

PLEASE KEEP VISIBLE AT THE FRONT OF MEDICAL RECORDS AT ALL TIMES  
DO NOT PHOTOCOPY



East Midlands  
Children and Young  
People's Palliative  
Care Network

Organisational Logo

# PERSONAL RESUSCITATION PLAN FOR

NHS NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CONSULTANT'S/G.P: \_\_\_\_\_

Date Plan Created	
Date Plan Cancelled	

This Plan does not time expire. It is reviewed regularly as the child/young persons condition changes.

The patient or parent / guardian can change their mind about any of the options contained within this personal care plan at any time.

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photo

Name:  
Hosp no:  
NHS no:  
DOB  
Address:

**2. Background**

Diagnosis/reason for the plan

**3. Resuscitation Plan**

**3.1.** In the event of a **sudden collapse** with respiratory and or cardiac arrest:

Symptoms/signs to expect

*Select options needed: (Delete options not required)*

1. Comfort & support child and family.
2. Reposition to **open the airway** and clear secretions (with suction if available).
3. Give/increase oxygen for comfort via face mask/nasal cannulae.
4. Continue airway management including oral/nasopharyngeal airway if it helps.
5. If still not breathing adequately, give a **trial of five inflation breaths** by mouth to mouth / bag & mask ventilation.
6. Continue mouth to mouth / bag and mask ventilation whilst heart beat present.
7. More invasive resuscitation is not appropriate.
8. External cardiac compressions / defibrillation / adrenaline should be tried.
9. Endotracheal tube & ventilate.
10. Advanced life support including inotropic drugs and iv access.

**3.2.** This child is at risk of generalised tonic clonic seizures:

Rescue anticonvulsant medication is:-

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Name:  
Hosp no:  
DOB  
Address:

**3.3 Transfer to** e.g. Emergency Dept / discuss with PICU/ Rainbows  
(see family 'choices' document)

**Ambulance staff please call ahead** to alert receiving staff that this child has a personal resuscitation plan.

**3.4 Who to call (with phone numbers)**

if in hospital

If at home

If in school or short break unit

**5. The plan has been discussed with**

**6. This plan does not expire but will be reviewed as the child's condition changes.**

The patient or parent / guardian can change their mind about any of these options at any time

**7. Consultant's agreement**

I support this Personal Resuscitation Plan

Name & signature .....

date

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**8. Parent or Guardian's agreement**

I have discussed and support this Personal Resuscitation Plan

Name & signature .....

date

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Name:  
Hosp no:  
DOB  
Address:

**9. Child or young person's agreement**

I have discussed and support this Personal Resuscitation Plan

Name & signature .....

date

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**10. Senior nurse agreement**

I have discussed this PRP with the child or young person / parent or guardian

Name & signature .....

date

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**11. Adult Physician/G.P agreement**

**(to be used when the young person is moving on to adult services)**

I have discussed this PRP with the child or young person / parent or guardian

Name & signature .....

date

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Name:  
Hosp no:  
DOB  
Address:

**4. Emergency care plan**

**4.1** In the event of a gradual life threatening deterioration:

*Symptoms/signs to expect*

*Select the options needed: (Delete options not required)*

1. Comfort & support child and family.
2. Airway management is very important: reposition head and neck, clear secretions, use oral/nasopharyngeal airway if it helps.
3. Give oxygen for comfort via face mask/nasal cannulae.
5. Start oral antibiotics. Parents keep antibiotics available at home.
6. Increase respiratory secretion clearance measures / chest physiotherapy.
7. Consider admission for intravenous treatment if no improvement after 48 hours or if deteriorating rapidly / distressed.
8. Consider non invasive ventilation.
9. Endotracheal intubation & invasive ventilation should be considered / would not be appropriate.
10. Other symptom relief:

e.g. analgesia, chest physio

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Name:  
Hosp no:  
DOB  
Address:

**4.2 Transfer to** e.g. Paediatric Emergency Dept / discuss with PICU /  
PICU not appropriate/ preferred ward of admission

**Ambulance staff please call ahead** to alert receiving staff that this child /  
young person has a personal resuscitation plan.

