HARDIN COUNTY GENERAL HOSPITAL
HOSPITAL-WIDE POLICY

Title: Do Not Resuscitate Guidelines **Effective Date: 9/30/2004**
Policy Number: HW126 **Med Staff:**
Regulation: **Admin:**

I. POLICY

In certain circumstances, it becomes appropriate for the attending physician to issue a "Do Not Resuscitate" (DNR) order and to enter this order in a patient's medical record. In all cases, the procedures described below should be carried out. In certain cases, hospital administration should be contacted to assess the necessity of prior judicial approval.

The following procedural guidelines have been adopted by the medical staff ("Medical Staff") of Hardin County General Hospital ("Hospital") and approval by the governing board of the Hospital to promote thorough decision-making and to ensure accurate and adequate record keeping and the clear communication of all DNR decisions.

II. DEFINITIONS

Attending Physician
The physician member of the Medical Staff who has primary responsibility for the patient's care.

Competent Patient
An adult (male or female, 18 or over) patient who is conscious, able to understand the nature and severity of his or her illness and the relevant risks and alternatives, and able to make informed and deliberate choices about the treatment of the illness.

Consent Form
Form entitled Consent for Withdrawal or Withholding of Life-Sustaining Procedures and Release of Liability which indicates consent to the withholding of resuscitation.

Death
Death is deemed to occur when a person has sustained either:

- Irreversible cessation of total brain function, according to usual and customary standards of medical practice; or
- Irreversible cessation of circulatory and respiratory functions, according to usual and customary standards of medical practice.

Family
The patient's spouse, children over the age of 18, parent, and brothers and sisters over the age of 18. The term includes the non-custodial parent in the event that a minor patient's parents are divorced.

Power of Attorney
A written document signed by an individual ("the principal") or by another at the principals request, delegating to an agent any powers of the principal pertaining to the principal's health care.

Incompetent Patient
A patient who is not a competent patient. The term includes minors.

Living Will
A written document, signed by an individual ("the declarant") of sound mind who is 18 years of age or older, or signed by another at the declarant's direction, and witnessed by two individuals 18 years of age or older, directing that if the declarant is suffering from a terminal condition, death-delaying procedures shall not be utilized for the prolongation of his or her life.

Resuscitation
Any extraordinary means employed to maintain the life of a patient, including but not limited to institution of intubation, ventilation, closed chest cardiac massage, and defibrillation.

Terminal Condition
Any disease, illness, injury, or condition sustained by an individual form which there is no reasonable medical expectation of recovery and which, as a medical probability, will result in the death of the individual within a short period of time regardless of the use or discontinuance of medical treatment implemented for the purpose of sustaining life or the life process.

III. RESPONSIBILITY
All Staff

IV. EQUIPMENT
NA

V. PROCEDURES
INFECTION CONTROL: N/A

GENERAL GUIDELINES

A. DNR ORDERS

A DNR order is a written order which states that in the event of a respiratory or cardiac arrest, cardiopulmonary resuscitation measures will not be initiated.

1. A Competent patient has the right to refuse treatment, including the initiation of resuscitative measures, no matter how detrimental such refusal may be to his/her health. Patients who are capable of providing informed consent for medical care are capable of deciding whether to consent to or to refuse resuscitation in the event of a respiratory or cardiac arrest.

2. DNR represents an appropriate medical plan for certain specific patients.

3. DNR orders relate only to the action to be taken in the event of respiratory or cardiac arrest and are consistent with other appropriate therapeutic interventions.

4. All patients, including those for whom a DNR order has been written, shall receive appropriate care, support, counseling and comfort.

B. DNR DISCUSSION

Initiation of discussion concerning DNR status is appropriate once it has been determined that the patient is terminally ill, irreversibly comatose, or in the process of dying.

1. The attending physician plays the major role in discussing DNR decisions with the patient and the patient's family.

2. The attending physician must ensure that the options of all members of the health care team, including other attending physicians involved in the case, the house staff, nurses, and social workers, are adequately represented and considered during the DNR decision making process and before a DNR order is written.

3. All members of the health care team should be available to discuss issues concerning resuscitation with the patient and his family.

C. IMPLEMENTATION OF A DNR ORDER

When a decision has been made to issue a DNR Order:

1. The attending physician shall write a formal order to that effect in the patient's chart and shall write an explanation of the grounds for this decision in the patient's progress notes.

2. If the attending physician is not physically available, the responsible physician, after consultation with the attending physician, may write the order which must be countersigned by the attending physician. This countersignature should be obtained within 24 hours.

D. REVIEW OF DNR ORDER

1. A DNR order shall be effective for a period of three (3) days; it shall then be reviewed to determine whether the DNR order remains consistent with the patient's condition and desire.

2. If at any time there is a significant improvement in the patient's condition, the DNR order should not be acted upon until the attending physician or a physician serving as the attending physician's designee has the opportunity to examine the patient and rewrite the DNR order in conformance with these guidelines.

E. DOCUMENTATION

All DNR orders must be written and must be signed by the attending physician. In addition, the following should be specifically documented in the patient's medical record.

1. The patient's medical condition and prognosis;

2. An assessment of the patient's competence or incompetence;

3. The psychological condition of any patient who requests a DNR order. If there is any question about the patient's competence or psychological status, a mental health consultation should be obtained and documented;

4. For the competent patient, a statement of the circumstances of the patient's consent, including documentation of discussions with the patient's family; and

5. For the incompetent patient, a statement of the discussion with and concurrence of all involved family members.

6. Where a patient's legal guardian or agent under a power of attorney has executed a consent form or where the entry of a DNR order is based upon the authorization provided by a living will, a copy of the applicable document, i.e., guardianship documents, power of attorney, or living will, etc., should be placed in the patient's medical record.

