



## Clinical Practice Guidelines: Resuscitation/General guidelines – Paediatrics and young persons

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<b>Purpose</b>	To provide general guidelines for the consistent management of resuscitation for paediatrics and young persons
<b>Scope</b>	Applies to Queensland Ambulance Service (QAS) clinical staff.
<b>Health care setting</b>	Pre-hospital assessment and treatment.
<b>Population</b>	Applies to all ages unless stated otherwise.
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This *Clinical Practice Guideline (CPG)* provides information for ambulance clinicians when responding to a child (paediatric or young persons) who has suffered an out-of-hospital cardiac arrest. For the purposes of this CPG, a paediatric is a child 12 years of age or less, and a young person is a person aged 13 years and under 18 years.

In this CPG, the following topics are addressed:

- Commencement of cardiopulmonary resuscitation (CPR)
- Bystander assistance to perform CPR
- Withholding and/or withdrawing of CPR and other life-sustaining measures from children:
  - Court order
  - Direction from the parent/s of the child
  - Direction from the parent/s of the child in collaboration with the child's health care provider
  - Direction from the child's health care provider
  - Direction from a Gillick competent young person
- Documents that may be available at the scene
- QAS clinical documentation

## Commencement of cardiopulmonary resuscitation

In all cases of cardiac arrest involving paediatrics and older children, CPR must be commenced in accordance with the relevant CPG set out in this *Digital Clinical Practice Manual (DCPM)* unless authorisation to withhold CPR has been confirmed (see below – 'withholding or withdrawing CPR and other life sustaining measures'):

- *CPG: Resuscitation/Resuscitation – Newborn (up to 24 hours post birth)*
- *CPG: Resuscitation/Resuscitation – Paediatric (Non-traumatic) (12 years of age and under)*

- *CPG: Resuscitation/Resuscitation – Adult (Non-traumatic) (includes a 'young person' 13 years and under 18 years)*
- *CPG: Resuscitation/Resuscitation – (Traumatic) no age specification*

The attending ambulance clinician **MUST** contact the *QAS Clinical Consultation and Advice Line* no later than **15 minutes** from commencement of QAS administered CPR, to receive case specific clinical management advice.

## Bystanders' assistance to perform CPR

In some circumstances it may be appropriate to use bystanders to perform cardiac compressions. This can assist ambulance clinicians by allowing them to perform other clinical tasks required for the patient, especially when there is only a single responder or single crew on scene.

When a bystander is providing assistance, the ambulance clinician must ensure that the bystander is:

- able and willing to assist in performing cardiac compressions; and
- suitably trained or able to demonstrate appropriate technique under clinician guidance and supervision.

Bystanders assisting with CPR must be provided with personal protective equipment (PPE) that is appropriate in the circumstances.

## Withholding and/or withdrawing of CPR and other life-sustaining measures

It is appropriate to withhold and/or withdraw CPR and other life-sustaining measures in any of the following circumstances:

- Where the child is exhibiting obvious signs of death such as:<sup>[1]</sup>
  - decomposition;
  - putrefaction
  - hypostasis; and/or
  - rigor mortis
- Where the child has sustained injuries that are totally incompatible with life such as:<sup>[1]</sup>
  - decapitation;
  - cranial and cerebral destruction;
  - hemicorporectomy (or similar massive injury);
  - incineration; or
  - foetal maceration.
- Where the ambulance clinician forms a reasonable belief that performing CPR may endanger the life, health, or safety of the ambulance clinicians in attendance.
- Where a lawful direction to withhold and/or withdraw CPR and/or other life-sustaining measures has been provided to the ambulance clinician.

### Lawful directions to withhold or withdraw CPR or other life-sustaining measures from children

*The law that governs decisions regarding the withholding or withdrawal of life-sustaining measures for children differs from that relating to adults. The relevant law as it relates to **adults** is governed by legislation,<sup>[2]</sup> whereas the law as it relates to **children** is governed by the common law, which involves legal principles established in response to cases that have been before the courts.*

There are five possible pathways by which a direction to withhold or withdraw CPR and/or other life-sustaining measures from a child could be provided to the ambulance clinician.

