

**PRACTICALITIES AND SENSITIVITIES AROUND
DISCUSSING RESUSCITATION AT THE END OF LIFE:
A CLINICAL TOOL**

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Background The presence of a resuscitation plan as a clinical indicator in paediatric palliative care and the development of an 'Acute Resuscitation Plan' for adult patients in Queensland provided impetus for the development of a resuscitation planning form for children and adolescents in Queensland.

Aim To develop a resuscitation planning tool which would facilitate the process of clinical assessment, encourage communication with children and their families and subsequent documentation of mutually agreed upon resuscitation plans.

Methods A working group used the adult 'Adult Resuscitation Plan' to determine the key components required for a clinical form which related to the care of patients aged less than 18 years.

Results The 'Paediatric Acute Resuscitation Plan' (PARP) included the following sections: clinical assessment, resuscitation management plan, consenting details, and clinical authorisation.

Discussion The resuscitation management plan acknowledges that patients may still benefit from a range of treatments and therapies that contribute to quality end-of-life care. At the same time, the form clearly documents whether cardio-pulmonary resuscitation will or won't be provided. Consent is usually given by the parents who in usual circumstances act in the best interests of their child. The form also encourages discussion and consideration of the views of the Gillick competent child.

Conclusion The development of the Paediatric Acute Resuscitation Plan (PARP) is a clinical form and tool which allows consistency of practice on a statewide level but also allows flexibility to document a unique care plan for each child or young person.