

<b>ADAMS COUNTY HOSPITAL</b> <b>210 N. WILSON DR.</b> <b>WEST UNION, OHIO</b>	<b>POLICIES &amp; PROCEDURES:</b> <b>HOSPITAL WIDE</b>		<b>Typed by:</b> <b>B. Hawkins, Adm.</b>
<b>SUBJECT: Advance Directives</b> <b>Do Not Resuscitate</b>	<b>ISSUED: 7/99</b>	<b>REVISED: 8/99; 9/99; 12/99; 1/00;</b> <b>2/00; 3/00; 7/02; 8/03</b>	
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Adams County Hospital recognizes and supports the right of every individual to consent or withhold consent to medical, surgical, and nursing treatment and procedures for him/herself. Every attempt shall be made by the medical and nursing staffs to fulfill the expressed decisions of adult patients admitted to Adams County Hospital regarding care to be provided. As of December 1, 1991, every adult patient admitted to Adams County Hospital shall be asked if they have enacted an Advance Directive Document (either a Durable Power of Attorney for Health Care or a Living Will) form or a DNR Comfort Care or DNRCC-Arrest form.

Adams County Hospital shall ensure no discrimination shall occur in the provision of care offered a patient with regard to the presence or absence of an Advance Directive.

In the event an Advance Directive or DNR Comfort Care has been formed, the patient shall be asked to provide a copy of the form to be placed in the medical record. The medical staff and the nursing staff shall follow the terms set forth in the Advance Directive when they become operative. In the event the Advance Directive cannot legally be followed, neither their physician or the Adams County Hospital shall prevent an unreasonable delay in the transfer of the patient to a physician or health care facility that is willing and able to comply with the Advance Directive.

The new law (Do Not Resuscitate Comfort Care) does not affect the right of a patient to make informed health care decisions, including those dealing with the administration of life-sustaining treatment as long as he/she is able to do so. Patients may be asked to complete the DNR Comfort Care Form and indicate Full Resuscitation Effort-Arrest (if this box is checked, full resuscitation shall be instituted and no limitation of other treatment is requested).

The new law does not affect the responsibilities of the attending physician or other health care personnel, to provide a patient with comfort care.

The new law does not require a physician, the Adams County Hospital, or health care personnel to take any action that is contrary to reasonable medical standards.

It is the patient's responsibility to notify the attending physician of any changes in their Advance Directives.

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Adams County Hospital recognizes the rights of patients to informed self-determination. This includes the right to request the withholding or withdrawal of specific treatments or procedures that may or may not be deemed life-sustaining. This also includes the right of each patient or surrogate to have sufficient information in order to make such decisions. Each patient must be considered on an individual basis. Whenever life-sustaining treatment is withdrawn, withheld or limited, the action must be based on sound medical practice and be accompanied by a plan for supportive care. In the absence of written orders to the contrary, resuscitation should always be given in the event of cardiac or respiratory failure.

**PURPOSE:**

The purpose of this policy is to define the process for making life-sustaining treatment decisions in accordance with the current law in the State of Ohio.

**DEFINITIONS:**

**ADVANCE DIRECTIVE:** A written document which (i) outlines the medical treatment a person wants in the event he or she is unable to make his or her own health care decisions (a Declaration); or (ii) designating another person to make health care decisions on behalf of the patient in the event that the patient is incapable of making his or her own decisions (a Durable Power of Attorney for Health Care).

**ADVANCED NURSE PRACTITIONER:** Someone who holds a certificate as a certified nurse practitioner or clinical nurse specialist.

**ATTENDING PHYSICIAN:** The physician to whom a patient or his/her family has assigned primary responsibility for the treatment or care of the patient, or, if the patient or his/her family has not assigned that responsibility, the physician who has accepted that responsibility. An Advanced Nurse Practitioner may exercise the responsibilities of an Attending Physician under this Policy.

**COMFORT CARE:** Artificially or technically administered nutrition or hydration when administered to diminish pain or discomfort, not to postpone death, and any other medical or nursing procedure, treatment, intervention, or other measure that would be taken to diminish pain or discomfort, not to postpone death.

