

EAST LIVERPOOL CITY HOSPITAL

PATIENT CARE POLICY & PROCEDURE

SUBJECT: Guidelines on Life-Sustaining Treatments

PURPOSE: It is the policy of East Liverpool City Hospital to develop guidelines applicable for all life-sustaining treatment not limited to decisions to forego cardiopulmonary resuscitation. The term "life sustaining treatment" as used in the guidelines, encompasses all health care interventions that have the potential effect of increasing the life-span of patients. It is also the policy of East Liverpool City Hospital to recognize all DNR documents meeting the criteria established in Ohio HB 354.

PROCEDURE:

1. **Presumption in Favor of Treatment**

It is the policy of East Liverpool City Hospital to provide quality medical care to its patients with the objective of sustaining life and practicing in conformity with traditional and current ethical and medical standards. The professional staff must recognize the right that patients have to make their own decisions about their health care and to accept or refuse treatment, whether life-sustaining or otherwise.

2. **Right to Refuse Treatment**

All adult patients who do not lack decision-making capacity may decline any treatment or procedure.

3. **Decisions to Forego are Particular To Specific Treatments**

A decision to limit, decline, discontinue or otherwise forego a particular treatment or procedure does not imply that any other procedures or treatments are to be foregone unless a specific decision is also made with respect to those procedures or treatments.

4. **Preservation of Patient Dignity**

The dignity of the individual must be preserved at all times.

5. **Surrogates and Patients**

In these guidelines, unless otherwise indicated, the term patient includes the patient and/or the surrogate designate of a patient who lacks decision capacity through adequate written documentation.

6. **Physician's Rights**

Individual physicians may choose to decline to participate in the limitation or withdrawal of therapy. However, no physician may withdraw from caring for his or

her patient until that attending physician has secured the care of another physician.

7. **Availability of Policy to Patients**

These guidelines must be freely available to all patients. Patients will be able to obtain copies of the guidelines upon request.

8. **Presumption Against Judicial Review**

Families and health care professionals should work together to make decisions for patients who lack decision-making capacity. Recourse to the courts should be reserved by state law or when concerned parties have disagreements that they cannot resolve over matters of substantial importance.

9. **General Principals Governing Decision-Making**

A. An adult patient is defined as any person who is at least 18 years of age. Such patients are presumed to possess the capacity to make health care decisions.

A minor patient is defined as any patient who is under 18 years of age, unless emancipated (**one who is under 18 years of age who is living independently and without parental financial support**). A minor patient's parents or legal guardian's wishes will be respected, unless there are extenuating circumstances which are documented in the record.

B. Right to Decide to be Informed

Each patient who possesses decision-making capacity has the right to make decisions regarding his or her health care. Each patient has the right to receive adequate information about the indicated diagnostic and therapeutic options which are reasonably available.

C. Informed Decision Making

1. Decisions to forego life-sustaining treatments should be made between the patient and the attending physician after as thorough a discussion of therapeutic options as is reasonably possible.

2. It is the physician's responsibility to provide the patient with the information about therapeutic diagnostic options and to discuss as thoroughly as reasonably possible so that the patient may make an informed decision.

3. This information should include the potential risks, discomforts, side-effects, financial considerations and benefits of treatment, as well as the likelihood, if known, that the treatment will realize its intended beneficial effects.
4. The physician may, in addition to providing such factual information, also wish to provide advice about treatment.
5. The physician should:
 - A. Seek to elicit questions from the patient or surrogate.
 - B. Provide truthful and complete answers to such questions.
 - C. Attempt to ascertain whether or not the patient or surrogate understands the information and advice provided; and
 - D. Attempt to enhance understanding.
6. The physician should investigate, with the patient, the rationale for limiting life-sustaining treatment and how the treatment should be modified to meet the patient's goals.
Withdrawal of life support is addressed by ELCH Nursing Service Policy "Determination of Brain Death and Discontinuation of Life Support."
 - A. **Orders**
 1. When it has been determined that a particular life-sustaining therapy is to be foregone or withheld, the resulting order must be written into the patient's medical record. In the event a physician is not present in the hospital and will not be available immediately, a telephone order may be given to a Registered Nurse. The telephone order must be heard, witnessed and signed by a second nurse. The physician must sign the order at his next visit to the hospital, **but no later than 24 hours from the time the order was received. The Critical Care Clinical Director or Shift Director must be Notified immediately of any such orders.**

2. Any change in orders to forego life-sustaining treatment (in either direction) must be documented. Transfer orders into and out of the Critical Care Unit must include documentation of orders to forego life-sustaining therapy. The limitation of treatment status must be communicated to the nursing staff on the new unit by the responsible nurse from the transferring unit. When a patient is moved temporarily to another area of the hospital (e.g. operating room, radiology) the limitation of treatment status must be communicated to the staff of those areas through a verbal report.

B. Progress Notes

At the time an order to limit life-sustaining treatment is written, a companion entry must be made into the progress notes. Such an entry in the progress notes must include at a minimum the following information: (this note may be written or dictated)

1. diagnosis
2. prognosis
3. patient's wishes (when known) or surrogate's wishes (if patient lacks decision-making capacity) and family member's wishes (where known)
4. a description of the patient's decision-making ability at the time the decision was made and the efforts made to ascertain the patient's capacity.

C. Acceptable Orders

Each situation is unique, necessitating individual consideration. If detailed orders are not provided to facilitate communication when therapy is to be limited, one of the following categories should be indicated:

1. **No Expressed Limitation of Therapy (FULL CODE)**
Patients will receive all medically appropriate interventions, including treatments of cardiopulmonary arrest. All patients are assumed to be in this category unless otherwise noted in the patient's orders and progress notes.

2. DNRCC - Do Not Resuscitate Comfort Care

These patients are treated as medically indicated, however, there may be specific treatments or diagnostic tests which may be foregone. **The following treatment will be provided:**

- Suction the airways
- Administer oxygen
- Position for comfort
- Splint or immobilize
- Control bleeding
- Provide pain medication and/or any medications that are not resuscitative
- Provide emotional support
- Contact other appropriate health care providers

The following treatment will not be provided:

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

3. DNRCC - Arrest; Do Not Resuscitate - Comfort Care - Arrest

Such patients are treated as medically indicated and shall be treated as a "full code" until a cardiac or respiratory arrest occurs. The DNR Comfort Care will then be implemented.

President, Medical Staff

Vice President Patient Care

President & CEO

Chairman, Board of Trustees

Date

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