

## Humility of Mary Health Partners Policy and Procedure

### Do Not Resuscitate (DNR) Comfort Care/Comfort Care Arrest

RI-07

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Review Date:

**Policy:**

Humility of Mary Health Partners (HMHP) provides quality health care services with care and compassion because of each person's inherent human dignity. HMHP recognizes that compassionate care includes appropriate guidelines for implementing Do Not Resuscitate Comfort Care (DNR/CC) and Do Not Resuscitate Comfort Care Arrest (DNR/CCA) orders. HMHP complies with the law specific to the State of Ohio. This Policy provides guidelines for implementing DNR/CC or DNR/CCA orders when cardiopulmonary resuscitation (CPR) is considered and declined by the patient, the patient's personal representative, or the attending physician.

**Procedure:**

Patients who are in a terminal condition (including those who have a terminal disease, are irreversibly ill, or who are imminently dying patients) which have the capacity to make a knowing healthcare decision and personal representative of incapacitated, irreversibly dying patients, can request the DNR/CC or DNR/CCA order prior to the need for cardiopulmonary resuscitation. HMHP complies with requests for DNR that follow this policy. During the admission process, the nurse shall advise the patient or, if the patient is incapacitated, that patient's personal representative of the Ohio State law regarding Advanced Directives and the Do Not Resuscitate Comfort Care/Do Not Resuscitate Comfort Care Arrest Protocol.

**General Duty:**

The hospital, and its medical staff, shall honor the patient's DNR request, according to the DNR protocol. If the attending physician is unable or unwilling to comply with the DNR protocol for the patient, then the patient must be transferred, without delay, to an attending physician who will honor the patient's DNR request.

**Prohibition:**

No physician or health care personnel shall intentionally disregard a patient's DNR request or intentionally prevent or attempt to prevent or delay a transfer of a patient in violation of the DNR protocol, this policy, or Ohio law.

**Immunity:**

Physicians and hospital personnel who, in good faith, comply with a patient's DNR request by withholding or withdrawing Life Sustaining Treatment, including CPR, in accordance with this Policy, shall be immune from criminal prosecution, civil liability or professional disciplinary action.

**Definitions:**

Definitions of terms used in this Policy and Procedure, the DNR Protocol, and the law appear, beginning on page 8.

**Questions:**

If anyone has a question about this Policy and Procedure or how to follow the DNR protocol, contact the HMHP Corporate Responsibility Officer.

**BACKGROUND**

**Two Categories of DNR Comfort Care Orders:**

1. Do Not Resuscitate Comfort Care (DNR/CC) means the patient shall not be given CPR, but may receive comfort care measures (suctioning the airway, administration of oxygen, positioning for comfort, splinting, bleeding control, pain management, emotional and spiritual support).
  - DNR/CC is appropriate when the burden of living imposed by the patient's illness or by resuscitation outweigh benefits of living.
2. Do Not Resuscitate Comfort Care Arrest (DNR/CCA) means the patient shall receive standard medical care up to the time of respiratory arrest (see definition) or cardiac arrest (see definition), at which point the DNR Protocol shall be activated, and resuscitative measures shall be withheld or, if begun, terminated.
  - DNR/CCA is appropriate when the intent is to provide maximum therapeutic care until such time the patient experiences a respiratory arrest or cardiac arrest. The patient for whom resuscitation is withheld or withdrawn may receive support in other therapeutic modalities. This provides the patient a peaceful, supportive death and allows health care providers to provide comfort and support during the dying process.

**Who May Write a DNR/CC or DNR/CCA Order:**

The patient's attending physician (see definition), a certified nurse practitioner ("CNP" see definition), or certified nurse specialist ("CNS" see definition) may write a DNR/CC or DNR/CCA order, consistent with the patient's request, and as is medically appropriate.

