

Comfort Care Measures

Treatment Plan for children with terminal illness

(March 2007)

Problem:

Medically fragile students and those with terminal illnesses are attending schools. It is likely that schools will be asked to honor family requests that CPR or other emergency procedures not be given in the event of a cardiac or respiratory arrest (a DNR order). This presents a dilemma for schools.

State and National Recommendations:

Maine School Management Association (MSMA) recommends a policy of not honoring DNR orders. Many school districts have adopted this policy. Local EMS personnel, if called to respond to an emergency at school must by law make attempts to resuscitate. In light of these two facts, comfort care plans may be developed by school nurses with the families and school administrators. This does not preclude parents from making a request for a DNR for their medically fragile child.

American Academy of Pediatrics (AAP) recommends that families who request a DNR order for their child, meet with school team that includes the parent/guardian, the pediatrician, school nurse and teacher, to reach agreement about the goals of medical interventions and the best way to meet those goals. (April 2000)

MADSEC and MSMA recommendations are that a student with a need for medical interventions at school should have an Individual Health Care Plan (IHP) developed that addresses a parental request for DNR. The school team developing the individual plan may consider requests from the parent that alternative forms of life-sustaining emergency care be used. The request must be accompanied by specific medical documentation from the student's physician. The team shall not approve a parental request to deny all life-sustaining emergency care but may specify that only certain types of interventions are appropriate in particular situations.

Role of the School Nurse:

- The school nurses should develop or amend an IHP in conjunction with the family, physician, school administrator, teacher(s), emergency medical responders (EMS) and other key individuals (the school team) to include comfort care plan.
- The IHP developed by the school team should identify:
 - What comfort care would be provided to the student in the event of a respiratory or cardiac arrest.
 - How the student would be moved to a designated area should serious health complications or death occur at school or how other students might be removed from the location of the affected student.
 - Develop a call list with direction from the family.
 - Who should be contacted, in the event of death (EMS, physician, etc).

- How the deceased would be removed from the school with the least impact on other students.
- It is recommended that EMS transport the student to the hospital identified in the IHP. This should be done with utmost sensitivity to other students who might observe this transfer and with the utmost dignity and respect for the student with a comfort care plan.
- The school nurse would convey the plan to and educate key school personnel about how to calmly respond to the child's distress.
- In the event of a death, the crisis team would be convened to assist the family, staff and students once the affected student has been transported to a medical facility.

Resources:

AAP Policy - <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;105/4/878>

NASN Policy – <http://www.nasn.org/Default.aspx?tabid=217>

National School Boards Association, article - http://www.nsba.org/site/doc_sbn.asp?TRACKID=&VID=58&CID=1702&DID=36568

School Nurse Newsletter, article - http://www.schoolnurse.com/med_info/dnro.html

Jason Project – <http://www.jasonproject.org>

Pediatric Palliative Care – Maine Medical Center (662-3155, Dr. Craig Hurwitz)