

# Allow a Natural Death in Intensive Care (AND-ICU)



## Patient details

Name:  
Date of birth: **Attach label**  
NHI:

## Diagnosis:

## Details of last family meeting

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Family present: \_\_\_\_\_ Staff present: \_\_\_\_\_

Issues discussed:

Patient involved in discussion: **Yes**  **No**

ICU Consultant with whom this has been discussed (if not present):

## 'Do Not Attempt Resuscitation' order

In the event of a cardiac or respiratory arrest, **DO NOT PERFORM RESUSCITATION**  
Do **not** perform cardiac massage, defibrillation or intubation

Signed:

Name (please PRINT):

## Other issues for consideration (*N/A is not applicable*)

- Admitting team & patient's GP informed: **Yes**  **No**  **N/A**  Whom discussed with: \_\_\_\_\_
- Palliative care team involvement: **Yes**  **No**  **N/A**
- Spiritual/religious/cultural support required: **Yes**  **No**  **N/A**
- Social work required: **Yes**  **No**  **N/A**
- Coronial notification required: **Yes**  **No**  **N/A**  Reason: \_\_\_\_\_
- Organ donation discussed (if applicable): **Yes**  **No**  **N/A**
- Tissue donation considered (if age <85): **Yes**  **No**  **N/A**
- Consideration of 'Going Home To Die': **Yes**  **No**  **N/A**
- PAR team informed (if required): **Yes**  **No**  **N/A**
- Move to private room (if available): **Yes**  **No**  **N/A**

Specific requests by EPOA or via advanced directive for dying period:

**Treatment to stop** (at time agreed with family)

*Respiratory support:*

Reduce ventilatory support (*please specify*):

Extubate (ETT or tracheostomy):      **Yes**  **No**  **N/A**

Cease all supplemental oxygen therapy: **Yes**  **No**  **N/A**

*Cease/remove the following:*

Vasoactive medications:      **Yes**  **No**  **N/A**

NG/PEG feed/TPN:      **Yes**  **No**  **N/A**

Antibiotics:      **Yes**  **No**  **N/A**

Intravenous fluids:      **Yes**  **No**  **N/A**  (Stopping ↓ secretions)

Insulin:      **Yes**  **No**  **N/A**

Renal replacement:      **Yes**  **No**  **N/A**

Intra-aortic balloon pump:      **Yes**  **No**  **N/A**

Pacemaker:      **Yes**  **No**  **N/A**

(if internal +/- defibrillator, consider deactivation)

**● Please review patient's medication chart & cease all non-palliative medication as required**

*Remove the following:*

NG tube:      **Yes**  **No**  **N/A**

Arterial line:      **Yes**  **No**  **N/A**

Pulmonary artery catheter:      **Yes**  **No**  **N/A**

Peripheral cannula(e):      **Yes**  **No**  **N/A**

Urinary catheter:      **Yes**  **No**  **N/A**

ICP monitor/EVD:      **Yes**  **No**  **N/A**

Other (please specify):

**● Ensure adequate intravenous access for administration of palliative medication**

**Consider ceasing ICU documentation & move to Te Ara Whakapiri pathway**

Remove & cease **ALL** monitoring (pulse oximetry, ECG, blood pressure, CVP): **Yes**  **No**

Cease **ALL** further investigations (blood tests, radiology): **Yes**  **No**

**● Consider starting symptom specific treatment in AWAKE patients for:**

Pain (Morphine 2.5-5 mg q1h, Fentanyl 25-50 mcg q½h)

Anxiety, distress or myoclonus (Midazolam 1-3 mg q1h)

Nausea, vomiting or agitated delirium (Haloperidol 0.5-1 mg PRN to max 10mg then

Levomepromazine (Nozinan) 6.25-12.5 mg q4h)

Secretions (Hyoscine Butylbromide (Buscopan) 20 mg q2h, max 120 mg/day)

*Baseline opiates & benzodiazepines should be continued in all patients with previous exposure. If the patient is awake then pre-existing infusions should continue. The PRN doses above assume no previous opiate or benzodiazepine exposure. Be wary of withdrawal symptoms if infusions are ceased in any patient. Please give medication to treat the patient, not their family.*

**● All infusions should be single agent only, symptom specific, titrated to effect & discussed with medical staff prior to escalation**

Form completed by  
Name (Please PRINT):  
Signature:

Designation:  
Date & time: