

# Policy and Procedure Manual

**Subject: Limitation of Treatment: Withholding/  
Withdrawing Life Sustaining Treatment**

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## **POLICY**

It is the policy and philosophy of \_\_\_\_\_ to provide patients with all appropriate quality health care that is responsive to the patient's physical, emotional, spiritual, psychological, and social needs with the objective of saving and sustaining life. \_\_\_\_\_ also recognizes that the withholding (not initiating) or withdrawing (discontinuing) of specific treatments and/or procedures is appropriate when the burden of such treatments and/or procedures outweighs the benefits to the patient and/or the treatment is futile and provides no meaningful benefit.

It is understood that orders to withhold and/or withdraw life sustaining treatment do not negate the professional responsibility to provide all other needed care.

## **LIFE SUSTAINING TREATMENT**

Life-sustaining treatment is defined as any medical intervention used to prolong life and delay death. It includes the full range of interventions from cardio-pulmonary resuscitation (CPR) to technically administered nutrition and hydration. Limitation of life sustaining treatment in no way implies abandonment of the patient.

## **GUIDELINES**

1. Competent patients have a right to refuse life-sustaining treatment; such treatment decisions are best reached consensually by the patient and the patient's attending physician.
2. To the extent possible, incompetent adults' and minors' wishes should be given consideration. Prior to becoming incompetent, a competent adult may have executed an advance directive, a Living Will or Health Care Power of Attorney, which can provide guidance for treatment decision making.
3. The patient's family should be included in the discussion of plans to limit treatment unless the patient requests that the family not be involved in the discussion.
4. Members of the health care team, particularly physicians and nurses, are responsible for providing an appropriate level of assistance to patients in reaching decisions about their care. Such efforts should be carefully coordinated.
5. The attending physician, consulting physicians, nurses and other health care professionals involved in the care of the patient should be part of the consultative process in order to carry out the patient's wishes with regard to withholding or withdrawing treatment.

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6. Maintaining the dignity and comfort of the patient is given the highest priority.
  7. There is no moral distinction between withholding and withdrawing a life-sustaining treatment when its burdens outweigh its benefit to the patient.
  8. If treatment limitation orders are not documented in the patient's medical record, as required by this Policy and Procedure, it will be presumed that life sustaining interventions including CPR will be provided.
  9. The patient's attending physician is ultimately responsible for implementation of this Policy and Procedure.
  10. The Hospital Biomedical Ethics Committee is available to consult on treatment related problems. In addition, a Biomedical Ethics Conference may be held at the request of the patient, patients' families, patients' designated representatives, or any member of the patient care team. The attending physician is required to be present at the Biomedical Ethics Conference.
  11. The End of Life Care Team is available to initiate discussion and open communication regarding end-of-life issues with the patient, family, physician(s) and care providers.

**I. LIMITATION OF TREATMENT ORDERS**

A. GENERAL

1. Limitation of life-sustaining treatment orders must be identified using the Limitation of Treatment Orders form (Attachment A) when withholding resuscitation in the event of an arrest and limiting treatment for other selected life-threatening conditions which might lead to arrest and death.
2. The Limitation of Treatment Orders form must be completed to initiate orders.

**II. PHYSICIAN RESPONSIBILITY**

- A. Prior to writing an order, the physician should inform the patient and/or family about the relevant treatment options and document the wishes of the patient and/or family, the rationale for the order, and the relevant discussions in the Progress Notes.
- B. Review and complete the Limitation of Treatment Orders form.

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- C. The Limitation of Treatment Orders form must be signed by a physician or House Officer.
- D. Telephone orders may be accepted if:
- Two Registered Nurses listen to the order being given and complete the read back process.
  - The date and time blocks are completed on the Limitation of Treatment Orders form.
  - Both nurses sign on the "Registered Nurse Signature" line.
  - The ordering physician countersigns the order within 24 hours.
- E. This Limitation of Treatment Orders should be reassessed when the patient's condition warrants or at least every forty-eight (48) hours.
- F. An order to discontinue a specific treatment that is not part of a decision to limit life sustaining treatment or part of "Do Not Resuscitate" decision, should be written on the standard Physician's Order Sheet.
- G. In order to change or discontinue the orders written on the Limitation of Treatment Orders form, the physician must sign the bottom of the order form in the "Cancel Above Orders Immediately" block and date and time the order. If the order is being changed in any way, a new Limitation of Treatment Orders form must be completed.

### III. REGISTERED NURSE RESPONSIBILITY

- A. The Registered Nurse (RN) acknowledges the order by co-signing the Limitation of Treatment Orders form including date and time.
- B. The RN then insures that the Limitation of Treatment Orders form is placed as the first sheet in the Physician's Order section of the patient's chart. The Limitation of Treatment Orders form will remain the first sheet at all times.
- C. The RN insures that a purple Patient ID Band is placed on the patient.
- D. If the order is rescinded or changed, the Registered Nurse shall draw a diagonal line over the entire page from top to bottom. The discontinued Limitation of Treatment Orders form is filed in chronological order according to order date.

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IV. LIMITATION OF TREATMENT ORDERS FOR INVASIVE  
PROCEDURES AND ANESTHESIA CARE

When a patient is scheduled to undergo a surgical, diagnostic or therapeutic procedure, the order(s) will be reviewed and may or may not be suspended or modified depending on the patient's and/or surrogate's wishes, the nature of the procedure, and the assessment of the surgeon, attending physician and/or an anesthesiologist.

Cross References:

- 4.1 Patient Bill of Rights
- 4.15 End of Life Team Care Team
- 4.3 Biomedical Ethics Committee Access
- 4.4 Patient Self-Determination Act
- 4.5 Withholding and Withdrawing Treatment Statement
- 6.6 Do Not Resuscitate

Approved By: Biomedical Ethics Committee

Date: 2/10/04

Approved By: Medical Executive Committee

Date: 2/23/04

IMPLEMENTATION DATE: 9/93