The five pathways are:

- (i) In response to a court order
- (ii) A decision made and conveyed by the child's parent/s in the best interests of the child
- (iii) A decision made by the child's health provider and parent/s in collaboration and conveyed to the ambulance clinician
- (iv) A decision made and conveyed by the child's health provider
- (v) A decision made and conveyed by a *Gillick competent* young person

The relevant decision-maker, be it the parent/s of the child, the child's health care provider, or a Gillick competent young person, **must** make their decision to withhold or withdraw CPR and other life-sustaining treatment measures, **in the best interests of the child.**<sup>[3]</sup>

Decisions regarding 'best interest' must be determined on a case-by-case basis, considering factors such as the medical views regarding the diagnosis, prognosis and proposed treatment; the likelihood of the proposed treatment improving the child's health; the parents' views; and the views of the child if they are known.<sup>[4]</sup>

#### **(i) Court Order**

Where a court order to withhold and/or withdraw life-sustaining measures has been made and a copy of the order is provided to the ambulance clinician.<sup>[5]</sup>

#### **(ii) Parents of the Child**

The parent/s of a child is authorised to make health related decisions for their child, if the child is unable to make decisions for themselves.<sup>[3]</sup> However, that authority **does not extend to include decisions** regarding the withholding or withdrawing of CPR and other life-sustaining treatment for a child, if that decision is **contrary to medical advice.**<sup>[6]</sup> Denying life-sustaining measures contrary to medical advice would be inconsistent with the best interests of the child, unless a Court order has been issued.<sup>[6][7]</sup>

If the ambulance clinician is of the belief that the parent's decision to withhold or withdraw life-sustaining measures is contrary to medical advice, and therefore contrary to the **best interests of the child**, the clinician MUST commence resuscitation and immediately contact the *QAS Clinical Consultation and Advice Line* for direction.

### **(iii) Parent/s of the Child and Child's Health Provider in Collaboration**

Decisions regarding CPR and other life-sustaining treatment for children are usually made by parents in collaboration with the child's health provider.<sup>[4][8][9]</sup>

If the withholding or withdrawal of life-sustaining measures is in the best interests of the child and is supported by the parent/s and the child's health care provider, the parents may refuse the life-sustaining treatment.<sup>[10]</sup>

### **(iv) Child's Health Care Provider**

CPR and other life-sustaining measures can be withheld, or withdrawn, if a direction is issued by the child's health care provider in circumstances where the life-sustaining measures are deemed by the health care provider to be **futile** and will **offer no benefit** to the patient.<sup>[7]</sup>

#### **NOTE:**

The 'child's health care provider' for the purpose of this CPG includes the following:

- the child's treating medical practitioner; or
- a QAS medical practitioner (QAS Medical Director or QAS Medical Officer); or
- a QAS Critical Care Paramedic (CCP) authorised by the QAS Medical Director and credentialed to provide advice and direction to ambulance clinicians via *QAS Clinical Consultation and Advice Line*.

### **(v) Gillick Competent Child**

If a young person satisfies the test for *Gillick* competence,<sup>[9]</sup> the person may make decisions regarding their health care, including the decision to refuse the administration of life-sustaining measures. However, that decision will only apply if it is deemed to be in the **'best interest of the child'**.<sup>[7]</sup>

The competence assessment of a young person must identify that they have sufficient intelligence and maturity to understand the nature and consequence of the treatment that is, or may be required, and the potential consequence if the treatment is not received.<sup>[9]</sup>

In circumstances where a potentially Gillick competent young person refuses life-sustaining measures, the ambulance clinician must contact the *QAS Clinical Consultation and Advice Line* for direction.