**Who May Request a DNR/CC or DNR/CCA Order:**

- A. Patients who have "capacity" (see definition) may request either a DNR/CC or DNR/CCA order.
- B. If the patient lacks "capacity," the following people (generally referred to as "surrogates" or personal representative see definition) may (in the order of priority listed below) request a DNR/CC or DNR/CCA order on the patient's behalf:
  1. Attorney-in-Fact (see definition) named in a Durable Healthcare Power of Attorney, or
  2. Guardian (see definition), or
  3. Spouse, or
  4. Adult children reasonably available
  5. Parents, or
  6. Majority of adult siblings reasonably available

**Circumstances for Reaching a Decision for a DNR/CC or DNR/CCA Order:**

- A. The patient (if he/she has capacity), or the patient's surrogate or personal representative (only if the patient does not have capacity), and the attending physician or CNP or CNS will decide, by consent, the appropriateness for a DNR/CC or DNR/CCA order. If the physician, CNP, or CNS does not believe that he or she can write a DNR/CC or DNR/CCA order, despite the request by the patient or patient's surrogate/personal representative, then the physician, CNP, or CNS must transfer

responsibility to another practitioner who is willing to write an appropriate DNR/CC or DNR/CCA order.

Generally, the attending physician, CNP, or CNS will complete signed identification form for DNR/CC or DNR/CCA (See Attachment). The attending physician, CNP, or CNS shall document the discussion in the medical chart and shall write a DNR/CC or DNR/CCA order on the physician order sheet.

- B. When a patient presents to the hospital with a DNR/CC or DNR/CCA identification form, card, or bracelet, the attending physician, CNP, or CNS shall include an order for DNR/CC or DNR/CCA order in the initial orders and documents in the progress notes. However, when a patient presents in the Emergency Department from a residence or from another facility, such as a long-term care facility, with a DNR/CC or DNR/CCA identification form, the Emergency Department physicians and personnel may accept the identification form as a valid order.
- C. When an incapacitated patient presents without a DNR CC or DNR/CCA identification form, card, or bracelet but is identified by a surrogate/personal representative (see definition) as having a DNR/CC or DNR/CCA, the nurse shall document this representation in the medical record and shall immediately call the physician for confirmation and a verbal order, which shall be received and entered into the medical record. If the physician whom the personal representative has identified as having signed the DNR/CC or DNR/CCA is not available, the patient's attending physician, CNP or CNS shall discuss with the patient's surrogate/personal representative the desire for a DNR/CC or DNR/CCA order and shall document the discussion in the medical record.
- D. When an incapacitated patient presents without a personal representative or without a DNR/CC or DNR/CCA order, Social Services, and/or the Ethics Consultation Team may be called.

**Resolution of Disagreement and Conflicts on ordering a DNR/CC or DNR/CCA:**

Conflicts and disagreements about DNR/CC or DNR/CCA orders are addressed as follows:

- A. A patient who has capacity (see definition) is the only person with the legal right to request a DNR/CC or DNR/CCA order. The patient's family or "attorney in fact" under a durable power of attorney does not have the right to "veto" the request by a patient who has capacity. Any conflict between the patient with capacity and family members must be resolved according to the patient's wishes.
- B. When a patient with capacity requests a DNR/CC or DNR/CCA, and the attending physician (or CNP or CNS) disagrees, the attending physician (CNP or CNS) must promptly discuss with the patient the basis for his/her disagreement and must either agree to comply with the patient's wishes or must transfer the patient to another practitioner, who will comply with the patient's request, without delay.
- C. When the surrogate/personal representative (see definition) acting on behalf of the incapacitated patient, and in a manner with the patient's wishes, requests a DNR/CC or DNR/CCA, and the attending physician (or CNP or CNS) disagrees, the attending physician (CNP or CNS) shall discuss the matter with the surrogate/personal representative and shall either comply or shall transfer the patient to another practitioner, who will comply with the request, without delay.
- D. The Ethics Committee may be consulted to help resolve conflict or disagreement.

### **Telephone Order for a DNR/CC or DNR/CCA**

There are circumstances when DNR/CC or DNR/CCA is appropriate and agreed upon, yet the attending physician is not present to write the order. After a telephone order is obtained, the attending physician shall sign the telephone order within 24 hours, complete the DNR/CC or DNR/CCA identification form, and shall make the appropriate progress note entries. Documentation of the telephone order must be witnessed by two (2) registered nurses. In areas such as extended care where there may only be one (1) registered nurse, the second signature may be a licensed practical nurse or physician.