**CONSULTING PHYSICIAN:** A physician who has examined the patient and is qualified to determine whether a patient is in a permanently unconscious state, by virtue of the physician's:

- i. advanced education or training;
- ii. practice limited to particular diseases, illnesses, injuries, therapies, or branches of medicine or surgery or osteopathic medicine and surgery;
- iii. certification as a specialist in a particular branch of medicine or surgery or osteopathic medicine and surgery; or
- iv. experience acquired in the practice of medicine or surgery or osteopathic medicine and surgery.

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**DECISIONALLY-CAPABLE ADULT PATIENT:** A person eighteen (18) years of age or older, or an emancipated minor, who is conscious, able to understand the nature, severity, risk and alternatives associated with his/.her condition, and able to make informed health care decisions for himself/herself.

**DECLARATION:** A document in which a person may give advance written directions, following statutory requirements, about health care decisions for that person when the person is in a terminal condition and/or a permanently unconscious state (usually referred to as a "Living Will"

**DO NOT RESUSCITATE, DNR COMFORT CARE (DNRCC) or DNR COMFORT CARE-ARREST (DNRCC-ARREST).** A physician's order that identifies a person and specifies that CPR should not be administered to that person. When one of these orders have been given, the following protocol will be followed:

**DNRCC:**

**WILL:**

- Suction airway
- Administer oxygen
- Position for comfort
- Splint or immobilize
- Control bleeding
- Provide pain medication
- Provide emotional support
- Contact other appropriate health care providers such as hospice, home health, attending physician, nurse practitioner

**WILL NOT:**

- Administer chest compressions
- Insert artificial airway
- Administer resuscitative drugs
- Defibrillate or cardiovert
- Provide respiratory assistance (other than listed above)
- Initiate resuscitative IV
- Initiate cardiac monitoring

**DNRCC-ARREST:**

Treat per DNRCC protocol once patient has experienced cardiac or respiratory arrest.

**Full Resuscitation Effort-Arrest** (If this box is checked, full resuscitation shall be instituted and no limitation of other treatment is requested)

**NOTE:** No DNRCC or DNRCC-ARREST order may be given (i) that is contrary to reasonable medical standards or (ii) when the physician knows or has reason to know that the order is

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contrary to the wishes of the patient or of a person legally authorized to make informed medical decisions on the patient's behalf

**DURABLE POWER OF ATTORNEY FOR HEALTH CARE:** A document in which a person, following statutory requirements, designates another individual (called the "Attorney-in-Fact") as a surrogate decision-maker to make health care decisions for that person should that person become terminally ill and unable to communicate, or temporarily or permanently unable to make decisions. The surrogate named in the document has authority to make health care decisions for the person only when the person's Attending Physician determines that the person has lost the capacity to make informed health care decisions for himself/herself.

**LIFE-SUSTAINING TREATMENT:** Any medical procedure, treatment, intervention, or other measure that, when administered, will serve principally to prolong the dying process.

**PATIENT WITH LACK OF DECISIONAL CAPACITY/INCOMPETENT:** For the purpose of this Policy, a person who lacks decisional capabilities and is incapable of understanding the nature, severity, risks and alternatives associated with his/her illness or unable to make informed health-care decisions for himself/herself. Patients should be involved, however, in the decision-making about care and treatment to the extent of their capabilities.

**PERMANENTLY UNCONSCIOUS STATE:** A state of permanent unconsciousness that, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by the Attending Physician and a Consulting Physician, is characterized by both of the following: (1) an irreversible lack of awareness of one's being and environment; and (2) a total loss of cerebral cortical functioning, resulting in the patient having no capacity to experience pain or suffering.

**QUALIFIED PHYSICIAN:** A physician who has particular competency to make a specified medical determination due to the physician's advanced education or training, certification as a specialist, or experience acquired in practice.

