

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICY MANUAL**

DO NOT RESUSCITATE (DNR) ORDERS

Effective Date:	06/1998	Policy No:	AD46
Cross Referenced:		Origin:	Nursing Department
Reviewed Date:	05/06, 12/08, 09/10	Authority:	Chief Nurse Executive
Revised Date:	09/10	Page:	1 of 4

PURPOSE

To outline the steps to initiate a policy and procedure for the use of “Do Not Resuscitate” (DNR/AND) orders.

POLICY

Physicians may write a DNR order under circumstances where the use of cardiopulmonary resuscitation is considered medically unsound, is otherwise contraindicated or is specifically requested by the patient or is outlined in the patient’s Advance Directive or the patient’s non-hospital DNR.

1. Introduction:

Cardiopulmonary resuscitation (CPR) is under certain circumstances an appropriate response to unexpected, sudden cardiac and/or respiratory arrest. When CPR is not a justifiable intervention, physicians, in consultation with the patient, or when the patient lacks capacity, in consultation with health care proxy/legal guardian, or family, may order that CPR be withheld.

2. Definition

DNR orders, or orders not to resuscitate, are medical orders directing that, in the event of a cardiac or respiratory arrest, no cardiopulmonary resuscitative efforts should be initiated. Resuscitative efforts include such measures as chest compression, intubation, defibrillation and emergency medication.

3. Relation to Other Care

DNR orders do not imply any diminution of professional responsibility to provide all other needed therapy and care.

4. Indication

Specifically a DNR order is appropriate to consider if any of the following conditions apply:

- a. It is requested by an informed competent patient or, if the patient lacks capacity, it is requested by health care proxy/legal guardian, or family either through verbal contact or an Advance Directive outlining that preference.
- b. There is an underlying incurable condition or the patient is permanently unconscious; death is expected and imminent; further treatment is considered futile and CPR would only serve to prolong the process of dying;
- c. There is a chronic debilitating disorder in which the patient, or, if the patient lacks capacity, in which the health care proxy/legal guardian, or family judges that the quality of life is insupportable and the burdens of further treatment significantly outweigh the benefits.

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5. *Respect for Wishes of Patient and Family:*

- a. In order to assure the rights of the patient are respected, the DNR decision shall be discussed by the physician, with the patient. If the patient lacks capacity to participate in such a decision the physician must consult the designated proxy/legal guardian, or the next-of-kin (spouse, adult child, parents, adult siblings) will serve as a surrogate to arrive at a cooperative decision. When deciding whether to order a DNR, the physician must abide by the wishes of the patient, or, if the patient lacks capacity, by the wishes of the health care proxy/legal guardian or family concerning the patient's therapy and care at or near the point of death.
- b. If in the treating physician's professional judgment, full discussion of withholding CPR would lead to further harm to the patient's health or well-being, then the discussion may be withheld. In such rare circumstances, limited discussion with the patient consistent with his/her wellbeing and ability to participate should be held with family members involved.
- c. If the physician disagrees with the patient, health care proxy/legal guardian, or family, he/she has the option to (a) write the order based on the legal rights of the patient to opt for DNR; (b) or to assist in the transfer of the patient to another physician in a timely fashion.
- d. If the patient has signed a statement (Advance Directive) requesting that his/her life not be prolonged, a copy shall be attached to the medical record.
- e. A DNR order may be revoked by the attending physician at the request of a competent or incompetent patient, or; if the patient lacks capacity, may be revoked by the health care proxy/legal guardian, or family for the patient.
- f. DNR discussion will also note the availability of an out-of-hospital DNR.

PROCEDURE

1. *Medical Assessment*

- a. The physician writing DNR orders shall have consulted with the patient, or, if the patient lacks capacity, then with the health care proxy/legal guardian, or family to provide appropriate information related to patient's diagnosis and prognosis.
- b. DNR orders shall be written by the physician responsible for the care of the patient.

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- c. In unusual circumstances when no guardian or family member is available to participate in decision-making for the patient who lacks capacity, and there is no known Advance Directive, the attending physician may determine the resuscitation status in consult with others acting on the patient's behalf.
- d. A telephone DNR order may only be accepted by a Registered Nurse and one other licensed health care professional. The order must be signed with date and time of signature by the attending physician within twenty-four (24) hours.
- e. Discussion of the DNR order and any alteration in the standard DNR order will be explained specifically to the nursing staff and documented appropriately in the medical record.
- f. Follow the Nursing Protocol (Color Coded Wristbands Identify Patient Risk Factors) and apply the purple wristband.
- g. Assistance with conflict resolution concerning the appropriateness of DNR orders is available from the Healthcare-Ethics Committee.

2. Documentation

- a. The physician shall write the order with date and time on the physicians' order sheet. The physician shall cosign a telephone order with date and time of signature within twenty-four (24) hours of the order.
- b. The physician shall complete a copy of the DNR Progress Note (a standard form is provided by Hackettstown Regional Medical Center to assure appropriate and clear documentation).
- c. Documentation of DNR status will be recorded on the Nursing Kardex Part B.
- d. The DNR status sheet and the DNR progress note are placed as the first page of the patient's chart.
- e. The chart goes with the patient when the patient leaves the nursing unit for therapeutic or diagnostic services.

3. Re-evaluation

- a. DNR orders are not automatically cancelled due to operative procedures. When a patient is scheduled for surgery and/or endoscopic or invasive procedures, an attending or anesthesia physician must review the DNR order with the patient, health-care proxy, legal guardian, or family and document discussion in the patient progress notes. If decision is to rescind DNR, an order must be written.