**4.3 Who to call in the event of a gradual deterioration** (with phone numbers)

If at home:

If in school:

If in short break unit:

If in hospital:

**4.4 Ambulance directive** yes / no

Name: Hosp no: DOB Address:
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**11. Copies of this PRP are held by**

Parents / guardian  at home address and at

With patient at all times  contact details

School  contact details

Short break unit  contact details

Hospital (1)  contact details

GP  contact details

Local Notes  
(CDC or community)  contact details

Community nurses  contact details

Hospice  contact details

C/o Parents as above.

### **Background**

This individual plan for emergency care and resuscitation is to be used instead of “DNR orders” to ensure best care for a child or young person when they have a Life Limiting Condition or Life Threatening Condition (1). It can form one part of an agreed “End of Life Plan”.

The Personal Resuscitation Plan (PRP) is a **medical care plan** and is the responsibility of the child / young person’s consultant. It is their plan of best care for their patient. It is ideally drawn up with a child / young person and their parents / guardian by a doctor who they know and who has known the child e.g. before they became so ill. This will not always be possible, but the PRP should not be the first thing mentioned when meeting the child / young person or family for the first time.

Circumstances will vary, from an intelligent, well, 14 year old with a diagnosed incurable life-limiting condition to a child in deep coma ventilated on PICU with a severe accidental traumatic brain injury. In all cases the child / young person’s parent or if possible both parents or legal guardian will be involved in drawing up the PRP. In some cases, e.g. at the suggestion of the doctor or nurse and at the discretion of the parent / legal guardian, the child / young person may also be involved; depending on conscious level, maturity, emotional state, capacity to understand, previously expressed wishes, options available.

This plan is personal and flexible and should be used to empower children / young persons and their families; to affirm what choice / control they have, within the confines of good care. It will help communication between the child / young person and parents / guardian and medical, nursing and other professional services.

### **Completing the form**

The blank template can be used to discuss options with families in a positive way as soon as a life threatening event or deterioration can be predicted as a possibility. They will be glad to have a family held emergency care plan for their child / young person.

The plan is the responsibility of the child / young person’s lead consultant or GP and ideally it is that doctor who leads the discussions with the parents / guardian and child / young person if appropriate. The doctor needs to know the prognosis of the child / young person and to be able to predict how the child / young person may deteriorate in order to discuss with the family the best emergency care and resuscitation plan. The child / young person’s community nurse will usually be part of the discussions to ensure that the care plan will work in the community setting. The consultant must sign and date the form. The child / young person and or parents / guardian can also sign, but do not need to as they can over-ride this written plan at any time for any reason, i.e. they can change their minds and verbally ask for a different action e.g. more or less intervention.

The plan is regularly reviewed by the medical care team as the child / young person’s condition changes over time. It does not have to be discussed with the family at each appointment or hospital admission. The family can ask for it to be reviewed at any time. There is no fixed review date. The plan cannot “time expire” any more than any other documentation of a discussion about therapeutic options in the patient’s notes.

The form should not be photocopied as all copies need to be identified and cancelled if the plan is revised.



Completing the form contd

### **Section 2 – Background**

The reason why the child needs a resuscitation plan.

Put the diagnoses and brief description of the patient's Life Limiting Condition or Life Threatening Condition in the box.

### **Section 3 (acute deterioration) and Section 4 (gradual deterioration)** look similar.

Sometimes the resuscitation plan will be different for a sudden deterioration, which may be due to an intercurrent illness or event, compared to a more gradual decline, as anticipated by the patient's diagnosis or underlying condition itself.

Put any anticipated circumstances in the boxes.

Select the interventions that are needed after discussion with the parents / guardian, and child / young person if appropriate. Usually there will be time for the template to be 'word processed' to produce a clear plan where the unwanted options are removed and only the positive instructions are on it. In an emergency a handwritten version of the plan can be left with the family with the unwanted options on the template crossed through using black or blue pen. Make sure any corrections are clearly legible.

The same plan can be used at home or in school, short break unit or hospital, e.g. "mouth to mouth" in the community becomes "bag and mask" on the hospital ward. "Mouth to mouth" becomes "mouth to trachy" or "bag to trachy" for patients with a tracheostomy.

