A Model “Do Not Attempt Resuscitation” Policy

SUBJECT: Life Support Measures/Do Not Attempt Resuscitate

REFERENCES:

Joint Commission on Accreditation of Healthcare Organizations
Standards Manual, 2005
AMA Guidelines VMC Policy #301.45 Medically Ineffective Care, Requests Concerning

DEFINITIONS (as they relate to this policy):

CPR -Cardiopulmonary Resuscitation means resuscitation, including chest compressions and artificial breathing.

DNAR -Do Not Attempt Resuscitate order means that resuscitative efforts will not be initiated in the event of cardiac and/or respiratory arrest. DNAR is often used interchangeably with "DNR" (Do Not Resuscitation), "No-Code" or "No-CPR."

AGENT -means an adult with capacity designated in a power of attorney to make health care decisions for another. Unless otherwise provided in the power of attorney for health care, the authority of an Agent becomes effective only on a determination that the principle (the patient) lacks capacity. An adult with capacity can revoke the designation of his/her Agent either in writing or by personally informing the supervising health care provider. An Agent is required to make health care decisions in accordance with the patient's individual health care instructions, to the extent known by the Agent, or otherwise in accordance with the Agent's determination of the patient's best interests. In determining the patient's best interest, the Agent is required to consider the patient's personal values.

ADVANCE HEALTH CARE DIRECTIVE -means written or verbal instructions for health care made by a person with capacity.

MINOR -a person under the age of 18 is incompetent to consent to medical treatment except as otherwise allowed by law in specific limited circumstances. (See Family Code section 6500, et seq., and section 6922, et seq.)

SURROGATE -is an adult with capacity designated by a patient to make health care decisions for him/her for the duration of the course of treatment or illness, during the stay-in the health care institution where the designation is made. A patient with capacity may designate a Surrogate by orally informing the health care provider of the designation. The health care provider shall promptly document the designation in the medical record. A patient with capacity can disqualify a Surrogate at any time either in writing or by informing the supervising health care provider of the disqualification. A Surrogate must make health care decisions in accordance with the patient’s individual health care instructions to the extent known to the Surrogate, otherwise in accordance with the Surrogate’s determination of the patient’s best interests. In determining the patient’s best interests the Surrogate shall consider the patient’s personal values to the extent known to the Surrogate.

CAPACITY - means a person’s ability to express the nature and consequences of a decision and to make and communicate a decision which includes in the case of proposed healthcare, the ability to understand its significant benefits, risks and alternatives.

BACKGROUND:

American legislatures and courts have recognized the fundamental right of adult patients with capacity to control decisions relating to their health care, including the right to forego life-sustaining procedures and treatment. Courts throughout the United States have held that patients with capacity may direct the withdrawal or withholding of life-sustaining treatment whether or not their medical conditions have been diagnosed as terminal, and that certain qualified decision-makers and the courts may also direct such withdrawal and withholding of care for patients lacking capacity in appropriate circumstances.

The law permits an individual to give another the authority to make health care decisions for him/her. A patient may execute a power of attorney for health care or an Advance Health Care Directive in which the patient may designate an Agent to make decisions concerning health care. The Agent's powers may take effect at a certain time or, if no time is specified, when the patient's primary physician or other person appointed by the patient in the advance directive for this purpose determines that the patient lacks capacity.

In addition, a person with capacity may designate a Surrogate by informing the health care provider that another adult with capacity may make health care decisions for him/her. If the patient has already designated an Agent, the Surrogate designation has priority during the period it is effective, but it does not revoke the appointment of an Agent unless the patient specifically revokes the Agent's authority.

Any advance directive executed in compliance with the laws of another state or jurisdiction is valid and enforceable in this state to the same extent as a written advance directive validly executed in this state. Advanced directives executed in conformance with previous requirements are still valid.