**TERMINAL CONDITION:** An irreversible, incurable and untreatable condition caused by disease, illness, or injury to which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by the Attending Physician and one other qualified physician examining the patient, both of the following apply: (1) There can be no recovery; and (2) Death is likely to occur within a relatively short period of time if life-sustaining treatment is not administered.

1. **APPLICATIONS** (Reasons for Considering an Order to Limit Life-Sustaining Treatment): Any decisionally-capable adult has the right to refuse any medical intervention, including life-saving procedures. For this reason, whenever possible and as early as possible, the responsible physician should encourage the patient to ask questions about life-sustaining interventions and should explain their risks and benefits.

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After careful consultation between the patient and the Attending Physician, a decision on any medical intervention, including life-sustaining treatment, is made by the patient. Care should be taken to ensure an accurate understanding of such decision by the patient.

The physician shall note in the patient's medical record the mental condition of the patient and reference to the discussion which lead to an informed decision, along with the appropriate orders.

A decisionally-capable patient who makes a decision to forgo any treatment, including life-sustaining treatment, always has the right to change or revoke such a decision. This is true even if the patient has a Declaration or a Durable Power of Attorney for Health Care that directs that life-sustaining treatment is to be withheld or withdrawn under certain circumstances. If a decisionally-capable patient later becomes decisionally incapable, his/her previously expressed decision(s) shall be respected.

Preoperative consent shall include the patient's DNR status, which is NOT automatically revoked during surgery or recovery unless requested by the patient. A patient under a DNR order may revoke that order by requesting CPR or by removing or destroying his/her DNR identification.

For a decisionally-capable patient, the consent of family members is not necessary. Family disagreement with the patient's choice is not sufficient to override the patient's informed choice. Appropriate family members should ordinarily be informed of a patient's decision to forgo life-sustaining treatment, and should be informed of the physician's and the Hospital's intention to abide by the decision.

Before a decision to limit treatment for a patient without decisional capability is implemented, the steps described in this policy must be taken. Naturally, the patient's own informed treatment decisions should ordinarily be followed as long as the patient is able to make those decisions. All medical judgments are to be based upon actual examination of the patient, and are to be made in good faith, to a reasonable degree of medical certainty, and in accordance with reasonable medical standards.

## **2. PROCEDURE FOR A DECLARATION (LIVING WILL)**

When a patient has made a Declaration and the Declaration has become operative, the Attending Physician and Hospital personnel must act in accordance with the Declaration.

The following outline summarizes the conditions which must exist, and actions which must be taken, before any health care decision may be based on a patient's Declaration. Any time a patient furnishes a physician or any other Hospital personnel with a Declaration, that Declaration must be immediately included in the patient's medical record. If there is any question whether the Declaration is valid, Hospital Administration should be consulted immediately. Whether or not there is a Declaration, the patient may have designated an

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Attorney-in-Fact who should be consulted, following the procedures outlined in the following section. If no Declaration exists, a staff member should determine the presence/ absence of a Durable Power of Attorney for Health Care. If there is a Durable Power of Attorney for Health Care, the procedures in Section 3 below must be followed.

**A. A Declaration becomes operative when:**

- (1) The patient has executed a valid Declaration governing the use or continuation, or the withholding or withdrawal, of life-sustaining treatment which has not been revoked; and
- (2) The Attending Physician determines that:
  - (i) The patient no longer can make informed decisions regarding administration of life-sustaining treatment; and
  - (ii) There is no reasonable possibility of the patient regaining the capacity to make informed decisions about his/her health care or the administration of life-sustaining treatment; and
- (3) One of the following conditions exists:
  - (i) A Terminal Condition and the Declaration states that it applies when the patient is in a Terminal Condition, or
  - (ii) A Permanently Unconscious Condition and the Declaration states that nutrition and hydration may be withheld or withdrawn from the patient if the patient is in a Permanently Unconscious Condition. In order to withhold or withdraw nutrition and hydration from a patient in these circumstances, the Attending Physician and a consulting physician must determine both that the patient is in a Permanently Unconscious Condition AND that nutrition and hydration will not or will no longer serve to provide comfort to the patient or alleviate the patient's pain.

