CHAPTER 56 · PSYCH III: DNACPR, PALLIATIVE CARE & END-OF-LIFE PLANNING

DNACPR · CPR REALITY · LEGAL · LPA-AD · URWC · PAIN · SYRINGE · SPIKES · CEILING · AMBER

★★★★★ CORE · ⚠ FAIL RISK · 🔴 HIGH STAKES

Abbreviations used in this chapter: **ACS** Acute Coronary Syndrome · **ADRT** Advance Decision to Refuse Treatment · **AKI** Acute Kidney Injury · **AVPU** Alert, Voice, Pain, Unresponsive · **BNF** British National Formulary · **CAP** Community-Acquired Pneumonia · **CKD** Chronic Kidney Disease · **COPD** Chronic Obstructive Pulmonary Disease · **CPM** Central Pontine Myelinolysis · **CRT** Capillary Refill Time · **DKA** Diabetic Ketoacidosis · **DNACPR** Do Not Attempt Cardiopulmonary Resuscitation · **DVLA** Driver & Vehicle Licensing Agency · **FRIII** Fixed Rate Intravenous Insulin Infusion · **GTN** Glyceryl Trinitrate · **HAP** Hospital-Acquired Pneumonia · **HGV** Heavy Goods Vehicle · **HHS** Hyperosmolar Hyperglycaemic State · **ICD** Implantable Cardioverter Defibrillator · **LP** Lumbar Puncture · **LPA** Lasting Power of Attorney · **MDT** Multidisciplinary Team · **MRSA** Meticillin-Resistant Staphylococcus aureus · **MTX** Methotrexate · **NEWS2** National Early Warning Score 2 · **NIV** Non-Invasive Ventilation · **PCC** Prothrombin Complex Concentrate · **PCI** Percutaneous Coronary Intervention · **PE** Pulmonary Embolism · **PEA** Pulseless Electrical Activity · **PID** Pelvic Inflammatory Disease · **PLAB** Professional & Linguistic Assessments Board · **PPI** Proton Pump Inhibitor · **ROSC** Return of Spontaneous Circulation · **RSI** Rapid Sequence Induction · **SBP** Systolic Blood Pressure · **STEMI** ST-Elevation Myocardial Infarction · **TCA** Tricyclic Antidepressant · **URTI** Upper Respiratory Tract Infection · **VF** Ventricular Fibrillation · **VRIII** Variable Rate Intravenous Insulin Infusion

🏆 **Golden Triad of Fail:**

1. Saying "Do Not Resuscitate" without explaining CPR reality
2. Confusing Lasting Power of Attorney with Advance Decision
3. Ignoring family distress or leaving no space for questions

Instant-Fail Behaviours: Say DNR without CPR reality · Present as "stopping treatment" · Confuse LPA with AD · Can't name 5 drugs · No syringe driver knowledge · No documentation reasoning

🎤 Golden Minute: "DNACPR = CPR-only. All other care continues. LPA = Lets Person Act. AD = Already Decided. We're not stopping care — we're changing focus to comfort and dignity."

💬 1. The DNACPR Conversation · CPR Reality · What Continues

D	Discuss goals first	"What matters most to you?"
N	Never say "DNR" alone	Always explain CPR reality first
A	Assess capacity using URWC	Before any discussion
C	CPR reality	Broken ribs · ICU · rarely successful
P	Patient/family views	"What do you understand? What matters?"
R	Review + document	Reasoning · who consulted · review date

CPR REALITY — Say All of This:
"CPR involves pushing very hard on the chest — can break ribs. Not like on TV. If it works, they'd need intensive care on a breathing machine. In frailty/advanced illness it is very unlikely to work and often causes harm. Even when CPR works, people rarely return to their previous independence. Survivors often have brain injury and a prolonged ICU stay."