Patients with capacity can change their advanced directives orally at anytime, but the designation of an Agent can only be revoked in writing or by personally informing the supervising health care provider. A health care provider will not be subject to criminal prosecution, civil liability, discipline for unprofessional conduct, administrative sanction, or any other sanction, including but not limited to any of the following conduct:

1. Complying with a health care decision of a person that the provider or institution believes in good faith has the authority to make a decision for a patient, including a decision to withhold or withdraw health care;
2. Declining to comply with a health care decision of a person based on a belief that the person then lacked authority;
3. Complying with an advance directive and assuming that the directive was valid when made and has not been revoked or terminated; and
4. Declining to comply with an individual health care instruction or decision for reasons of conscience or that it requires medically ineffective health care or health care contrary to generally accepted health care standards applicable to the health care provider or institution.

POLICIES:

In the face of serious, chronic and/or terminal illness, there are limits to what medicine can achieve. The attending physician should present viable treatment options which are likely to achieve a reasonable goal of care, including but not limited to cure, improved quality or quantity of life, or relief of suffering, to the patient or surrogate. This policy is intended to provide a guideline for action, either when a patient (or surrogate) wants to limit unwanted interventions or when a patient (or surrogate) requests an intervention not recommended by the responsible physician.

Patients or their legal representatives will be involved in all aspects of their care, including the decision whether to withhold resuscitative services and to forego or withdraw life-sustaining treatment. A patient has the right to refuse life-sustaining support, including CPR.

Decisions about code status are made in consultation between physician and patient or surrogate. Options include FULL CODE or DNAR. Goals of care such as curative, life-prolongation, comfort only, etc., are determined separately by the treatment team and patient/surrogate. Ongoing medical treatment should be provided based on goals of care, and not on patient's code status.

Unless otherwise contraindicated by a licensed physician's written order in the medical record, there shall be a standing order for CPR for all patients who experience cardiopulmonary arrest.

Only the attending physician, or his/her designee, may enter or discontinue an order for either DNAR, or withdrawal of life-sustaining procedures or artificial support. Once the attending physician has signed the DNAR order, it remains in effect for the duration of the patient's hospital stay on that medical or surgical service, or until a new FULL CODE order is written. (See the following specific discussion of the handling of DNAR orders during surgery.)

As soon as possible after a patient or other appropriate decision-maker requests the withholding or withdrawing of life-sustaining measures, the physician responsible for the patient's care will ensure that the patient has been fully informed of his/her diagnosis and prognosis and the benefits and risks of available alternative therapies. If the patient's request is not made to the attending physician or his/her designee, the person to whom the request is made should notify the attending physician as soon as possible.

Refer to the section "Resolving Conflicts Between Health Care Providers and Decision makers" if a disagreement exists concerning a DNAR order.

Resolving Conflicts Between Health Care Providers and Decision-Makers or Among Decision-Makers.

Conflicts between family members, close relatives, and/or professionals involved in the patient's medical treatment should be referred to the Medical Ethics Committee or the Infant Bioethics Committee for review and recommendation. Subsequent committee recommendations are advisory.

Continuing Medical Treatment

Patients for whom an order has been entered to withhold or withdraw medical support shall, at a minimum, continue to receive all treatment necessary to relieve suffering and to maintain comfort.

Reviewing Orders

Orders to discontinue life-sustaining treatment should be reviewed periodically as medically indicated, and at any time there is a significant change in the patient's prognosis. These reviews should be documented in the progress notes.

DNAR in the Operating Room

The following guidelines recognize that DNAR orders should be continued during operations, thereby providing greater freedom of choice for both patients and health care professionals:

- The patient or legal representative must agree to have a DNAR decision reversed temporarily for the surgery, and the decision must be noted in the patient's medical record.
- Although preoperative orders are typically canceled at the time of surgery, DNR orders should be continued. The attending physician, surgeon and anesthesiologist should confer about whether they think a DNAR order should be continued. One of them should then discuss the DNAR order with the patient and/or the patient's legal representative preoperatively, and then decide whether to continue the orders.

