

LAKE HOSPITAL SYSTEM, INC.
ADMINISTRATIVE POLICY MANUAL

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| SUBJECT: | Resuscitation; Patient Withdrawal of Life Sustaining Treatment | EFFECTIVE: 9/91 REVISED: 8/92, 1/00, 9/00, 8/01, 10/02 REVIEWED: 2/98 |
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| SUBJECT NO: | PAGE NO: | ORIGINATED BY: DNR Interdisciplinary Task Force |
| R-60-1 | 1 OF 6 | APPROVED BY: Executive Committee of Medical Staff 8/92 & 3/00 Operations Mgt. Group 7/01 |

POLICY:

CPR is initiated on any patient needing emergency resuscitation due to a cardiac and/or respiratory arrest unless there is a "Do Not Resuscitate" order written by the primary or consulting physician in the patient's medical record or the patient presents with the State DNR Comfort Care order form.

X DNR Comfort Care orders will be honored in the hospital if presented at the time of admission or if a DNR Comfort Care order is written by the primary or consulting physician during the admission.

X DNR Comfort Care orders provide for comfort care only (before and during) a cardiac or respiratory arrest. Resuscitative therapies will not be administered prior to an arrest. If an DNR Comfort Care order has been initiated EMS and other healthcare workers including LHS staff will do the following:

THEY 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

THEY WILL NOT:

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

X DNR Comfort Care-Arrest activates the above actions at the time of an arrest; either cardiac or respiratory. The patient is a candidate for full treatment up to the time of arrest. If an emergency situation has been responded to by initiating any of the WILL NOT actions (above) prior to confirming that the DNR Comfort Care Protocol should be activated, these actions will be discontinued when the Protocol is activated. Respiratory assistance, IV medications, etc. that have been part of the patient's ongoing course of treatment for an underlying condition may be continued.

Life Sustaining Treatment may be withdrawn, including resuscitation when the patient/surrogate so requests or the patient's condition is such that Life Sustaining Treatment provides only prolonging of the dying process, versus any likelihood of recovery. Patients frequently will fall under the rationale for Do Not Resuscitate.

PURPOSE: This statement:

- A. Reviews the reasons for considering an order not to resuscitate a hospitalized patient or to withdraw Life Sustaining Treatment.
- B. Outlines the process for making and implementing a decision not to resuscitate a patient or to withdraw Life Sustaining Treatment
- C. Ensures consistency of communication throughout the organization, among those involved in the patient's care.

RATIONALE FOR DO NOT RESUSCITATE/WITHDRAWAL OF LIFE SUSTAINING TREATMENT

- A. If an Advance Directive exists, the patient's Directive will be followed.
- B. **No Medical Benefit.** When resuscitation or continued LifeSustaining Treatment would be of no benefit, based upon reasonable medical certainty, a DNR order or withdrawal of Life Sustaining Treatment is appropriate. The decision is primarily a medical one made by the physician. The consent of patient/surrogate is not mandatory, although he/she should be informed of the decision.
- C. **Poor Quality of Life Before CPR.** When the patient's current quality of life is judged **UNACCEPTABLE**, A DNR order or withdrawal of Life Sustaining Treatment may be justified. . In this case, patient/surrogate values and permission are sought and taken into account.
- D. **Poor Quality of Life After CPR.** When the life remaining after CPR would be of little or no benefit to the patient or deterioration further into an intolerable condition is predictable, a DNR order is justified. In this case, patient/surrogate values and permission are sought and taken into account.

PRINCIPLES:

- A. Each patient who is hospitalized is entitled to a resuscitation attempt and/or life sustaining treatment unless there is a specific order to the contrary.
- B. A competent adult patient has the authority to make the decision regarding resuscitation and/or withdrawal of Life Sustaining Treatment. This authority may be overridden only after a clear demonstration of the patient's lack of capacity.
- C. Substituted Judgement: When a patient lacks decision making capacity, but has made his/her wishes known, the decision regarding resuscitation/ Life Sustaining Treatment should replicate the decision he/she would have made.
- D. Customary medical and nursing care will continue regardless of resuscitation status, unless a decision has been made by the physician/patient/surrogate to forego or withdraw certain treatments or therapies: Patients may be admitted with active DNR Comfort Care or DNR Comfort Care-Arrest orders. Actions should be taken as described below:
DNR Comfort Care orders provide for comfort care only (before and during) a cardiac or respiratory arrest. Resuscitative therapies will not be administered prior to an arrest. Care will be provided as described on page one.