✅ CONTINUES after DNACPR	❌ DOES NOT CONTINUE
Oxygen	CPR — that is ALL that stops
Antibiotics	Nothing else is affected
IV/SC fluids (if appropriate)	
All pain relief and comfort measures	
All nursing care	
Treatment of reversible causes	

ReSPECT form: Patient values · clinical recommendations · CPR decision · escalation limits (ICU, NIV, ward)
Futile CPR: Consultant can make DNACPR decision even if family disagree — must document clearly and offer second opinion
When NOT to discuss: Would cause significant psychological harm · patient actively dying/unconscious · patient refuses — document and revisit

⚖️ 2. Legal Framework — LEGAL · LPA vs Advance Decision · URWC · CEILING

LPA vs Advance Decision — MUST NOT CONFUSE:
LPA = Lets Person Act: Appoints someone to decide when patient lacks capacity. Must be registered for health/welfare.
AD = Already Decided: Refuses specific treatments in advance. Written when patient had capacity. Life-sustaining: must be written, signed, witnessed, explicit. Legally binding if valid and applicable.
ADRT validity check: Valid (not withdrawn)? · Applicable (current situation matches)? · Specific? · Signed + witnessed?

URWC — Capacity Assessment (any one failed = lacks capacity):
U — Understand · R — Retain · W — Weigh · C — Communicate
Assume capacity unless evidence otherwise. Fluctuating capacity: involve patient at capable times.

CEILING — Treatment Escalation (discuss beyond CPR):
C — CPR · E — Escalation (ICU/HDU) · I — Infections (antibiotics) · L — Liquids (IV/SC fluids) · I — Interventions (NIV/O_2) · N — Nutrition · G — Goals of care (reviewed daily)

AMBER Care Bundle (deteriorating patients): Assess · Meet (MDT) · Be clear (honest) · Escalate (plan) · Review (daily)
Documentation must include: Patient details · clinical reasoning · who consulted · capacity status · review date · senior signature · communicated to GP

💊 3. Palliative Care · 5 Drugs · Syringe Driver

Symptom	First-Line Drug	Notes
Pain	Morphine	Start low · titrate · breakthrough PRN (1/6 total daily dose)
Breathlessness	Low-dose morphine	Add midazolam if anxiety prominent
Agitation/restlessness	Midazolam	PRN · levomepromazine if refractory
Nausea/vomiting	Haloperidol	Levomepromazine if first-line fails
Secretions	Glycopyrronium	Or hyoscine butylbromide

PAIN Opioid Principles:
P — Percentage: breakthrough = 1/6 of total daily dose · A — Antiemetic: always co-prescribe · I — Increase if uncontrolled · N — Needs syringe driver if unable to swallow
"I will prescribe anticipatory subcutaneous medications for all 5 symptoms so nurses can give them urgently."

SYRINGE Driver Script:
"A small battery-powered pump giving medication continuously through a tiny needle under the skin. No repeated injections. Drugs run steadily. We combine drugs for pain, agitation, or secretions. Nurse checks regularly and we adjust. Very common in the last days of life when people can't swallow. Won't hurt — just for comfort."
Syringe driver = steady background control. For acute distress — give PRN doses first.
Not euthanasia: "A syringe driver does not hasten death — it gives comfort and prevents suffering."

👥 4. Family Communication — SPIKES · Difficult Moments · Misconceptions

S	Setting	Private room · sit down · tissues · no interruptions
P	Perception	"What's your understanding of what's happening?"
I	Invitation	"Would it be OK if I share my thoughts?"
K	Knowledge	Clear · honest · no jargon
E	Emotions	"I can see this is very difficult." — validate — leave silence
S	Strategy/Summary	Summarise plan · check understanding · next steps

Difficult Moments — Scripts:

"So you're letting them die?" → "We're not causing their death. The illness is. Our role is to prevent suffering and respect their dignity."

"How long?" → "I can't say exactly — it could be days, but we'll keep them comfortable throughout."

Anger → "I can hear how upset you are. This is incredibly difficult." Silence — stay silent, wait, don't fill the space.