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- b. DNR orders will be reevaluated at least every **14** days by the attending physician. The medical record shall reflect such periodic reevaluation in the form of physician signed and dated entries. (NJAC 10.8-2.2)
- c. DNR orders may be rescinded, in writing, at any time by the attending physician in consultation with the competent patient, or in the absence of a living will, with the health care proxy/legal guardian or family. DNR orders can be rescinded only in writing.

4. *Out-of-Hospital DNR*

- a. If a person is admitted to the hospital with a non-hospital DNR order, a new DNR order will be written immediately at the hospital by the ER/admitting physician.
- b. Any time a patient is transferred out of the hospital to another facility, for a treatment modality or to home, the non-hospital DNR needs to accompany them.
- c. For an initial Out-of-Hospital DNR – the DNR Progress Note includes “Out-of-Hospital DNR Discussed” with a Yes-No response. If after discussion, the decision is made to complete an Out-of-Hospital DNR for a patient leaving the hospital, an Out-of-Hospital DNR Form (HRMC #10603) is included in the Hospital DNR packet. The form requires the signature of the patient/surrogate and of the physician. The completed form is to accompany patient.

5. *Patients Under Guardianship of the Bureau of Guardianship Services, Division of Developmental Disabilities, State Department of Human Services.*

NJAC 10:48B allows guardians to make a broader range of end of life decisions. The guardian is required to make a referral of an Ethics Committee when a DNR or withhold/withdraw order is under consideration.

OUT OF HOSPITAL

DO NOT RESUSCITATE

ALL FIRST RESPONDERS AND EMERGENCY MEDICAL SERVICES PERSONNEL ARE AUTHORIZED TO COMPLY WITH THIS OUT- OF- HOSPITAL DNR ORDER.

This request for no resuscitative attempts in the event of a cardiac and/or respiratory arrest for _____, has been ordered by the physician whose signature

PLEASE PRINT NAME

appears below. This order is in compliance with the patient's/surrogate's wishes and it has been determined and documented by the physician below that resuscitation attempts for this patient would be medically inappropriate.

It is expected that this DNR order shall be honored by all **Emergency Medical Services (EMS)** Personnel, **First Responders**, and other healthcare providers who may have contact with this patient during a medical emergency.

PATIENT/SURROGATE SIGNATURE: _____

PHYSICIAN ADDRESS: _____

THE ABOVE NAMED PATIENT IS UNDER THE CARE OF:

PHYSICIAN NAME: _____

PLEASE PRINT NAME

PHYSICIAN ADDRESS: _____

TELEPHONE NUMBER: () _____

MEDICAL FACILITY AFFILIATION: _____

PHYSICIAN SIGNATURE: _____ DATE: _____

THIS DOCUMENT SHOULD BE PROMINENTLY DISPLAYED
AND READILY AVAILABLE TO EMS PERSONNEL

PATIENT LABEL

 **Hackettstown Regional
Medical Center**

MEDICAL SOCIETY OF NEW JERSEY

10603 (02/09)



H0010603

(see reverse for instructions)

2-Hole 1/4 2 3/4 - 3-Hole 1/4 4 1/4

INSTRUCTIONS FOR FIRST RESPONDERS/EMS

ALL PATIENTS HAVE THE RIGHT TO MAKE HEALTHCARE DECISIONS INCLUDING THE RIGHT TO ACCEPT OR REFUSE LIFE- SAVING MEDICAL TREATMENT.

1. ASSESS THE PATIENT FOR THE ABSENCE OF BREATHING AND/OR HEARTBEAT.
2. IF THE PATIENT IS NOT IS CARDIAC AND/OR RESPIRATORY ARREST, PROVIDE ALL NECESSARY CARE, INCLUDING TRANSPORT IF REQUIRED.
3. IF THE PATIENT IS IN CARDIAC AND/OR REPIRATORY ARREST, DO NOT INITIATE CPR AND RESUSCITATIVE EFFORTS.
4. FOLLOW LOCAL EMS PROTOCOLS FOR PRONOUNCEMENT.
5. DOCUMENT ALL PERTINENT INFORMATION ON YOUR RUN SHEET AND ATTACH A COPY OF THIS OUT-OF-HOSPITAL DNR ORDER.
6. ONLY THE INDIVIDUAL(S) (PATIENT, SURROGATE, OR PHYSICIAN) WHO SIGNED THIS FORM MAY RESCIND IT AT ANY TIME.
7. PHOTOCOPIES OF THIS DOCUMENT ARE PERMITTED AND SHALL BE HONORED AT ALL TIMES.

THIS DOCUMENT, ITS INTENT AND ASSOCIATED POLICIES ARE SUPPORTED BY:

Medical Society of New Jersey
New Jersey Department of Health and Senior Services
New Jersey Chapter, American College of Emergency Physicians
New Jersey State Nurses Association
New Jersey Health Decisions
New Jersey Association of Osteopathic Physicians and Surgeons
Academy of Medicine of New Jersey
New Jersey MICU Program Administrators Association
MICU Advisory Council
New Jersey State First Aid Council

IF THERE ARE ANY QUESTIONS CONCERNING THE TREATMENT AND/OR PRONOUNCEMENT OF THIS PATIENT, CALL

CONTACT PERSON: _____ TELEPHONE: () _____

AGENCY: _____

2-Hole 1/4 2 3/4 - 3-Hole 1/4 4 1/4