### **Review of DNR/CC or DNR/CCA Order**

The attending physician (CNP or CNS) shall periodically review the DNR/CC or DNR/CCA order relative to the patient's condition. This includes any significant change in the patient condition or diagnosis.

### **Revocation of DNR/CC or DNR/CCA Order:**

- A. A patient may revoke or change a DNR/CC or DNR/CCA order at any time. If a patient requests, either verbally or in writing, to receive CPR or other resuscitative measures, the request will be granted. The request will be communicated to other healthcare providers. Items identifying DNR status will be marked as having been revoked by the person receiving the request, along with the date of the request and the signature of the person receiving the request.
- B. The Attorney-in-Fact named in a valid Durable Power of Attorney for Healthcare (see definition) or the patient's Guardian (see definition) may revoke the DNR.

An incapacitated patient's family members generally cannot revoke a valid DNR request by a patient. Do not begin CPR or other life sustaining treatment, even when the family of an incapacitated patient requests it, when a DNR/CC or DNR/CCA order exists.

There is one exception. If a family member specifically states that the patient (when the patient had capacity) communicated to the family member his or her desire to revoke the DNR/CC or DNR/CCA, and the family member is communicating the patient's revocation to the practitioner. Document conversation in the medical record.

- C. The attending physician may revoke the DNR when requested by the patient. If a physician verbally orders that CPR or other life sustaining measures be initiated for a patient experiencing respiratory or cardiac arrest, even if a DNR/CC or DNR/CCA order exists, members of the code team shall carry out the physician's order, until such time as that order is modified or rescinded. A physician's order to initiate CPR or other life sustaining measures, despite the existence of a DNR/CC or DNR/CCA order, should be reported, according to the hospital's policy on incident reporting.
- D. Practitioner may revoke by direct communication to the EMS or other health care personnel but must be consistent with the standard of care.

### **Special Circumstances:**

- A. **PREGNANT PATIENTS** – If a DNR/CC or DNR/CCA order is being considered on a female patient of childbearing years who is terminally ill or in a permanently unconscious state, the patient shall have a pregnancy test prior to discontinuance of any life sustaining treatment. If the patient is pregnant, life support systems will be maintained if the removal of the system would result in the termination of the pregnancy unless the attending Physician, and at least one other physician with appropriate specialization, who have examined the patient agree with a reasonable degree of medical certainty in accordance with current medical standards, that the fetus would not be born alive.

B. **MINORS** – A parent or guardian, in appropriate medical circumstances, may request a DNR Comfort Care order for a minor. In cases where DNR Comfort Care orders have been issued, healthcare workers may need to discuss the order with the parent(s) or guardian and physician in order to feel comfortable with the care they are asked to give.

C. **SURGICAL PATIENTS UNDERGOING ANESTHESIA** – Surgical patients undergoing anesthesia: A patient has the right to place advance directives that may limit the care he/she receives while hospitalized. Patients may have these limits in place when presenting for surgery. The patient does not have the right to demand surgery and simultaneously refuse procedures that are essential to standard medical practice and the success of the surgery.

Prior to any surgical procedures requiring anesthetic care, the anesthesiologist shall be notified by the nurse of a DNR/CC or DNR/CCA order. The anesthesiologist shall discuss the continuation or suspension of the order with the patient (or patient's surrogate/representative if the patient is incapacitated). The anesthesiologist shall document whether the order is to be continued during surgery or temporarily suspended. If the order is temporarily suspended, the suspension shall be in effect while the patient is being prepared for surgery, during surgery, and until the "post-recovery" period ends, at which time the DNR/CC or DNR/CCA order shall be reinstated without the need of writing a new order. The "post recovery" period is defined in the PACU's standard practice of care at HMHP.

D. **MEDICAL FUTILITY** – In a situation where medical treatment would, in the clinical judgment of the physician be futile, that is it would be highly unlikely for Life Sustaining Treatment, including CPR, would not cure, ameliorate, improve or restore a quality of life satisfactory to the patient or otherwise would be inconsistent with reasonable standards of medical practice, the physician may implement DNR CC or DNR/CCA without consent from a patient or personal representative, provided the rationale for non-consensual DNR/CC or DNR/CCA is documented in a progress note.