**B. Once a Declaration has become operative:**

1. The attending Physician must document to provide documentation of notification of the determinations made under Section 2.A above and of any action taken or which may be taken under authority of the Declaration to:
  - i. The individuals named by the patient in the Declaration, if any; or, if none
  - ii. The appropriate individual(s), in accordance with the following descending order of priority:
    - (a) Any guardian of the patient,
    - (b) The patient's spouse,
    - (c) The patient's adult children who are available within a reasonable period of time for consultation,
    - (d) The patient's parents,
    - (e) A majority of the patient's adult siblings who are available within a reasonable time for consultation.

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2. The Attending Physician must wait 48 hours after giving the notifications under 2.B.1 above prior to proceeding with action under authority of the Declaration.
  - i. If the Attending Physician receives an objection during the 48 hour waiting period the matter should promptly be brought to the attention of Hospital Administration for legal consultation. In this case, all steps consistent with accepted medical standards should be taken to preserve the life and health of the patient until the objection is resolved, notwithstanding the directives in the Declaration.
  - ii. If at anytime during the 48 hour waiting period an objection is raised, hospital administration will consult legal council. Legal council will take appropriate steps to fully investigate the case and arrange formal meetings with all involved parties. The hospital Ethics Committee will be notified by the Nursing Department in order to assist both family and physician during the decision-making process.
  - iii. If the Attending Physician does not receive any objection within the 48 hour waiting period, then he/she should proceed to act in accordance with the provisions of the Declaration.
3. The Attending Physician must promptly record in the patient's medical record:
  - i. The Declaration,
  - ii. All determinations,
  - iii. All notifications, including
    - Names of individuals notified
    - The manner of notification
    - If notification is unsuccessful
      - (a) The reason for the failure
      - (b) The efforts and diligence used including dates and times of notification attempts.
  - iv. The time at which the 48 hour waiting period commenced.

### 3. REVOCATION:

- i. A patient may revoke a Declaration at any time in any manner. Revocation may be oral or in writing, and no particular words are required so long as it is reasonably clear that the patient has expressed his/her intention to revoke the Declaration. This may include a patient's request for specific care that is inconsistent with the terms of the patient's Declaration.
- ii. An effective revocation may be communicated to any person. Any person other than the Attending Physician to whom a revocation of a Declaration is communicated must:
  - (1) immediately communicate the revocation to the Attending Physician, and
  - (2) note the revocation in the patient's medical records, including the date, time, names of all persons present, and, as precisely as possible, the patient's exact words.
- iii. Attending physicians to whom a revocation is communicated directly by the patient must record this same information in the patient's medical record. Attending physicians to whom a revocation is communicated by any one other

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than the patient should record in the patient's medical record the date and time at which the physician was informed of the revocation, the manner in which the physician was informed, the name of the person informing the physician, and that person's relationship to the patient and/or to the Hospital.

- iv. A revocation of a Declaration is effective immediately. Once revoked, a Declaration may not be relied upon to determine what care the patient will or will not receive.
- v. Any doubts about whether a patient has revoked a Declaration should be brought to the attention of Hospital Administration. See B.2.ii for procedure.

**4. PROCEDURE FOR DURABLE POWER OF ATTORNEY FOR HEALTH CARE.** The following outline summarizes procedures which must be followed in allowing an Attorney-in-Fact designated by a patient in a Durable Power of Attorney for Health Care to make health care decisions in place of the patient. It also covers certain situations in which special requirements are imposed or where the Attorney-in-Fact may lack decision-making authority.

