POLICY: To clarify the meaning and use of do not resuscitate (DNR) orders.

PRINCIPLES AND DEFINITIONS:

Cardiopulmonary resuscitation (CPR) is a medical procedure that may involve mechanical ventilation, invasive airway techniques, cardiac compressions, defibrillation, or other related procedures to maintain vital organ perfusion until the patient's own breathing and circulation returns sufficiently, as well as the use of various medications to assist that return of function. The hospital health care providers may initiate CPR after an acute event, emergently, and may or may not call a Code Blue to summon other hospital providers and equipment to aid the providers on the scene.

A DNR order means an order written by the patient’s attending practitioner that the staff will not

1. Provide resuscitation to a patient in the event of respiratory or cardiac arrest, or
2. Call a code in the event of cardiac or respiratory arrest, or
3. Do external cardiac compressions, or
4. Mechanically ventilate the patient or place the patient on a ventilator, or
5. Acutely give medications intended only to stimulate cardiac activity or to support circulation.

Even with a DNR order, a patient is still eligible for any other care or treatment, including critical nursing care. The staff makes all other decisions about giving or withholding or withdrawing medical treatment independently of DNR status, although, of course, similar facts, and circumstances would likely affect all of these decisions.

A patient’s Advance Directive is operative, if the patient is not competent to make his or her own medical decisions and the patient has been diagnosed with either (a) a terminal illness where death is imminent and expected due to a medical condition for which no further useful treatment is available, or (b) the patient has suffered a total and irreversible loss of consciousness and capacity for interaction with the environment.

CLINICAL CIRCUMSTANCES:
A. Practitioners should discuss with the patient, or the patient’s legal surrogate if the patient is not competent, the patient’s clinical condition and the possibility of cardiopulmonary arrest. Patients and/or their legal surrogates should be aware of the definition of "cardiopulmonary arrest," the procedures normally used during CPR, the meaning of a DNR Order, and that they can revoke a DNR order at any time. Early discussion on a nonemergent basis, whether outpatient or early during a hospitalization when competent patients are mentally alert, give the patient the opportunity to examine and refine his or her own preferences and to express these to his or her attending practitioner, and is the ideal situation for considering a DNR status.

B. Practitioners have an ethical obligation to honor the desires of the patient, or the patient's surrogate in appropriate circumstances, as to DNR status, whether the patient desires full resuscitation in all medically appropriate circumstances, or if he or she refuses CPR. If any health care provider cannot comply with the patient's decision, according to the dictates of his or her personal conscience, the health care provider should inform the patient's family and assist them in finding another health care provider to serve their needs.

C. Practitioners do not order, or provide, futile medical care. When death is imminent and expected due to a terminal underlying medical condition for which no further useful treatment is available, or when the patient has suffered a total and irreversible loss of consciousness and capacity for interaction with the environment, DNR status requested by the patient or the patient's legal surrogate is appropriate clinical care. However, a specific order can clarify such status to other health care workers.

D. When a patient is unable to make health care decisions, including decisions regarding his or her DNR status, another individual may make decisions on the patient's behalf in the following order of priority:

1. In the case of a minor, a parent, or person acting in loco parentis.
2. In the case of an adult (in the listed order of priority):
   a. A court-appointed guardian
   b. A surrogate named in an advance directive
   c. Spouse (unless a divorce action is pending) with adult children of any previous spouse.
   d. Adult child(ren)
   e. Parent
   f. Adult sibling
   g. Adult grandchild
   h. Any adult with knowledge of the patient’s preference and values, including the patient’s religious and moral beliefs
3. With regard to the above list, if there is more than one decision maker in a group holding
priority, the decision made by the majority of them shall govern. Conflict resolution mechanisms outlined below should be used as need to resolve disputes among decision-makers.

E. In the absence of a DNR order, full CPR will usually be carried out.
F. Regardless of DNR status, all patients will receive every reasonable measure to ensure the comfort, dignity, and alleviation of suffering.

G. Prior to any procedure that requires anesthesia, the patient with an existing DNR order, or the patient’s surrogate, must review Form P09059 with the anesthesiologist to make a decision regarding their resuscitation status. Following surgery, the attending should write a new DNR order, when appropriate
H. When the attending initiates DNR status, the staff will apply a purple band to the patient. It will be removed should the DNR status be rescinded and will be reapplied when DNR status is reinstated.

DOCUMENTATION

A. The practitioner should support DNR decisions by documentation in the chart of the circumstances surrounding those decisions. This documentation should include, but is not limited to:

B. A summary of the medical situation including:
   1. Patient's mental status
   2. Diagnosis and prognosis at the time the order is written, or the decision is made
   3. The outcome of any consultations with other practitioners
   4. Summaries of any pertinent discussion with the patient, family, guardian, attorney-in-fact, or significant others.

C. The practitioner should reevaluate the patient's DNR status after any significant change in clinical condition.

OUT OF HOSPITAL DO NOT RESUSCITATE (DNR) ORDERS:

1. If a patient presents to the hospital wearing an “out of hospital DNR order” necklace or bracelet, the attending practitioner will confirm the validity of the “out of hospital DNR” order. If appropriate, the attending practitioner will write an inpatient DNR order for the duration of the patient’s hospital stay.

2. At time of discharge, the attending practitioner may write an “out of hospital DNR” order after consultation with the patient and/or surrogate. Staff can obtain forms for this order from Social Services or the Administrative Resource Coordinator.

CONFLICTS:

When conflicts about DNR status arise among health care workers, the patient, family or others involved in the patient's care needed facts and information should be obtained, and all involved parties convened to
discuss the situation. If the parties cannot obtain resolution, one or more of the following measures may help:

A The attending may seek consultation with another practitioner, medical specialist, clinical nurse specialist, social worker, psychologist, families, or anyone else who may have useful information or expertise in an effort to seek consensus.

B The Ethics Committee has members on call twenty-four hours a day for consultation, and the hospital can convene the entire committee, if needed.

C The Medical Staff President may be contacted to help resolve a confusion or contentious issue.

D Legal counsel may be sought.

INTERPLAY WITH ADVANCE DIRECTIVES OR LIVING WILLS:

The patient’s advance directive or living will takes precedent over hospital policy as noted above. If the Advance Directive or Living Will does not address a situation described in this policy, this policy, together with other applicable policies, will control.