**
- Many will be left with a significant brain injury
- Brain or organ damage can occur if CPR is delayed more than a few minutes or if it takes a long time to re-start a normal heartbeat
- Patients who survive CPR almost always end up on life support for a period of time after. Sometimes, they are never able to come off life support
- Those who survive CPR may suffer side effects, such as broken ribs, brain and organ damage
- Some of those who survive CPR will be left with significant disability and a poor quality of life afterward
- Some patients survive for a short time, only to die in hospital

What is Advanced Life Sustaining Treatment?

Advanced Life Sustaining Treatment (ALST) includes life support given to a patient with a life threatening condition. A patient needing ALST requires in-depth care and constant observing, usually in an Intensive Care Unit (ICU).

ALST:

- Is meant to support a patient who has treatable disease
- May delay pending death in a patient with life threatening conditions

ALST is not intended to prolong the life of a patient with advanced, end-stage disease; doing so will merely prolong their death, not their life.

What is Invasive Ventilation?

Invasive ventilation involves putting a plastic breathing tube through the patient's mouth then into the lungs. The tube is connected to a machine that will support the patient's breathing while the healthcare team tries to treat the medical problem(s).

This breathing tube is only meant to be short-term life support. Sometimes patients may remain dependent on the machine for weeks to months, sometimes for the remainder of their lives.

What is Non-Invasive Ventilation?

Non-Invasive Ventilation (NIV) uses a tight-fitting mask placed on a patient's face that is then connected to a machine that will support the patient's breathing. NIV is meant as a very-short term way to support a patient's breathing while the healthcare team tries to treat the medical problem(s). Patients who are not helped by NIV will either move onto Invasive Ventilation or will be given comfort care to ease the dying process.

What is End of Life Care?

End of Life Care is the care that is given to patients at the end of their life. It is also called comfort care or palliative care. End of life care is sometimes best given by expert care-givers in a hospice or palliative care setting.

This means:

- The highest level of care is given to reduce the patient's pain and symptoms
- Some procedures such as blood tests and x-rays are done less often or not done at all
- Oxygen, IVs and even food may or may not be given, based on the patient's wishes and the clinical situation

