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HARTFORD HOSPITAL
80 Seymour St. P.O. Box 5037
Hartford, CT 06102-5037

DNR INPATIENT ORDER

SECTION ONE DNR ORDER

☐ DNR ORDER – In the event of cardiac arrest, a DNR order indicates no cardiopulmonary resuscitation (CPR) including no basic life support (no cardiac compressions, no artificial ventilation) and no advanced cardiac life support (no defibrillation, no endotracheal intubation, no administration of Advanced Cardiac Life Support (ACLS) medications including no vasopressors).

Therefore, a DNR order means no cardiac or respiratory resuscitative efforts will be initiated as described above. All measures to ensure the patient's comfort and respect for dignity will be maintained.

A "Do Not Resuscitate" (DNR) order must be accompanied by a note in the space below documenting the discussion with the patient or any authorized representative of an incapacitated patient. Include the reason for the patient's incapacity, diagnosis, prognosis, names of participants involved in discussion and a brief description of the discussion. Assure patients or their authorized representatives that a DNR order restricts only cardiopulmonary resuscitation (CPR) and that other agreed upon treatments and care will continue.

DATE:	

SECTION TWO ADDITIONAL ORDERS

Often a discussion of resuscitation status includes discussion of other treatments to be withheld. Indicate below by checking the box next to other treatments to be withheld.

- ☐ Do Not Transfer to the ICU
- ☐ Do Not Transfuse Blood or Blood Products
- ☐ Do Not Do Renal Dialysis
- ☐ Do Not Administer Antibiotic Drugs
- ☐ Do Not Administer Artificial Nutrition
- ☐ Do Not Intubate for Respiratory Distress
- ☐ Do Not Use CPAP or BiPAP

SIGNATURE OF Resident, Fellow, APRN, or PA _____ DATE _____ TIME _____

SIGNATURE OF Attending Physician _____ DATE _____ TIME _____

An inpatient DNR order remains in effect for the duration of a hospital admission unless revoked by the patient or his/her authorized representative. If the admission exceeds 120 days, the DNR order must be renewed. For patients receiving continuous outpatient care, a DNR order will remain in effect for a period of one year, unless revoked by the patient or his/her authorized representative. If any change is made in a DNR order a new form should be completed. Any DNR order written by a resident, fellow, APRN, or PA must be countersigned by an attending physician within 24 hours.

☐ Registered Nurse (RN) May Pronounce Death (see back for Policy Guidelines)

DNR ORDER

In the absence of a current order written by an attending physician on an official order sheet of the patient that states "Do Not Resuscitate" it is assumed cardiopulmonary resuscitation (CPR) is appropriate in the event of a cardiac arrest.

DNR orders are to be written by an attending physician only after obtaining authorization for such an order from the patient having discussed the implications of such an order with the patient. The patient must have decisional capacity to understand the significance of his/her decision. If the patient is incapacitated, authorization for a DNR order may be provided by a written living will or the legally authorized representative of the patient (e.g. health care representative, conservator of the person, or plenary guardian). In the absence of a written living will or legally authorized representative, an attending physician may rely on the statements of an individual who provides convincing evidence that the previously expressed wishes of the now incapacitated patient are being honored by the DNR order.

Residents, fellows, advanced practice nurses (APRN), physician assistants (PA), at the direction of an attending physician may write initial and renewal DNR orders, including completion of the Do Not Resuscitate Order form with the indication “per attending” (named). To remain valid, the DNR order must be countersigned within 24 hours by an attending physician.

An inpatient DNR order remains in effect for the duration of a hospital admission unless revoked by the patient or his/her authorized representative. If the admission exceeds 120 days, the DNR order must be renewed. For patients receiving continuous outpatient care, a DNR order will remain in effect for a period of one year, unless it is revoked by the patient or his/her authorized representative.