- The operative and anesthetic permit should indicate that the patient and/or the patient's surrogate or duly authorized patient's representative has had the opportunity to discuss and reconsider any advance directive.
- A DNAR order does not change the standard of practice for the procedure being done. Medications should still be used to treat pre-arrest cardiorespiratory abnormalities.
- Under a DNAR order, when general or local anesthesia is used and a cardiac arrest occurs, cardiac compression and defibrillation will be forgone. When local anesthesia is used, ventilation will also be omitted.
- No health care professional should be forced to participate in an operation when a DNAR order will be continued during the operation. If a treating professional declines to honor a DNAR order, diligence should be used to find a replacement so that a patient will not have to choose between foregoing the surgery and having it with CPR.
- Like other orders, a DNAR order that has been suspended during an operative procedure should typically be reinstated by the surgeon's orders to take effect after the patient leaves the surgical area.

PROCEDURE:

Writing DNR Orders. All hospitalized patients are presumed to FULL CODE, unless a DNAR order is entered in the patient's chart. To implement a Do-Not-Attempt-Resuscitate order, the attending physician must mark DNAR on the DNAR order form, sign and date the form, and place it in the patient's chart. The order may be written by another responsible physician with the consent of the attending, and must be countersigned by the attending within 24 hours. (To reverse a DNAR order, the attending physician or his/her designee must complete a new DNAR order form with FULL CODE marked, sign/date the form and place the new form in the patient's chart.)

DNAR

Responsible Party	**Action**
Attending physician/other responsible physician	If need arises, discusses DNAR with patient or patient's Agent, Surrogate conservator, parent, guardian or family member, other relative or close personal friend who is involved in the patient's care or any other person identified by the patient. If after receiving informed consent, the patient with capacity agrees to withhold resuscitation, the physician documents the informed consent in the progress notes and marks "Do Not Attempt Resuscitate" (DNAR) on the DNAR Order Form.
Charge nurse	Transcribes the DNAR order.

DNR in the Operating Room

Responsible Party	**Action**
Attending physician, surgeon, and anesthesiologist	Meet to discuss continuance of DNR during surgery. Preoperatively, ensures that operative and anesthetic permit indicates that a patient with capacity has had an opportunity to discuss and reconsider any advance directive or any healthcare instruction, specifically including a DNR. Implements orders consistent with the patient's wishes. Preoperatively, if the patient lacks capacity, ensures that the patient's Agent, Surrogate, conservator, parent, guardian, or closest available relative, as appropriate, have been given information concerning resuscitation.

Preoperatively, documents the temporary reversal order in the patient's medical record.

Attachments:

1 AMA Guidelines
2 Request to Forego Resuscitative Measures
3 Emergency Medical Services Prehospital Do Not Resuscitate (DNR) Form
4 Code Status Order (Current hospitalization only)

AMA GUIDELINES

Do Not Resuscitate (DNR)

The Council of Ethical and Judicial Affairs of the American Medical Association recommends the following DNR policy guidelines:

- The social commitment of the physician is to sustain life despite disabilities, handicaps, or advanced age, except in circumstances where efforts to prolong life would be inhumane and unconscionable. Efforts should be made to resuscitate patient, except when circumstances indicate that this would not be in accord with the patient's desires or best interests.

- The patient's age, social status, or ability to pay for health care services are not valid criteria in considering the appropriateness of a DNR order, nor is the avoidance of a burden to the family or to society.

- A DNR order should reflect the choice of the patient or, if the patient is incompetent to act on his or her own behalf, the family or legal representative. If the choice is for resuscitation, that choice should be honored and resuscitation should be attempted, unless it would be futile.

- In the absence of a choice by the patient or an authorized proxy, the physician should initiate a discussion concerning the advisability of a DNR order when circumstances indicate that resuscitation would not be in the best interest of the patient. Examples of circumstances that indicate that resuscitation might not be in the patient's best interest include those of (1) a terminally ill patient whose death is imminent; and (2) a patient whose coma is irreversible beyond doubt.

- An order not to resuscitate and the basis for it should be stated in writing by the attending physician and entered in the medical record. The hospital's DNR policy should contain provisions for the sensitive resolution of controversies among family members and among members of the professions caring for the patient.

