

LAKE HOSPITAL SYSTEM, INC.  
ADMINISTRATIVE POLICY MANUAL

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SUBJECT: DNR Order,  
Suspension

EFFECTIVE: 7/86  
REVISED: 8/92, 10/00, 6/02, 3/03  
REVIEWED: 1/96, 12/98, 01/02

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ORIGINATED BY: QA Committee  
Dept of Anesthesia  
APPROVED BY: Executive Committee of the  
Medical Staff 8/24/92  
OMG 09/00

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**POLICY:**

Prior to surgical procedures requiring anesthetic care, any existing DNR order should, when possible, be reviewed with the patient or their legal surrogate. As a result of the review the status of the DNR order during the perioperative period should be affirmed, clarified, or modified based on the preferences of the patient. The perioperative period is the time period when the patient is under the direct care of the anesthesiologist during surgery and in the Post Anesthesia Care Unit. The anesthesiologist, the surgeon and/or the primary care physician (if not the surgeon) should participate in the discussion with the patient of any modifications or limitations to DNR orders during the perioperative period. This policy applies to both inpatients and outpatients.

**PROCEDURE:**

The patient's decision will be documented on the Operative No Not Resuscitate (DNR) Clarification form (Attachment I). A written order must define limitations/modifications. The DNR order will be reinstated following the perioperative period unless the patient/family specifically request a change in the DNR status. The order must be rewritten following the perioperative period.

**Resources:**

Ethical Guidelines for the Anesthesia Care of Patients with Do Not Resuscitate Orders or other Directives that Limit Treatment, House of Delegates, ASA, 10/93.

Intranet/dnrsusp

**LAKE HOSPITAL SYSTEM  
OPERATIVE DO NO RESUSCITATE (DNR) CLARIFICATION**

*(Patient's Initials)*

\_\_\_\_\_ I understand that in preparation of my surgical operation or medical procedure my "Do Not Resuscitate" order may need to be modified. I understand that resuscitation and life support are an integral part of anesthesia and, therefore it may be difficult to distinguish between natural events and reversible medical intervention of anesthesia and surgery. I understand that all reversible medical interventions will be responded to as medically appropriate and consistent with reasonable medical standards.

\_\_\_\_\_ I desire that all reasonable resuscitative measures deemed feasible be employed in the Operating Room and Post-Anesthesia Care unit in all clinical situations that arise.

\_\_\_\_\_ I desire that Cardiopulmonary Resuscitation (CPR) not be done under any circumstances.

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**I have answered all the questions of the patient and the patient understands and consents to the procedure.**

\_\_\_\_\_  
*Physician Signature (optional)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Date*

**I hereby state that I have read and understand this consent.**

\_\_\_\_\_  
*Patient Signature*

\_\_\_\_\_  
*Date*

**If patient is unable to sign or is a minor, complete the following:**

Patient (is a minor \_\_\_\_\_ years of age) or is unable to sign because:

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\_\_\_\_\_  
*Closest Relative or Legal Guardian Signature*

\_\_\_\_\_  
*Date*