Fluids/feeding → "In the last days, the body can't absorb fluids well. Forced fluids can cause discomfort. We focus on mouth care and comfort."

Misconception	What It Actually Means
DNACPR = stopping treatment	DNACPR = one thing only: no CPR. ALL other care continues.
DNACPR = no ICU or NIV	ICU and NIV are SEPARATE decisions — documented separately
DNACPR = giving up	Focusing care on what will actually help
Syringe driver = hastening death	Gives comfort — does not hasten death
Palliative care = end of life only	Can run alongside disease-modifying treatment

📋 Examiner Checklist

DNACPR + Legal ✔	Drugs + Communication ✔
✔ CPR reality: ribs + ICU + rarely works	✔ Pain: morphine named
✔ DNACPR = CPR-only stated	✔ Breathlessness: low-dose morphine
✔ All other care continues stated	✔ Agitation: midazolam named
✔ CEILING discussed (not just CPR)	✔ Nausea: haloperidol named
✔ ReSPECT form mentioned	✔ Secretions: glycopyrronium named
✔ URWC capacity assessed	✔ Antiemetic co-prescribed with opioids
✔ LPA vs AD distinction clear	✔ Anticipatory prescribing mentioned
✔ ADRT validity check stated	✔ Syringe driver explained (SYRINGE)
✔ Documentation: reasoning + review date	✔ SPIKES applied + silence used
✔ Senior involvement if conflict	✔ Misconceptions addressed proactively

🎯 Final Exam Mantra

DNACPR = CPR-only · all other care continues · CPR REALITY: ribs + ICU + rarely works
LPA = Lets Person Act · AD = Already Decided · ADRT: valid + applicable + specific + signed
URWC: Understand, Retain, Weigh, Communicate · CEILING: not just CPR · AMBER: deteriorating
5 drugs: morphine · morphine · midazolam · haloperidol · glycopyrronium
SYRINGE driver = comfort not death · SPIKES + silence is gold · 7 misconceptions

⭐ **Gold Closing:**
"DNACPR = CPR-only, all other care continues. CPR reality given. CEILING discussed. URWC capacity assessed. LPA vs AD distinction made, ADRT validity checked. 5 drugs prescribed anticipatorily. Syringe driver explained. SPIKES applied, silence used, distress acknowledged. Documentation: reasoning, who consulted, review date, senior signature."

DNACPR = CPR only all other care continues	CPR reality ribs + ICU + rarely works	LPA = Lets Person Act AD = Already Decided	ADRT validity valid, applicable, specific	URWC capacity all 4 to have capacity
CEILING beyond CPR planning	5 drugs morphine morphine midaz halop glyco	Antiemetic always with every opioid	Syringe driver comfort not hastening death	Silence is gold SPIKES + wait

TOP 5 EXAMINER Q&A · PSYCH III · DNACPR, PALLIATIVE & END-OF-LIFE	
Q1. What is a DNACPR decision legally?	A clinical decision about a treatment (CPR), made with consultation, not consent: but failing to discuss it is unlawful absent good reason.
Q2. Who decides when the patient lacks capacity?	The senior clinician, in best interests, consulting family and any LPA for health and welfare: an LPA with authority can refuse treatment.
Q3. What goes through a syringe driver at end of life?	Continuous subcutaneous symptom control: typically an opioid, antiemetic, anxiolytic and antisecretory as needed.
Q4. How does SPIKES structure bad news?	Setting, Perception, Invitation, Knowledge, Empathy, Strategy/Summary: warn before the news and chunk information.
Q5. What do you say about stopping treatment?	We never stop caring: the goal changes from cure to comfort: nutrition, dignity and symptom control continue.
CURVEBALL	The family demands "do everything" for a dying patient with a valid DNACPR. Hear the love inside the demand, explain CPR's reality in this body, and hold the clinical line with compassion: comfort is doing everything.