- A. A Durable Power of Attorney for Health Care becomes operative when:
  - i. The patient has a valid Durable Power of Attorney for Health Care which gives the Attorney-in-Fact the authority to make particular decisions, AND
  - ii. The Attending Physician determines that the patient has lost the capacity to make informed health care decisions for himself/herself.
  - iii. In order for the Attorney-in-Fact to direct that life-sustaining treatment be withheld or withdrawn (A) the Attending Physician and a Consulting physician must have determined that the patient is in a Terminal Condition or a Permanently Unconscious State, and (B) the Attending Physician must have determined that there is no reasonable possibility that the patient will regain the capacity to make informed health care decisions for himself/herself.
- B. Once the Durable Power of Attorney for Health Care has become operative and the Attorney-in-Fact has made a decision pertaining to the use, continuation, withholding, or withdrawal of life-sustaining treatment for the patient,
  - 1. The Attending Physician must provide notification of the determinations under section 3.A and of any health-care decisions to the appropriate individual(s) in accordance with the following descending order of priority:
    - i. Any guardian of the patient.
    - ii. The patient's spouse.
    - iii. The patient's adult children who are available within a reasonable period of time for consultation.
    - iv. The patient's parents.
    - v. A majority of the patient's adult siblings who are available within a reasonable period of time for consultation.

If the only person who would be notified under the above list is the Attorney-in-Fact, then this should be noted in the medical record.

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2. The Attending Physician must wait 48 hours after giving the notifications under section 3.B.1 prior to proceeding with action authorized by the Attorney-in-Fact pertaining to life-sustaining treatment.
  - i. If the Attending Physician receives an objection during the 48 hour waiting period, the matter should promptly be brought to the attention of Hospital Administration for legal consultation. In this case, all steps consistent with accepted medical standards should be taken to preserve the life and health of the patient until the objection is resolved, notwithstanding the decisions of the Attorney-in-Fact.
  - ii. If the Attending Physician does not receive any objection within the 48 hour waiting period, then he/she should proceed to act in accordance with the decisions of the Attorney-in-Fact.
- C. The Attending Physician must promptly record in the patient's medical record:
  - i. The Durable Power of Attorney for Health Care,
  - ii. All determinations,
  - iii. All notifications, including
    - Names of individuals notified
    - The manner of notification
    - If notification is unsuccessful
      - (a) The reason for the failure
      - (b) The efforts and diligence used including dates and times of notification attempts.
  - iv. The time at which the 48 hour waiting period commenced.
- D. The Attorney-in-Fact designated by the patient makes health care decisions the same as the patient would if competent, subject to the limitations stated in this outline. Unless the Durable Power of Attorney for Health Care states otherwise, the Attorney-in-Fact has the same rights as the patient to receive information about proposed care for the patient, to review the patient's medical records, and to authorize disclosure of the patient's medical records.
  - i. In making decisions for the patient's health care the Attorney-in-Fact is to act consistently with the desires of the patient, if known.
  - ii. If the desires of the patient are unknown, the Attorney-in-Fact is to make health care decisions for the patient in the best interest of the patient.
- E. The Attorney-in-Fact NEVER has authority to:
  - i. Withdraw informed consent for any health care to which the patient previously consented, unless:
    - (1) A change in the patient's physical condition has significantly decreased the benefit of that health care to the patient, or
    - (2) The health care is not, or is no longer, significantly effective in achieving the benefits for which the patient consented to its use.
  - ii. Refuse or withdraw consent to health care necessary to provide the patient with Comfort Care.
  - iii. Refuse or withdraw consent to health care for a patient who is pregnant unless certain requirements are met (see section 8 below).