#### **PROTOCOLS:**

The following areas are consistent Ohio Administrative Code 3701-62-05.

The DNR Protocol is activated immediately for DNR/CC patients.

The DNR Protocol is activated when the patient has a respiratory arrest or cardiac arrest for DNR/CCA patients.

Check the patient's DNR CC/CCA order or DNR CC/CCA identification to determine which applies.

#### **Identification:**

A DNR/CC or DNR/CCA patient's status is confirmed when the patient has an original or copy of one of the following:

- A. A DNR/CC or DNR/CCA card or form completed for the patient
- B. A completed State of Ohio living will (declaration) form that states that the patient does not want CPR (in the case of a patient who has been determined by two doctors to be in a terminal or permanently unconscious state)
- C. A DNR/CC or DNR/CCA bracelet bearing the DNR official logo.

- D. A DNR/CC or DNR/CCA order signed by the patient's attending physician, or when authorized by Section 2133.211 of the Ohio Revised Code, a certified nurse practitioner (CNP) or clinical nurse specialist (CNS).
- E. A verbal DNR/CC or DNR/CCA order is issued by the patient's attending physician
- F. EMS WORKERS – EMS workers are not required to search a person if they have DNR identification. If an EMS or other health care worker discovers one of these items in the possession of a patient, the worker must make a reasonable effort to verify the identity of DNR patients in appropriate circumstances. If identity cannot be verified with DNR identification after reasonable efforts, protocol is to be followed. Examples of ways to verify identity are:
- ◆ The patient or family member, caregiver, or friend gives the patient's name
  - ◆ The health care worker knows the patient personally
  - ◆ Institution identification band
  - ◆ Drivers license, passport, or other picture ID

Verification of identity is not required for patients or residents of health care facilities when a DNR order is present on the person's chart. However, all patients have name bands applied for other identification purposes per HMHP policy.

EMS personnel who receive a verbal DNR order from a doctor or CNP/CNS must verify the identity of the person issuing the order.

**Activation:**

When this protocol is activated for a given DNR patient depends on whether the patient is a DNR/CC patient or a DNR/CCA patient.

For a DNR/CC patient, this protocol is activated when the DNR order is issued or the living will specifying no CPR becomes effective.

For the DNR CCA patient, the protocol is activated when the patient experiences a cardiac arrest or a respiratory arrest. "Cardiac Arrest" means absence of palpable pulse; "Respiratory Arrest" means absence of spontaneous respirations or presence of agonal breathing.

**Action:**

On patients for whom the DNR CC protocol is activated, the following is to be done:

**WILL:**

- ◆ Suction the airway
- ◆ Administer oxygen
- ◆ Position for comfort
- ◆ Splint or immobilize
- ◆ Control bleeding
- ◆ Provide pain management
- ◆ Provide emotional support
- ◆ Contact other appropriate health care providers such as Hospice, home health, attending physician/ CNP/CNS

**WILL NOT:**

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

If any of the actions have been initiated in response to an emergency situation prior to confirming that the DNR CC protocol must be activated, they are to be discontinued. Respiratory assistance, IV medications, etc., which has been part of the patient's ongoing course of treatment for an underlying disease is to be continued.

**DO NOT RESUSCITATE COMFORT CARE/COMFORT CARE ARREST PROTOCOL FOR PATIENTS PRESENTING WITH DNR CC/CCA IDENTIFIER**

**Purpose:**

To initiate the appropriate DNR/CC or DNR/CCA designation for the patient.

**Expected Outcome:**

Establish and implement appropriate resuscitation status.

**Level:**

Interdependent (requires a physician order).

**Supportive Data:**

To follow the specific DNR/CC or DNR/CCA protocol provided by the State.

