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## **GICU response to Trust DNAR Policy 27 March 2007 From the GICU consultants**

As of 26 March 2007 there is a new Trust do not attempt resuscitation (DNAR) policy (see [http://stginet/Policies/Clin\\_1-Ethics/Clin\\_1\\_1.pdf](http://stginet/Policies/Clin_1-Ethics/Clin_1_1.pdf)).

This policy affects three groups of patients that the GICU medical team will be dealing with.

1. Ward referrals reviewed by GICU. If a patient is not considered appropriate for ICU care and is likely to deteriorate to the point of cardio-respiratory arrest, it is the responsibility of the referring team to complete the DNAR form. This must be communicated to that team at the time the patient is reviewed. If a patient is inappropriate for ICU care before they arrest then clearly they should be made DNAR.
2. Patients on GICU. These patients do not require DNAR forms to be completed as patient specific plans are formulated and regularly reviewed that exceed the scope of the Trust DNAR form. Immediate clarification can always be sort by calling the on-call SpR, who can, if necessary, contact the on-call consultant.
3. Patients being discharged from GICU to the ward. If it is the GICU team's opinion that a patient would not benefit from a return to ICU following discharge and / or their discharge is for end of life care on a ward and this has been discussed with the team assuming on-going care of that patient, the GICU team can complete a Trust DNAR form for the patient prior to their discharge. However, whenever possible, the DNAR form should be completed by the receiving team prior to the patient leaving GICU.

If there are any difficulties with this policy they should be reported to the on-call GICU consultant.