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- iv. Consent to the withholding or withdrawal of Life-Sustaining Treatment unless:
  - (1) The Attending Physician determines that there is no reasonable possibility of the patient's regaining the capacity to make informed health care decisions for himself/herself; and
  - (2) The Attending Physician attempts in good faith to determine the desires of the patient to the extent that the patient is able to convey them, and places a report of the attempt and the patient's response, if any, in the patient's medical record; and
  - (3) The Attending Physician and one Consulting Physician determine that the patient is in a Terminal Condition or a Permanently Unconscious State.
- v. Consent to the withholding or withdrawal of nutrition or hydration unless the patient is in a Terminal Condition or a Permanently Unconscious State and, in addition:
  - (1) The Attending Physician and one Consulting Physician determine that nutrition or hydration will not provide comfort or pain relief to the patient; and
  - (2) The Attending Physician determines that the patient has authorized the Attorney-in-Fact to consent to the withholding or withdrawal of nutrition and hydration by including the necessary provisions in the Durable Power of Attorney for Health Care.
- vi. If an Attorney-in-Fact lacks authority to make necessary health care decisions or if the Attorney-in-Fact designated by the patient lacks capacity to make informed health care decisions for the patient, the Attending Physician should proceed as if there was no Durable Power of Attorney for Health Care.
- vii. A Durable Power of Attorney for Health Care does not expire unless it contains an expiration date. When there is an expiration date but the patient lacks capacity to make informed health care decisions for himself/herself on the expiration date, the Durable Power of Attorney for Health Care continues in effect until the patient regains capacity to make informed health care decisions. A patient may revoke a Durable Power of Attorney for Health Care at any time and in any manner. Revocation deprives the Attorney-in-Fact of the authority to make health care decisions for the patient unless the person designated as Attorney-in-Fact has that authority for reasons other than the Durable Power of Attorney for Health Care (e.g., because of the person's family relationship to the patient). The rules and procedures regarding revocation of a Durable Power of Attorney for Health Care are the same as those for revocation of a Declaration described in section 2.C Above.
- viii. With certain limited exceptions, attending physicians and other Hospital personnel may NOT function as the Attorney-in-Fact for a patient in this Hospital.

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## 5. PROCEDURE WHEN THERE IS NO ADVANCE DIRECTIVE

- a. If there is no Advance Directive document and the patient lacks decisional capacity, then the Attending Physician should consult with the persons described in the list of priority decision-makers set forth in Section 2.B.1.ii. In addition, consideration should be given to requesting the appointment of a legal guardian. In many cases, it will be necessary to consult with the Hospital's legal counsel in these situations, so Hospital Administration should be advised at the earliest opportunity.
- b. When the appropriate decision-maker has been identified, the physician will discuss further treatment decisions with him/her and appropriate orders will be written.

## 6. IMPLEMENTATION & DOCUMENTATION

- a. A copy of the patient's Advance Directive should be received and made a part of the patient's medical record. In addition, an Advance Directive notation should be indicated in the front of the medical record.
- b. Once a decision to limit treatment has been made, the order(s) including Do Not Resuscitate – DNR Comfort Care (DNRCC) or DNR Comfort Care-Arrest (DNRCC-Arrest) or Full Resuscitation Effort-Arrest must be written by the Attending Physician or Advanced Nurse Practitioner and placed in the patient's medical record. In emergency situations, nursing personnel may accept the Attending Physician's phone order if the physician has been reliably identified. The order must be signed by the Attending Physician upon his/her next visit.
- c. The Attending Physician should ensure that any orders to limit treatment are clearly communicated to nursing staff and other members of the health care team.
- d. Upon receiving a DNRCC or DNRCC-Arrest order, the nursing staff will place a yellow armband on the patient, which will designate a DNR status to appropriate health care personnel. Home Care patients will receive a copy of the DNR Comfort Care order. Transfer of a patient to another healthcare facility shall include a copy of the DNR Comfort Care order.
- e. The facts and considerations relevant to a decision to limit life-sustaining treatment shall be recorded by the Attending Physician in the progress notes. Documentation should include, but need not be limited to:
  - i. A medical assessment of the patient's physical, cognitive, and emotional status, including a report of the patient's diagnosis, condition, prognosis, and treatment options.
  - ii. Specific indication of the patient's decisional capability or lack thereof.
  - iii. A justification for limiting treatment, including an assessment of the burdens and benefits expected for the patient under the various treatment and non-treatment options, and the rationale and justification for a final decision.
  - iv. The outcome of consultation with other physicians, if any.
  - v. A statement summarizing the discussions with the patient, surrogate decision-maker, guardian, or family.