**Content:**

A. Patients present to the hospital with a DNR/CC or DNR/CCA:

- ◆ Identification form
- ◆ Card
- ◆ Bracelet

**All forms of identification must have the DNR/CC or DNR/CCA logo (see attachments).**

B. Information obtained from extended care facilities - home health, or other facilities are to send or fax a copy of the DNR/CC or DNR/CCA identifier form to the nursing unit. The form is to be placed in the front pocket of the chart and may be considered an order.

C. The physician is to order the DNR/CC or DNR/CCA to be continued while the patient is in the hospital and is to document this in the progress notes.

D. A yellow DNR/CC or DNR/CCA armband is to be completely filled out and placed on the patient's wrist. If the patient is a DNR/CCA, write "A" on the bracelet with a permanent marker. In long-term care facilities, the identification form will be sufficient for protocol identification in order to stay with the boundaries of patient rights set for by the State of Ohio.

E. Mark the DNR status on the Kardex.

- F. Patients who are transferred to another unit or facility are to be identified as a DNR/CC or DNR/CCA patient during report.
- G. A copy of the DNR/CC or DNR/CCA is to be provided to the patient, surrogate/personal representative, EMS, physician offices, and accepting facilities.

**PROTOCOL FOR PATIENTS OBTAINING DO NOT RESUSCITATE COMFORT CARE/  
COMFORT CARE ARREST PROTOCOL (DNR CC/CCA)**

**Purpose:**

To initiate the appropriate DNR/CC or DNR/CCA designation for the patient.

**Expected Outcome:**

Establish and implement appropriate resuscitation status.

**Level:**

Interdependent (requires a physician order).

**Supportive Data:**

To follow the specific DNR/CC or DNR/CCA protocol provided by the State.

**Content:**

- A. Patient, surrogate/personal representative, or physician requests DNR/CC or DNR/CCA protocol.
- B. The State DNR/CC or DNR/CCA identification form is completed by the physician.
- C. The physician writes a corresponding order in the patient's chart and documents this and any conversation with the patient or personal representative in the progress notes.
- D. A yellow DNR/CC or DNR/CCA armband is to be completely filled out and placed on the patient's wrist. If the patient is a DNR/CCA, write an "A" on the bracelet with a permanent marker. In long-term care facilities, the identification form will be sufficient for protocol identification in order to stay within the boundaries of patient rights set for by the State of Ohio.
- E. Mark the DNR status on the Kardex.
- F. Patients who are transferred to another unit or facility are to be identified as a DNR/CC or DNR/CCA patient during report.

A copy of the DNR/CC or DNR/CCA is to be provided to the patient, surrogate/personal representative, EMS, physician offices, and accepting facilities.

**Definitions:**

For purposes of this Policy, Procedure and Protocol, the following definitions apply:

Advance Directive – Any designation of a patient's wishes regarding the institution or withholding or withdrawal of treatment, including Life Sustaining Treatment.

Attending Physician – The physician to whom a patient has been assigned, or in the absence of being assigned, the physician who has accepted primary responsibility for the patient's treatment or care. For purposes of this policy, procedure and protocol, a resident physician may be included under this definition for purposes of being able to write, review and revoke a DNR/CC or DNR/CCA order, subject to oversight responsibility of the supervising or attending physician.

Attorney-in-Fact – A competent adult designed by a person in a Durable Power of Attorney for Health Care who shall make healthcare decisions on behalf of a patient who has lost the capacity to make his/her own healthcare decisions. The attorney-in-fact shall make decisions consistent with the patient's wishes, which can include the decision to withhold or withdraw Life Sustaining Treatment or the decision to request a DNR/CC or DNR/CCA order.

Capacity (or Capacitated Patient) – The ability of an adult (individual 18 years or older) who understands treatment options and the consequences of making decisions about his or her healthcare, including the withholding or withdrawal of Life Sustaining Treatment, such as CPR, and to directly express or declare his or her intentions regarding healthcare decisions and their treatment course.

Cardiac Arrest – Absence of a palpable pulse.

Certified Nurse Practitioner or (CNP) – means a person who holds a certificate of authority to practice as a certified nurse practitioner in Ohio. A CNP, consistent Ohio law and hospital policy and practice, may write, review and revoke a DNR/CC or DNR/CCA order.

