



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING
MANGUM REGIONAL MEDICAL CENTER

TITLE		POLICY
Do Not Resuscitate (DNR)		NUR-011
MANUAL	EFFECTIVE DATE	REVIEW DATE
Nursing	02/2020	
DEPARTMENT	REFERENCE	
Nursing	See below	

SCOPE

This policy applies to all patients of Mangum Regional Medical Center.

PURPOSE

To offer guidance to health professionals on the ethical and legal issues involved in withholding life sustaining treatments. This policy will decrease uncertainty in the decision-making process to insure consistency and identify the lines of accountability.

DEFINITIONS

The following definitions are utilized to ensure that application and implementation of the DNR policy is understood by all hospital personnel.

1. **Cardiopulmonary Resuscitation** – Those measures used to restore or support cardiac or respiratory function in the event of a cardiac or respiratory arrest.
2. **DNR Order** – A do-not resuscitate (DNR) order or a “no-code” refers to the written order to suspend the initiation of cardiopulmonary resuscitation (CPR). This order may only be written by the attending physician.
3. **Competent Patient** - A competent patient is defined to be an adult under applicable state law who is conscious, alert, oriented and able to understand the nature and severity of his or her illness or condition and who has not been declared incompetent by a court. Such a patient can make informed and deliberate choices about the treatment or non-treatment of the illness or condition and is able to understand the probable consequences of such decisions. No prior judicial approval is necessary for a competent patient to request the entry of a DNR order, if the attending physician has consulted with the patient to ascertain that the patient fully understands the consequences of the order.
4. **Patient Representative** - A patient representative is an attorney-in-fact for health care decisions acting in accordance with the Uniform Durable Power of Attorney Act, a health

care proxy acting in accordance with the Oklahoma Advance Directive Act, or a guardian of the person appointed under the Oklahoma Guardianship and Conservatorship Act.

POLICY

To provide each patient the opportunity to exercise his or her right to make known his or her medical decisions in the event emergency advanced life sustaining interventions may be required.

PROCEDURE

- A. Every person shall be presumed to consent to the administration of cardiopulmonary resuscitation in the event of cardiac or respiratory arrest, unless one or more of the following conditions, of which the health care provider has actual knowledge, apply:
 1. The patient has notified his or her attending physician that the patient does not consent to the administration of cardiopulmonary resuscitation in the event of cardiac or respiratory arrest and that notification has been entered in the medical record.
 2. The parent or guardian of a minor child, after consultation with the minor child's attending physician, has notified the attending physician that the parent or guardian does not consent to the administration of cardiopulmonary resuscitation in the event of the minor child's cardiac or respiratory arrest, and that the minor child, if capable of doing so and possessing sufficient understanding and appreciation of the nature and consequences of the treatment decision despite the minor child's chronological age, has not objected to this decision of the parent or guardian, and such notification has been entered in the patient's medical records.
 3. An incapacitated person's representative has notified the incapacitated person's attending physician that the representative, based on the known wishes of the incapacitated person, does not consent to the administration of cardiopulmonary resuscitation in the event of the incapacitated person's cardiac or respiratory arrest and that notification has been entered in the patient's medical records;
 4. An attending physician of an incapacitated person without a representative knows by clear and convincing evidence that the incapacitated person, when competent, decided on the basis of information sufficient to constitute informed consent that the person would not have consented to the administration of cardiopulmonary resuscitation in the event of cardiac or respiratory arrest.
 5. A do-not-resuscitate consent form in accordance with the provisions of the Oklahoma Do-Not-Resuscitate Act has been executed for that person.
 6. An executed advance directive for health care, or other document directing that life-sustaining treatment not be performed in the event of cardiac or respiratory arrest, is in effect for that person, as provided by Oklahoma law.
- B. All decisions with respect to the administration of cardiopulmonary resuscitation shall be made by the patient unless it is appropriate under this section for the patient's representative to do so. The attending physician or other healthcare provider shall

document the reason the representative, rather than the patient, has made a decision in the patient's medical record.

- C. No decision by the patient's representative shall be made until the representative has been instructed in writing by the patient's attending physician that such representative is deciding what the incapacitated person would have wanted if the incapacitated person could speak for himself or herself. In addition, the attending physician shall encourage consultation among all reasonably available representatives, family members, and persons close to the incapacitated person to the extent feasible in the circumstances of the case.
- D. Whenever possible, the attending physician shall explain to the representative and family members the nature and consequences of the decision to not resuscitate. Evidence that this explanation was provided shall be documented in the medical records of the incapacitated person.
- E. The attending physician or other healthcare provider shall also document in the patient's medical record the patient's DNR decision, the patient's mental and physical condition, and any necessary authorization by the patient's representative, the patient's family or judicial approval, where appropriate.
- F. It is recommended that a nurse be present when the attending physician discusses the DNR Order with the patient, that patient's representative, and/or the patient's family. The nurse shall document in his or her notes the discussion and the outcome of the discussion.
- G. Requirements for DNR Orders:
 - 1. The patient's attending physician must enter a DNR Order in the patient's medical record. DNR Orders must be written, signed, dated and timed by the patient's attending physician.
 - 2. The attending physician shall include all appropriate documentation supporting the DNR Order in the physician's progress notes.
 - 3. The attending physician will place the DNR Order in the front of the chart or in the electronic medical record.
- H. Progress Notes
 - 1. The physician will review the DNR order, as with any order, as often as medically appropriate.
- I. Change in Patient's Condition
 - 1. If the patient's medical condition changes, the patient or the patient's representative may request the physician to withdraw the DNR Order.
- J. Continuity of Care
 - 1. The attending physician and nursing staff must continue to monitor the condition of the patient and provide basic care and comfort measures even though there is a DNR Order for the patient.

2. The physician and nursing staff may not withhold hydration, nutrition, pain medication, and/or patient care because of a DNR order.
 3. A patient is permitted to request the revocation of the DNR order at any time to any hospital personnel. In the event of a revocation:
 - a. The hospital personnel shall immediately notify the attending physician, and the attending physician will cancel the DNR Order.
 - b. The attending physician and nursing staff shall document the revocation of the DNR Order in their applicable progress notes and the patient’s medical record.
 - c. The revoked DNR Order should not be discarded. The attending physician shall draw a diagonal line across the DNR Order and write “Revoked”. The attending physician shall sign and date the revocation in the patient’s medical record.
- K. Prior to surgery, the anesthesiologist or attending physician shall meet with the patient, the patient’s guardian, or the patient’s representative to discuss whether the DNR Order shall remain in effect during surgery. If the surgery will require the patient to undergo general anesthesia, the health care provider should explain that the patient will be under artificial respiration, and therefore the surgery could not be performed with a DNR Order in place. If the patient agrees, the anesthesiologist or attending physician shall document in the medical record that the DNR order is suspended during the surgery. The health care provider shall also document this discussion in the progress notes of the patient’s medical record.
- L. If the patient is transferred to another facility, the physician or his designee shall notify the receiving facility of the existence of the DNR Order in advance of the patient’s arrival.
- M. The hospital shall provide ongoing education to parents, health care providers, and the community on issues concerning the use of the DNR consent form.

REFERENCES

Oklahoma Do-Not-Resuscitate Act, 63 O.S. § 3131.1 et seq.

ATTACHMENTS

Attachment A: Oklahoma DNR Consent Form

REVISIONS/UPDATES

Date	Brief Description of Revision/Change