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<b>SUBJECT: Advance Directives</b> <b>Do Not Resuscitate</b>	<b>ISSUED: 7/99</b>	<b>REVISED: 8/99; 9/99; 12/99; 1/00;</b> <b>2/00; 3/00; 7/02; 8/03</b>	
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- vi. Other pertinent information about the medical condition of the patient and the decision-making process, including the presence of an Advance Directive and any additional specific information required by this policy.
- f. When a decision to limit treatment is made, a care plan should be documented. This plan should include the following: patient or surrogate decision-maker preferences and goals; resuscitative measures and other life-sustaining measures that may or may not be implemented; a plan for pain management; a plan for nutrition and hydration; other relevant information.
- g. In addition to the assistance received from the medical staff, the chaplain, social services, and nursing staff are ready to assist any patient/family/significant other with the emotional, moral, religious, and ethical concerns that accompany such a decision.
- h. The State of Ohio has approved various uniform forms of identification that a patient may possess to signify that the patient is subject to a DNRCC or DNRCC-Arrest order. These forms are:
  1. A completed order in the medical record in the form reproduced in Appendix A hereto.
  2. A wristband insert in the form reproduced in Appendix B hereto that has been completed with the patient's name.
  3. A necklace bearing the logo reproduced in Appendix C hereto that also bears the patient's name. If the patient has a DNRCC-Arrest status, the logo should show the word "ARREST" as well as the patient's name.
  4. A wallet card in the form reproduced in Appendix D that has been completed.

A DNR identification should not be issued to a patient unless the patient has a current Declaration which authorizes withdrawal or withholding of CPR which Declaration has become operative as described in Section 2.A above, or a current DNR order has been issued by the Attending Physician.

## 7. CONFLICT RESOLUTION

- a. A valid Declaration supersedes any general consent to treatment form signed by or on behalf of a patient prior to, upon, or after his/her admission to the Hospital to the extent that there is a conflict, even if the consent form is signed after the execution of the Declaration. To the extent that a valid Declaration does not conflict with a general consent, both documents should be given effect.
- b. If a patient has both a valid Durable Power of Attorney for Health Care and a valid Declaration, the Declaration controls to the extent of conflict.
- c. A valid Declaration may control over a DNR identification if the DNR identification is inconsistent with the Declaration. In these cases, the basis for the DNR identification must be ascertained immediately and Hospital Administration should be notified.
- d. If there is a conflict in decision-making, the Ethics Committee has an on-call consult team that can be contacted through the Administrative Office or through the nurse manager on call. A request for an ethics consult can be made by the patient, family, or any member of the health care team. The actions of the Ethics Committee and its members in helping resolve dilemmas which may arise are strictly advisory.
- e. If a satisfactory resolution of the conflict cannot be achieved, then the matter should be

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referred to Administration via the nurse manager of the clinical unit. Administration will defer to legal council.

## 8. PREGNANT PATIENTS

- a. Life-sustaining treatment may not be withdrawn or withheld from a pregnant patient in accordance with a Declaration unless the Attending Physician and another qualified physician who has examined the patient have determined to a reasonable degree of medical certainty and in accordance with reasonable medical standards that the fetus would not be born alive.
- b. An Attorney-in-Fact designated by a Durable Power of Attorney for Health Care does not have authority to direct that health care be withdrawn or withheld if so doing would terminate the patient's pregnancy unless:
  - i. the Attending Physician and another qualified physician who has examined the patient determine to a reasonable degree of medical certainty and in accordance with reasonable medical standards that the pregnancy or the health care poses a substantial threat to the life of the patient, or
  - iii. the Attending Physician and another qualified physician who has examined the patient determine to a reasonable degree of medical certainty and in accordance with reasonable medical standards that the fetus would not be born alive.
- c. All determinations required by this section must be immediately recorded in the patient's medical records together with a complete statement of all data supporting the determination.

## 9. CAUTIONS

- i. Actions which have the affect of concealing or creating a false impression about the existence or terms of a patient's Advance Directive or about a patient's DNR status may be subject to criminal prosecution under the laws of the State of Ohio.
- ii. It is the duty of health care professionals to assist patients and surrogate decision-makers to make informed health care decisions. However, patients and surrogate decision-makers should NEVER be threatened, cajoled, intimidated, coerced, or pressured to make or revoke any decision.