Clinical Nurse Specialist of (CNS) – means a person who holds a certificate of authority to practice as a clinical nurse specialist in Ohio. A CNS, consistent with Ohio law and hospital policy and practice, may write, review and revoke a DNR/CC or DNR/CCA order.

Comfort Care – Therapeutic interactions, including nutrition, hydration and other medical or nursing procedure, treatment or intervention taken to diminish the pain or discomfort of the patient, that address the physical, psychological and spiritual needs of the patient and are not contraindicated in Ohio's DNR Comfort Care Protocol.

CPR – Cardiopulmonary resuscitation, or a component of cardiopulmonary resuscitation, including chest compressions, insertion of an artificial airway, administration of resuscitative drugs, defibrillation, cardioversion, provision of respiratory assistance, initiation of resuscitative IV line, and/or initiation of cardiac monitoring.

Declarant – An adult who has executed a Living Will Declaration.

Declaration – A written document, alternatively known as a Living Will or Living Will Declaration, that provides for the withholding or withdrawal of certain treatment and Life Sustaining Treatment, including CPR.

Designee (or Surrogate/Personal representative) – An adult designated as an attorney-in-fact by a Durable Power of Attorney for Health Care, a guardian appointed by a Probate Court, or Next of Kin according to the priority established by Ohio Revised Code 2133.08(13), who acts on behalf of a patient who no longer has Decisional Capacity.

DNR Comfort Care (or DNR/CC) – A designation of a patient's end of life decision enacted through a physician's order which prescribes the implementation of Ohio's DNR protocol to begin:

- at the time the patient enters the EMS/Healthcare system if the patient's DNR status is known, or
- once the patient's DNR status has been identified, or
- when a physician's order is written.

DNR Comfort Care – Arrest (or DNR/CCA) – A designation of a patient's end of life decision enacted through a physician's order which prescribes the implementation of Ohio's DNR protocol to begin if the patient experiences a cardiac or respiratory arrest.

DNR Identification – Means, such as an approved card, form, necklace or bracelet that signifies that the patient named in the identification has executed a Living Will authorizing the withholding or withdrawal of Life-Sustaining Treatment, including CPR, or the Attending Physician, CNP or CNS has issued a current DNR Order in accordance with the DNR protocol.

Do Not Resuscitate Order (DNR order) – A directive issued by a physician, or by a CNS or CNP that identifies a person and specifies that CPR should not be administered to the person identified.

Do Not Resuscitate Protocol (DNR protocol) – A standardized method or procedure for withholding or withdrawing CPR by a physician, CNS or CNP, emergency medical service personnel and healthcare facilities that is adopted in the rules of the Department of Health pursuant to section 2133.25 of the Ohio Revised Code and specified in rule 3701-62095 of the Ohio Administrative Code.

Durable Power of Attorney for Healthcare (DPA-HC) – An advance directive in which a competent adult appoints an individual to make healthcare decisions consistent with the patient's wishes when the patient no longer is competent to make his own healthcare decisions, including the decision to withhold Life Sustaining Treatment and the decision to request a DNR/CC or DNR/CCA order.

Emergency Medical Service Personnel (or EMS) – Paid or volunteer firefighters, law enforcement officers, first responders, emergency medical technicians-basic, emergency medicine technicians-intermediate, emergency medical technicians-paramedic, medical technicians, or other emergency medical personnel acting with the ordinary course of their profession.

Emergency Situation – One in which the patient arrests before consent for DNR/CC or DNR/CCA, and the patient's condition is such that resuscitation is futile for survival or is otherwise inconsistent with reasonable standards of medical practice.

Guardian – A competent adult appointed by the probate court and who is issued, and can produce, letters of authority evidencing such appointment, who shall have the authority to act on behalf of a person who is incompetent and no longer has the capacity to make a knowing healthcare decision.

Incapacitated – A person who no longer can make an informed, knowing healthcare decision.

Incompetent – A person who is mentally impaired, as a result of mental or physical illness or disability, or age (a minor), who cannot make an informed and knowing healthcare decision.