*The wishes of a child who has obtained sufficient understanding of their medical condition and who has been involved in the decision-making process regarding treatment options, should be given substantial consideration.*<sup>[6]</sup>

### **Documents that may be available at the scene**

Children who are at risk of out-of-hospital cardiac arrest may have an associated complex medical history. The ambulance clinician should determine if there are any documents available at the scene, or via the Queensland Health Viewer, the contents of which may guide clinical decision-making. These documents may include:

- Clinical documents such as:
  - *Paediatric Acute Resuscitation Plan (PARP)*
  - *Symptom Management Plan (Paediatric Palliative Care Service)*
  - *Letter to QAS (Paediatric Palliative Care Service)*
- Value-based advanced care planning document such as:
  - *Paediatric Statement of Choices*<sup>[11]</sup>
  - *My Wishes*
  - *Voicing My Choices*

**Table 1: Clinical and Advance Care Planning Documents**

DOCUMENTS	TYPE	PURPOSE	USE
<b>Paediatric Acute Resuscitation Plan (PARP)</b> <sup>[11]</sup>	<b>Clinical Document</b>	A clinical document that is designed to support health professionals to make informed clinical decisions about patient care. The PARP records the outcome of resuscitation planning following a discussion with the child's parent/s and the child if they are able to participate.	The PARP is intended to be used in an emergency to provide clinical direction to attending clinicians responding to a patient's acute deterioration.
<b>Symptom Management Plan</b>	<b>Clinical Document</b>	A clinical document that provides parents/carers with a plan to manage symptoms that a child with a life limiting illness may experience.	The Symptom Management Plan is intended to provide clinical guidance for parent/carer and may also be of assistance to the attending ambulance clinician.
<b>Paediatric Palliative Care Service, Letter to QAS</b>	<b>Clinical Document</b>	Correspondence addressed to, and forwarded to the QAS. A copy is also made available to the attending clinicians upon arrival at the scene.	Each 'QAS letter' includes clinical information about the patient, and the clinical management that should be provided by ambulance clinicians.
<b>Statement of Choices</b> <sup>[12]</sup>	<b>Advance Care Planning Document</b>	A values-based advance care planning document that records a child's views, wishes and preferences for their health care into the future, particularly is the child is unwell.  The content provides guidance for decision-makers and clinicians in the event of an acute deterioration.	The SoC also records the contact details of the child's parents and the existence of other relevant documents that may be in existence.  <b>SoC Form A</b> is used by a young person with decision-making competence.  <b>SoC Form B</b> is used by parent/s of a younger child.
<b>Voicing My Choices</b> <sup>[13]</sup>	<b>Advanced Care Planning Document</b>	A values-based document to facilitate advanced care planning for adolescents and young adults.  The content is designed to help young people who are living with a serious illness, to consider and communicate their end-of-life choices.	The Voicing My Choices is used to guide a conversation regarding advance care planning and records details regarding the patient's wishes.
<b>My Wishes (Five Wishes)</b> <sup>[14]</sup>	<b>Communications Document</b>	A communication document that helps children express the care they would want to receive should they become seriously ill.	My Wishes facilitates conversations among children, parents and carers and the recording of the patient's wishes as they relate to how they would want to be treated; their comfort; and what they would like conveyed to others.

## QAS Clinical Documentation

The following information must be recorded in the patient's clinical record (the eARF), if a decision is made to withhold or withdraw life-sustaining treatment:

- If the **decision** is made and conveyed by the **child's parent/s**, the record must reflect that the decision is supported by a health care provider and that it is consistent with good medical practice. The identity of the health provider must also be recorded.
- If the **decision** is made by the child's health care provider and parent/s in **collaboration**, the identity of the health care provider and clinical information in support of the decision must also be recorded.
- If the **decision** is made and conveyed by the child's **health care provider**, the identity of the health care provider and clinical details in support of the decision must be recorded.
- If the **decision** is made and conveyed by a **Gillick competent young person**, details regarding the child's competency assessment must be recorded, and confirmation that the decision is not contrary to the child's best interests.