DNR Form

To be valid, a DNR order must be accompanied by a completed Do Not Resuscitate Order form. The form has two sections; Section One is the actual DNR order. Because resuscitation discussions with patients and/or their authorized representatives often include discussion of other treatments not necessarily in the context of a cardiac arrest, Section Two of the form should be completed to indicate those other treatments to be withheld.
Example One – A patient (or his/her authorized representative) may decide to withhold hemodialysis as well as withhold cardiopulmonary resuscitation.
Example Two – A patient (or his/her authorized representative) may decide not to have CPR in the event of a cardiac arrest and a DNR order is written. The patient may also decide that he/she wants endotracheal intubation in the event of respiratory compromise not associated with cardiac arrest. Having a DNR order would NOT interfere with this patient being intubated for respiratory compromise, however if the patient was in cardiac arrest no intubation would be done. If any change is made in a DNR order a new form should be completed. A DNR order may be revoked at any time by the patient or by the patient’s legally authorized representative.

A DNR order restricts only cardiopulmonary resuscitation and may not be used to deny a patient any other form of treatment. The DNR Order form may be used to indicate other treatments that may be withheld. Other therapy may be appropriately limited for an individual patient based on reasonable medical judgment and discussion with the patient or his/her authorized representative. Decision-making with respect to DNR orders and associated treatment plans should always be conducted in a manner respectful of the individual patient’s rights of self-determination.

Pre-existing DNR Orders During High Risk Procedures or Treatments

A pre-existing DNR order for any patient scheduled for a high risk procedure or treatment (meaning all operative and other procedures that expose patients to more than minimal risks, including but not limited to, surgical procedures, procedures involving anesthesia, interventional radiology procedures and endoscopic procedures) must be specifically reviewed as to its applicability during the procedural period. Automatic enforcement or automatic revocation of a DNR order is not permitted. The responsible practitioner, e.g. surgeon or his/her designee, and decision maker (patient or legally authorized representative) should review the implication of the DNR order as it relates to the procedural period. This discussion may result in one of the following actions: a. The DNR order is suspended for the procedural period, b. the DNR order is modified, or c. The DNR order remains as previously written (See *Policy Concerning DNR Orders during the Peri-operative Procedure Period in Anesthetizing Locations for Patients with Pre-existing DNR Orders*, Number 14.01 – Department of Anesthesiology)

Patients Admitted with DNR Bracelets or DNR Orders from The Community

The Department of Public Health in Public Health Code 19a-580d -1-9 has promulgated regulations related to DNR orders evidenced by a patient wearing a DNR bracelet or having a DNR transfer form. The regulations require the following: “Any healthcare institution receiving a patient with a DNR transfer form, a legible copy, or DNR bracelet shall honor the DNR order until such time as admitting orders are written in accordance with the healthcare institution’s policies.”

Patients of the Department of Developmental Services (DDS - formerly Department of Mental Retardation DMR)

For patients placed or treated by the State of Connecticut Department of Developmental Services, a DNR order may not be written until the patient’s attending physician has:

1. Consulted and obtained the consent of the patient or his/her legally authorized representative
2. Determined that the patient is terminally ill and that he/she will expire within days or weeks
3. Obtained a second opinion from a Connecticut licensed physician in the appropriate specialty confirming the patient’s terminal condition.

If the attending physician believes the patient is terminally, ill, but cannot state that the patient will die in days or weeks, or if the attending physician deems the patient to be permanently unconscious (as determined in consultation with a neurologist), the attending physician shall seek review of the DNR order from DDS for the purpose of having DDS determine that the DNR order is medically appropriate.

Registered Nurse Pronouncement of Death

An attending physician, resident, fellow, APRN, or PA who has determined that the prognosis for a patient is an anticipated death (i.e. DNR) shall: a. document in the patient’s record (DNR inpatient order form), b. make a determination and document authorization that a registered nurse may pronounce death by completing the *Nurse May Pronounce* box on the DNR order form.

The registered nurse who has determined and pronounced death through observation and assessment that a person has ceased vital bodily functions irreversibly will:

1. Document in the patient’s progress note the following clinical criteria: a) absence of pulse, b) absence of respirations, c) absence of heart beat, d) absence of pupil reaction
2. Notify the physician
3. Document on the death certificate the name of the deceased, date and time of death, name of nurse and signature

Physicians, other health care personnel directly involved with the patient, as well as patients and families, are encouraged to consult with the Ethics Committee for assistance in interpretation of this policy and in situations complicated by conflicting viewpoints.