DNR Comfort Care-Arrest activates the actions described on page one under DNR Comfort Care at the time an arrest; either cardiac or respiratory, occurs. The patient is a candidate for full treatment up to the time of arrest. If an emergency situation has been responded to by initiating any of the WILL NOT actions (see Page 1) prior to confirming that the DNR Comfort Care Protocol should be activated, these actions will be discontinued when the Protocol is activated. Respiratory assistance, IV medications, etc. that have been part of the patient's ongoing course of treatment for an underlying condition may be continued. The patient, the patient's (Durable Power of Attorney for Healthcare) surrogate decision maker, physician, CNS, or CNP can initiate a Comfort Care/Comfort Care Arrest order. These may be initiated during the hospital admission or at discharge or transfer for terminal patients, those with a short life expectancy or those not expected to survive CPR.

- E. Furthermore, the DNR order can be rescinded by either the patient/surrogate or physician.

The patient or the patient's surrogate may ask the physician, CNS or CNP to revoke the DNR Comfort Care/Comfort Care Arrest order. If the patient's surrogate's request contradicts the patient's wishes as expressed in a living will, the living will will take precedence. Any communication (orally, in writing, by hand signal, or by other means) from the patient that he/she does not want the DNR Comfort Care/ Comfort Care Arrest order followed is sufficient basis to consider the order revoked by the patient.

- F. If an emergency situation has been responded to by initiating any of the WILL NOT actions (above) prior to confirming that the patient has a DNR Comfort Care/or Comfort Care Arrest Order, these actions will be discontinued when this determination is made. The DNR protocol will then be activated according to be above definitions.
- G. DNR Comfort Care/Comfort Care Arrest orders are portable and can be given effect outside Lake Hospital System. They will be honored if brought to the hospital. There is no need to utilize the hospital DNR order form if the patient has a valid DNR Comfort Care/Comfort Care Arrest order.

DECISION-MAKING PROCEDURES:

- A. Decision-making:
1. The physician should make every attempt to learn the preferences regarding resuscitation of those patients he or she admits to the hospital who are deemed to be at risk. These wishes regarding resuscitation and/or the withholding or withdrawing of life sustaining treatment should be documented in the history and physical and/or progress notes when they become known. Patients who are DNR-Comfort Care should be identified by placing the DNR-CC logo sticker on the chart and bracelet on the patient. A copy of the DNR Comfort Care order should be placed in the chart as soon as available. Family may be asked to supply a copy of the document.

2. The physician is responsible for assessing the patient's capacity to make a decision regarding resuscitation. Such capacity or lack thereof, should be documented in the chart. A psychiatric/ mental health consultation may be indicated if psychological factors appear to be compromising capacity.
3. If the patient lacks capacity to make a decision, the individual identified as the surrogate decision-maker or the patient's legal guardian should make the decision on behalf of the patient.
4. In the event the patient lacks capacity to receive information or make a decision regarding the "Do Not Resuscitate" order or the withholding/ withdrawing of life sustaining treatment, and the patient has not designated a surrogate decision maker, or if the surrogate is unable or unwilling to act, the following order of precedence among family members shall be followed:
 - a. The patient's spouse.
 - b. An adult child of the patient or the majority of adult children available.
 - c. The parents of the patient.
 - d. An adult sibling of the patient or a majority of adult siblings available.
 - e. The nearest adult not listed above who is related by blood or adoption.
5. If the patient is not capable of making the decision and has not appointed a surrogate decision maker, nor has any family member who may function in this capacity, the physician should obtain a "second opinion" from another physician prior to making the DNR order effective, or withholding or withdrawing life sustaining treatment.
6. A multidisciplinary team approach involving physicians, nurses, clergy and other related staff should make every effort to facilitate the patient/surrogate decision.

B. Conflict Resolution

Should irreconcilable difference of opinion exist between the physician and the patient/surrogate, the physician should either:

1. Concede to patient wishes.
2. Withdraw from the case, or
3. Seek resolution through other means, such as, a family meeting or Risk Management or Ethics Committee consultation.