- It should be recognized that various therapeutic efforts may be available for an individual patient and that a DNR order precludes only resuscitative efforts in the event of cardiopulmonary arrest. Treatment prior to cardiopulmonary arrest is a separate issue and is not covered by DNR orders. Patient and family wishes regarding vasopressors, intubation, antiarrhythmics and other significant components of care prior to cardiopulmonary arrest, should be clarified and explicitly entered in the medical record by the physician.

- Experience with DNR orders should be reviewed, and the hospital's DNR policy should be amended as appropriate.

Report of the Council on Ethical and Judicial Affairs, American medical Association (1998)

Source: California Healthcare Association Consent Manual 2000

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REQUEST TO FORGO RESUSCITATIVE MEASURES

REQUEST MADE BY PATIENT

I, (*name of patient*) _____
hereby request to forgo
resuscitative measures.

My physician, _____
has explained to me the nature of resuscitative measures, their risks and benefits, the risks and benefits of refusing such resuscitative measures, and the alternatives to such resuscitative measures. I have had all of my questions answered by my physician.

After carefully considering all of the information my physician discussed with me, I request to forgo resuscitative measures.

Signature: _____

Date: _____ Time: _____ AM/PM

Witness: _____

REQUEST MADE BY LEGALLY RECOGNIZEDHEALTH CARE SURROGATE DECISIONMAKER

NOTE: If the patient is determined by his or her primary physician to lack the capacity to make health care decisions, a legally recognized surrogate health care decision maker may sign a request to forgo resuscitative measures on behalf of the patient.

I, *(name of legally recognized surrogate health care decision maker)*
_____

_____ hereby request to forgo resuscitative measures on behalf of

(name of patient) _____.

The patient's physician, _____ has explained to me the nature of resuscitative measures, their risks and benefits, the risks and benefits of refusing such resuscitative measures, and the alternatives to such resuscitative measures. I have had all of my questions answered by the physician.

After carefully considering all of the information the physician discussed with me, I request to forgo resuscitative measures on behalf of the patient named above.

By signing this form, I acknowledge that this request to forego resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form (the patient named above).

Signature: _____

Relationship to Patient: _____

Date: _____ Time: _____ AM/PM

Witness: _____

EMERGENCY MEDICAL SERVICES
PRE HOSPITAL DO NOT ATTEMPT RESUSCITATE FORM

Purpose

The Prehospital Do Not Attempt Resuscitate (DNAR) Form has been developed by the California Emergency Medical Services Authority, in concert with the California Medical Association and emergency medical services (EMS) providers, for the purpose of instructing EMS personnel to forgo resuscitation attempts in the event of a patient's cardiopulmonary arrest. Resuscitative measures to be withheld include chest compressions, assisted ventilation, endotracheal intubation, defibrillation, and cardiotonic drugs. The form does **not** affect the provision of other emergency medical care, including palliative treatment for pain, dyspnea, major hemorrhage, or other medical conditions.

APPLICABILITY

This form was designed for use in prehospital settings -i.e., in a patient's home, in a long-term care facility, during transport to or from a health care facility, and in other locations outside acute care hospitals. However, hospitals are encouraged to honor the form when a patient is transported to an emergency room. California law protects any health care provider (including emergency response personnel) who honors a properly completed Prehospital Do Not Attempt Resuscitate Form (or an approved wrist or neck medallion) from criminal prosecution, civil liability, discipline for unprofessional conduct, administrative sanction, or any other sanction. if the provider believes in good faith that the action or decision is consistent with the law and the provider has no knowledge that the action or decision would be inconsistent with a health care decision that the individual signing the request would have made on his or her own behalf under like circumstances. This form does not replace other DNAR orders that may be required pursuant to a health care facility's own policies and procedures governing resuscitation attempts by facility personnel. Patients should be advised that their prehospital DNAR instruction may not be honored in other states or jurisdictions.

INSTRUCT10NS

The Prehospital Do Not Attempt Resuscitate (DNAR) Form must be signed by the patient or by an appropriate surrogate decision-maker if the patient is unable to make or communicate informed health care decisions. The surrogate should be the patient's legal representative (e.g., a Durable Power of Attorney for Health Care agent, a court-appointed conservator, a spouse or other family member) if one exists. The patient's physician must also sign the form, affirming that the patient/surrogate has given Informed consent to the DNAR instruction.