DNR ORDERS FOR ADULTS

A. DNR ORDERS FOR COMPETENT PATIENTS

1. Competent patients have the right to consent to or to refuse all proposed medical treatments, including resuscitation, in the event of a respiratory or cardiac arrest.

2. Patients who are critically ill or have a serious medical illness in which a respiratory or cardiac arrest is likely during the current hospitalization or in the near future, should have a discussion initiated by the attending physician which provides information on the diagnosis and prognosis of the underlying condition and provides an adequate description of the resuscitation process which will occur in the event of a respiratory or cardiac arrest.

3. In the rare event that the attending physician believe a competent patient would suffer direct and immediate harm from a discussion of the resuscitation process, the physician must document the reasons for the exception in the chart and a DNR order must not be written. This does not preclude the physician's obligation to reassess the patient's risk of participation in this decision making process on a regular basis and to initiate the discussion of DNR status with the patient when appropriate.

4. If the competent patient wishes full resuscitation attempted despite his underlying medical condition, a DNR order must not be written.

5. Although the family may express views about whether a DNR order should be discussed with a competent patient and views about the actual decision, the right to discuss the issue and to make the decision rest with the competent patient.

B. PREVIOUSLY COMPETENT PATIENTS WITH DOCUMENTED PREFERENCE

Patients previously competent, who have made clear, explicit prior statements about their desire not to be resuscitated in the event that they are no longer capable of participating in such decisions, shall have this preference respected. Prior to the DNR order being written, the evidence of clear and explicit prior statements should be documented in the chart and reviewed by the Ethics Committee.

C. PATIENTS OF QUESTIONABLE CAPACITY TO PARTICIPATE IN DECISION MAKING

1. Most patients are clearly capable or clearly not capable of participating in decisions concerning their medical treatments. Some patients, however, may be questionably capable of making informed choices, including decisions concerning resuscitation. If there is any question as to a patient's capacity to participate in such decisions, an evaluation and documentation of the patient's mental capacity and emotional capacity should be performed. This consultation should be conducted by the local Mental Health Agency with consideration of the Ethics Committee's recommendations.

2. A patient's refusal of resuscitative efforts in and of itself should not be considered evidence of questionable capacity to participate in decision making.

3. If the patient has fluctuating periods of alertness and fluctuating capacity to participate in decision making, the attending physician, Director of Nursing, and Social Worker can learn the patient's wishes based on discussions during periods in which the patient is deemed capable to participate in decision making.

D. DNR ORDERS FOR PATIENTS INCAPABLE OF MAKING DECISIONS CONCERNING THEIR OWN TREATMENT

1. It is appropriate and standard medical practice to consider a DNR order when the attending physician with a reasonable degree of medical certainty has determined that the patient has a life-threatening condition which is terminal, or the patient is irreversibly comatose, or resuscitative measures would probably be unsuccessful and would only serve to prolong a dying process.

    a. If the patient is incapable of making decisions concerning his own treatment and if a family or legal guardian exists to participate in decision making the attending physician should discuss the issues of DNR orders with the legal guardian or available involved family members. When appropriate, intimate and involved friends and occasionally others such as involved clergy and other professionals should be included in the discussion.

    b. If an incompetent patient's family members disagree among themselves as to whether a DNR order should be entered, the attending physician may request the family to seek the appointment of a legal guardian.

    c. If the patient has no family who can be contacted and, in the judgment of the attending physician, the entry of a DNR order is within generally accepted standards of medical care, the attending physician may contact hospital administration to seek the appointment of a guardian.

    d. In any instance where judicial review is sought, hospital administration should be consulted in advance. Hospital counsel should be consulted prior to initiating contact with the court.

    e. The consent form must be executed by one member of the patient's family in the following order of priority:
        - Spouse
        - Son or daughter, 18 years of age or older

- Either parent; provided, however, that in the event a minor patient's parents are divorced, the consent form may only be signed by custodial parent.
- Brother or sister, 18 years of age or older.

2. Before entering a DNR order pursuant to a patient's living will or at the direction of an incompetent patient's legal guardian or agent under a power of attorney, the attending physician should review the living will, the guardianship documents or the power of attorney, as applicable, to verify that the living will authorizes the withholding of resuscitation or that the guardian or agent is authorized to consent to the withholding of resuscitation on the patient's behalf.

E. REVOCATION OF DNR ORDERS

Any patient for whom a DNR order has been entered may revoke his consent to the DNR order at any time by requesting revocation from any hospital personnel. The attending physician shall be notified immediately in the event of a revocation. Immediately upon such notification, the attending physician shall enter a "Cancel DNR" order in the patient's chart.

F. SUPPORT AND COUNSELING FOR PATIENTS, FAMILIES AND STAFF

Nothing in these procedures should indicate to the medical and nursing staff or to the patient and family any intention to diminish appropriate medical and nursing attention for the patient.

When the incompetent patient is sufficiently alert to appreciate at least some aspects of the care he or she is receiving, every effort should be made to provide emotional comfort and reassurance appropriate to the patient's state of consciousness and condition.

VI. DOCUMENTATION

NA