Life Sustaining Treatment – Any medical procedure, treatment, intervention or other measure, including CPR, that, when administered to a patient, will serve principally to prolong the process of dying.

**Living Will** – A written document, also known as a Living Will or Living Will Declaration, through which an individual specifies his or her wishes concerning end of life healthcare decisions, the withholding or withdrawal of Life Sustaining Treatment, which may include CPR.

**Medical Futility** – A course of medical treatment that is highly unlikely to have a beneficial outcome as determined by experience, clinical studies and available medical literature. Treatment may be considered futile if it cannot, within a reasonable possibility, cure, ameliorate, improve or restore a quality of life satisfactory to the patient. Treatment may also be considered futile if it merely preserves permanent unconsciousness or cannot end permanent dependence on intensive care.

**Permanently Unconscious State** – A state of permanent unconsciousness is characterized by a patient being irreversibly unaware of himself and his environment and a total loss of cerebral cortical functioning, resulting in the patient having no capacity to experience pain or suffering.

**Respiratory Arrest** – The absence of spontaneous respirations or the presence of agonal breathing.

**Surrogate** – An adult designated as an attorney-in-fact by a Durable Power of Attorney for Health Care, a guardian appointed by a Probate Court, or Next of Kin according to the priority established by Ohio Revised Code 2133.08(13), who acts on behalf of a patient who no longer has Decisional Capacity.

**Personal Representative** – The person who has authority to get on behalf of a patient (who is an adult or emancipated minor) makes decisions regarding health care.

**Terminal Condition** – An irreversible, incurable, and untreatable condition caused by a disease, illness or injury from which, to a reasonable degree of medical certainty, death is likely to occur within a relatively short time if life-sustaining treatment is not administered.