The white copy of the form should be retained by the patient. *The completed form (or the approved wrist or neck medallion -see below) must be readily available to EMS personnel in order for the DNAR instruction to be honored.*
Resuscitation attempts may be initiated until the form (or medallion) is presented and the identity of the patient is confirmed.

The goldenrod copy of the form should be retained by the physician and made part of the patient's permanent medical record.

The pink copy of the form may be used by the patient to order an optional wrist or neck medallion inscribed with the words "DO NOT ATTEMPT RESUSCITATE-EMS." The Medic

Alert Foundation (2323 Colorado Avenue, Turlock, CA 95381) is an EMS Authority-approved supplier of the medallions, which win be issued only upon receipt of a properly completed Prehospital Do Not Attempt Resuscitate (DNAR) Form (together with an enrollment form and the appropriate fee). *Although optional. use of* a *wrist or neck medallion facilitates prompt identification of the patient, avoids the problem of lost or misplaced forms,* and *is strongly encouraged.*

REVOCATION

If a decision is made to revoke the DNAR instruction, the patient's physician should be notified immediately and all copies of the form should be destroyed, including any copies on file with the Medic Alert Foundation or other EMS Authority - approved supplier. Medallions and associated wallet cards should also be destroyed or returned to the supplier.

Questions about implementation of the Prehospital Do Not Attempt Resuscitate (DNAR) Form should be directed to the local EMS agency.

EMERGENCY MEDICAL SERVICES
PREHOSPITAL DO NOT ATTEMPT RESUSCITATE FORM

An Advance Request to Limit the Scope of Emergency Medical Care

I, _____ request limited emergency care as herein described.

I understand DNAR means that if my heart stops beating or if I stop breathing, no medical procedure to restart breathing or heart functioning will be instituted.

I understand this decision will not prevent me from obtaining other emergency medical care by prehospital emergency medical care personnel and/or medical care directed by a physician prior to my death.
I understand I may revoke this directive at anytime by destroying this form and removing any "DNAR" medallions.
I give permission for this information to be given to the prehospital emergency care personnel, doctors, nurses *or* other health personnel as necessary to implement this directive.

I hereby agree to the "Do Not Attempt Resuscitate"(DNAR) order.

_____ _____
Patient/Surrogate Signature Date

_____
Surrogate's Relationship to Patient

By signing this form the surrogate acknowledges that this request to forego resuscitative measures is consistent with the known desires of and with the best interest of, the individual who is the subject of this form.

I affirm that this patient/surrogate is making an informed decision and that this directive is the expressed wish of the patient/surrogate. A copy of this form is in the patient's permanent medical record.
In the event of cardiac or respiratory arrest, no chest compressions, assisted ventilations, intubation, defibrillation, or cardiotonic medications are to be initiated.

_____ _____
Physician Signature Date

_____ _____
Print Name Telephone

THIS FORM WILL NOT BE ACCEPTED IF IT HAS BEEN AMENDED OR ALTERED IN ANYWAY

PREHOSPITAL DNAR REQUEST FORM

Code Status Orders
Applies to current hospitalization only

The following treatment decisions for resuscitative services have been made in collaboration with the patient or his/her legal representative to assure respect for the rights of the patient and their Advance Directive. The reasons for limitations or withholding of resuscitative services should be documented in the progress notes.

If code status is not specified, full code measures are employed

☐ Full Code
☐ DNAR: Do Not Attempt Resuscitation
☐ Other:

_____

_____

_____

_____ _____ _____MD/DO

_____

Date Time Housestaff Officer Signature

Physician #

_____ _____ _____MD/DO

_____

Date Time Attending Signature

Physician #

See reverse side of form for any changes in code status

Transfer/Change Code Status Order

☐ Full Code
☐ DNAR: Do Not Attempt Resuscitation
☐ Other:

_____

_____ _____ _____MD/DO

Date Time Housestaff Officer Signature

Physician #

_____ _____ _____MD/DO

Date Time Attending Signature

Physician #

_____