Fill in the boxes at 3.3 and 4.2. to say where, if anywhere, the child should be transferred and at 3.4 and 4.3 to say who should be called, e.g. parent and bleep children's community nurse if child is in short break unit or school, bleep community children's nurse if child at home; **or if in hospital the cardiac arrest/emergency medical support team – ensuring that they are made aware of the resuscitation plan.**

It may be appropriate to call 999 paramedic ambulance if child is outside hospital with uncontrolled symptoms. In which case the resuscitation plan needs to be registered with the East Midlands Ambulance Service (EMAS) and a copy of the registration form should be attached to the PRP.

Some families will have completed a 'choices' document which details other aspects of their child's 'End of Life Plan'. A copy of this will be with the family and their key worker and may be filed in the main medical notes.

It is important to document who the plan has been discussed with and it may be helpful to record the family's understanding of the situation in **Section 5**.

The plan does not need to be reviewed at any fixed time but should be reviewed whenever the child's condition or circumstances change. It must be reviewed on discharge from hospital when consideration of where copies of the plan should be held is essential, **Section 11**

Old versions should be crossed out with 2 bold single diagonal lines, on each page. Sign and date the crossing out.

If the child / young person has been involved in the discussions, usually with the parents / guardian's support, they can sign **Section 9**, to acknowledge this, if they want, but do not have to. Similarly the parents / guardian do not have to sign **Section 8**. If they agree with the plan verbally but do not want to sign it, then another member of the clinical team usually a senior nurse in addition to the consultant should witness that parents agreed with the plan and sign at **Section 10**.

**The child's consultant must sign Section 7**, even if the plan has been raised with the family by another senior member of the team.

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**Personal Resuscitation Plan Child/Young Person Progress Checklist for  
Medical/Nursing Staff/Secretarial Staff**



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In the event of change in a child's condition triggering the need for an emergency care plan. A Senior member of the child's Medical team and if possible the child's Keyworker should work through the template with the family and sometimes the child themselves. Delete irrelevant sections as needed

A handwritten draft is produced that can be given to the family as a temporary record and for their further consideration at their leisure. A copy of that should be filed in the child's local medical records as a draft.

The Consultant needs to sign the draft. Consultant or senior member of medical team/CCN needs to take typed draft to the family for their signatures. If amendments are made at this point return back to secretary to make changes.

A copy of the signed plan needs to be everywhere that the child might be cared for and it may be appropriate for a copy to be always with the child. NB; **If the family request that their child to be transferred to a Hospice please make a note on the plan that the Hospice should be contacted prior to transfer to allow them time to make a bed available.**

Aspects of care within the plan must be "doable" at each location e.g CPR/invasive ventilation may not be provided at a Hospice  
The Consultant and parents identify the list of people who need to hold a copy and those people need to be circulated by the medical team - not by post.  
**If the system is to be audited parental permission must be obtained.**

If the child is *not* for full resuscitation but may require some treatment a copy will also need sending to the medical advisor at EMAS headquarters. EMAS also require completion of their Registration of End of Life Care Decision form which is then faxed to them: 0115 919343. A copy of this form should also be held at all the designated places and **placed at the front of the notes along with the PRP.**

EMAS will enter the instructions onto their computer system within 4 hours (Mon-Fri 9-5) and the End of Life Decision will be acknowledged by letter from the EMAS medical director. Out of hours faxes will be accessed the next morning or Monday morning after a weekend. **As long as a copy is with the child this will not create a problem**

**Secretary:**

Ensure that the draft hand written copy is filed at the front of the child's local medical records. Do not use abbreviations such as CPR. **Not yet to be distributed.**

Secretary types up the draft using the approved template. The date that was originally discussed with the family should be put on to the front of the plan along with the name of the person who created it and the word **DRAFT**.

**Secretary:**

If the copy has been signed by all parties with no changes, take the word **DRAFT** off the front page of the plan and proceed to circulation.

If amendments are made following signing by Consultant, the Consultant makes amendments and puts an amended date on the front of the plan.

There may be several drafts before the final version is agreed and each amended copy should be kept in the notes (not at the front). All amended copies should be crossed through with 2 diagonal lines to show that this plan has been amended and is not the up to date copy.

**Secretary:**

Circulation of PRP as follows:

Medical notes - at the front of all hospital notes along with a copy of the EMAS form and letter from EMAS medical director.

By Post with a covering letter to GP and EMAS .

Copies to be **distributed personally** by Keyworker - Parents, School, Respite, CCN.

A&E - Copy of PRP

**In the event of a death of a child be sure to notify all sites holding copies of the plan.**