**RECOMMENDED BY:**

**APPROVED BY:**

**REFERENCES**

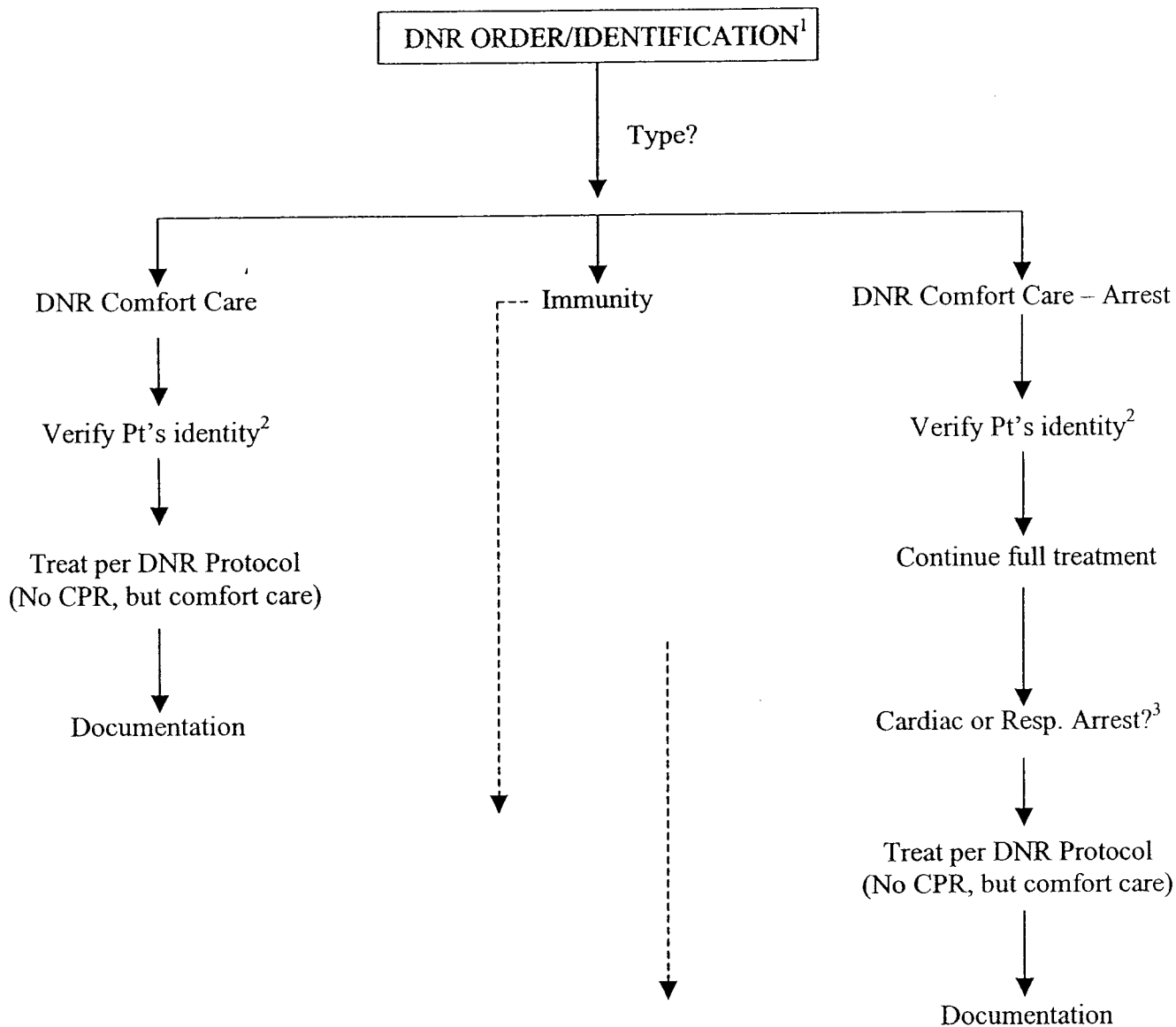
CAMH RI.1

Patient Self Determination Act

Ohio Revised Code 2133 and 119.032

Ohio HB 354

## DNR PROTOCOL FLOWCHART



<sup>1</sup> DNR orders can be oral or written. Before transferring patient to another facility, an oral order must be put in writing.

<sup>2</sup> The health care provider must make reasonable efforts to verify the patient's ID by a second means (i.e., statement of family member, caregiver, photo ID).

<sup>3</sup> A cardiac arrest is defined as an absence of a palpable pulse. A respiratory arrest is defined as the absence of spontaneous respirations.



**DNR IDENTIFICATION FORM**

**DNRCC**

(If this box is checked the DNR Comfort Care Protocol is activated immediately.)

**DNRCC—Arrest**

(If this box is checked, the DNR Comfort Care Protocol is implemented in the event of a cardiac arrest or a respiratory arrest.)

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender  M  F

Signature \_\_\_\_\_ (optional)

**Certification of DNR Comfort Care Status (to be completed by the physician)\***

(Check only one box)

**Do-Not-Resuscitate Order**—My signature below constitutes and confirms a formal order to emergency medical services and other health care personnel that the person identified above is to be treated under the State of Ohio DNR Protocol. I affirm that this order is not contrary to reasonable medical standards or, to the best of my knowledge, contrary to the wishes of the person or of another person who is lawfully authorized to make informed medical decisions on the person's behalf. I also affirm that I have documented the grounds for this order in the person's medical record.

**Living Will (Declaration) and Qualifying Condition**—The person identified above has a valid Ohio Living will (declaration) and has been certified by two physicians in accordance with Ohio law as being terminal or in a permanent unconscious state, or both.

Printed name of physician\*: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

\* A DNR order may be issued by a certified nurse practitioner or clinical nurse specialist when authorized by section 2133.211 of the Ohio Revised Code.

**See reverse side for DNR Protocol**



## DO NOT RESUSCITATE COMFORT CARE PROTOCOL

After the State of Ohio DNR Protocol has been activated for a specific DNR Comfort Care patient, the Protocol specifies that emergency medical services and other health care workers are to do the following:

### WILL:

- Suction the 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/CNS/CNP

### WILL NOT:

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

If you have responded to an emergency situation by initiating any of the **WILL NOT** actions prior to confirming that the DNR Comfort Care Protocol should be activated, discontinue them when you activate the Protocol. You may continue respiratory assistance, IV medications, etc., that have been part of the patient's ongoing course of treatment for an underlying disease.