PROCESS:

A. Resuscitation Direction Order – To be used for inpatients.

1. **Do Not Resuscitate** - acute cardiopulmonary resuscitation using cardiac massage, assisted ventilation, ACLS meds, or other methods of restoring the acute cessation of cardiac and/or ventilatory function shall not be undertaken. [Short of an arrest, patients in this category are kept candidates for all active treatment measures].

2. Life sustaining treatment short of cardiopulmonary resuscitation may include, but is not limited to the following treatments:
- | | |
|------------------------|---------------------------------|
| Vasopressors | Anti-arrhythmic drugs |
| Mechanical ventilation | Transfer to intensive care unit |
| Hyperalimentation | Blood or blood products |
| Dialysis | Bag ventilation |
| Non-oral feedings | Electrolyte corrective measures |

Limitations or withdrawal of this nature must be specified on the physician's order sheet. Specific limitations or withdrawal may be requested by the fully informed patient or surrogate.

3. **DNR Comfort Care** - orders will be honored if presented on admission or written during the hospitalization. No additional DNR order is needed. If this status is desired at D/C or transfer, the physician may complete the form then. These orders provide for comfort care only (before and during) a cardiac or respiratory arrest. Resuscitative therapies will not be administered prior to an arrest. If an DNR Comfort Care order has been initiated EMS and other healthcare workers will provide care as described on page 1 in the DNR Comfort Care section.

DNR Comfort Care-Arrest activates the actions described on Page 1, DNR Comfort Care at the time an arrest, either cardiac or respiratory, occurs. The patient is a candidate for full treatment up to the time of arrest. If an emergency situation has been responded to by initiating any of the WILL NOT actions (see page 1) prior to confirming that the DNR Comfort Care Protocol should be activated, these actions will be discontinued when the Protocol is activated. Respiratory assistance, IV medications, etc. that have been part of the patient's ongoing course of treatment for an underlying condition may be continued.

4. **Patient Identification:**

Patients with a DNR order have an orange wrist band indicating DNR status.

Patients with a DNR Comfort Care or DNR Comfort Care-Arrest orders will have a navy-blue name band

B. Documentation:

The physician must document in the progress notes the medical rationale for the "Do Not Resuscitate" or a DNR Comfort Care/Comfort Care Arrest order, or the withholding or withdrawal of specific treatments and that the order as well as the rationale has been discussed with the patient/surrogate. The Order Sheet is placed behind the first tab in the chart for easy reference.

C. Written Consent:

The physician writes the "Do Not Resuscitate" order on the Resuscitation Direction Order Form, (preferably in advance of anticipated cardiac/respiratory failure). Orders for withholding or withdrawing treatment must be written in the physician's order sheet. In an emergency situation the registered nurses may accept a phone order, witnessed by a second R.N. DNR Comfort Care/Comfort Care Arrest Orders will be honored if presented on admission.

D. Re-Evaluation of DNR order:

The "Do Not Resuscitate" order should be reviewed when the patient's condition changes; and/or when the patient/surrogate wishes the DNR order to be rescinded. The patient's wishes, either verbal or written, take precedence over the patient's surrogate's wishes. An order must be written if the patient's DNR status changes.

Attachments 2
Intranet/R-60-1

LAKE HOSPITAL SYSTEM
PHYSICIAN ORDERS
RESUSCITATION DIRECTION ORDER

Patient Label

This Order is only valid at LHS during this admission

Discussed with _____

Relationship to the Patient _____

Date and Time _____

- Do Not Resuscitate** – acute cardiopulmonary resuscitation using cardiac massage, assisted ventilation, ACLS meds, or other methods of restoring the acute cessation of cardiac and/or ventilatory function shall not be undertaken. [Short of an arrest, patients in this category are kept candidates for all life sustaining treatment measures].

Life sustaining treatment short of cardiopulmonary resuscitation will include if desired:

Transfer to ICU Yes No

If the Yes Box is checked, do you want the following treatments?

Dialysis Yes No

Vasopressors Yes No

Bag ventilation Yes No

Anti-arrhythmic drugs Yes No

Mechanical ventilation Yes No

Other: _____

DATE/TIME _____ M.D./D.O. SIGNATURE _____



Lake Hospital System



DNR COMFORT CARE

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



Lake Hospital
System



DNR COMFORT CARE

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.