

TITLE:	DO-NOT-RESUSCITATE PROTOCOL, THE STATE OF OHIO	POLICY NO.:	1.11.01
Manual:	Patient Care Manual	PAGE:	Page 1 of 3
Section:	Patient Rights and Organization Ethics	EFFECTIVE DATE:	Nov., 2002
Approved by:	Administration, Medical Staff, Board of Directors	SUPERSEDES:	Oct., 2001 (Formerly PCM Policy #1.21)

PURPOSE

To provide care consistent with patients' wishes and to follow the Ohio (Do-Not-Resuscitate) DNR Comfort Care Protocol.

DEFINITIONS

For purposes of this Policy, and the Ohio DNR Protocol, the following definitions apply. Other definitions applicable under the Ohio DNR Comfort Care Program and Protocol are contained within the text of the Protocol itself. **N.B. These definitions do not necessarily apply in situations that do not come within the scope of the Protocol.**

CPR – Cardiopulmonary resuscitation or a component of cardiopulmonary resuscitation, but it does not include clearing a person's airway for a purpose other than as a component of CPR. *Component of CRP* means any of the following:

1. Administration of chest compressions;
2. Insertion of an artificial airway;
3. Administration of resuscitation drugs;
4. Defibrillation or cardioversion;
5. Provision of respiratory assistance;
6. Initiation of a resuscitative intravenous line; and
7. Initiation of cardiac monitoring.

OHIO DNR COMFORT CARE PROGRAM – The program adopted by the Ohio Department of Health, pursuant to Ohio statutes, providing a uniform statewide treatment protocol for all individuals who have chosen to enroll in the Program. The Program is described in the "State of Ohio Do-Not-Resuscitate Protocol" approved the Ohio Department of Health, a copy of which is attached to this Policy. The forms of identification referenced in the Protocol are also attached to this Policy, after the Protocol.

PERIOPERATIVE PERIOD – For purpose of this policy, the period of 48 hours surrounding any surgical, invasive or special procedure requiring anesthesia (general or regional) or IV sedation, and beginning with the administration of anesthesia or sedation.

PROTOCOL – The State of Ohio Do-Not-Resuscitate Protocol approved the Ohio Department of Health, a copy of which is attached to this Policy.

POLICY

McCullough-Hyde Memorial Hospital will follow the Protocol for those patients seeking treatment at the Hospital who present with identification in accordance with the Protocol, except during the Perioperative Period. All orders limiting life-sustaining treatment are suspended during the Perioperative Period.

A DNR order under the Protocol, for a patient of the Hospital, shall be considered current unless discontinued by the patient's attending physician or revoked by the patient.

In accordance with Ohio law, the Hospital, physicians, clinical nurse practitioners and clinical nurse specialists unwilling or unable to comply with the Protocol shall not prevent or delay the transfer of the patient to a physician or facility that will follow the Protocol.

This policy does not apply to patients who are *not* covered by the Protocol. Other Hospital policies may apply in such cases. For patients who are not covered by the Protocol, and are no longer decisionally capable, the Policy on Limiting Life-Sustaining Treatment may apply.

PROCEDURE

1. Protocol -- For requirements of the Ohio DNR Comfort Care Program, and procedures to be followed, refer to the Protocol attached, and the following sections of this Policy.
2. Patient Identification – Patients covered under the Ohio DNR Protocol are to receive wrist bands containing the unique Ohio DNR logo, as provided for in the Ohio DNR Protocol. Patients already covered by the Ohio DNR Protocol, but who do not already have an Ohio DNR wrist band, are to receive an Ohio DNR wrist band upon admission. Patients who become covered under the Ohio DNR Protocol while at the Hospital (e.g., upon the issuance of an order under the Protocol) will receive the Ohio DNR wrist band at that time.
3. Revocation of DNR identification or DNR order.
 - a. A person with DNR identification under the Protocol, or a DNR order, may revoke his or her DNR status by an oral or written request to receive CPR.
 - b. A person with DNR identification under the Protocol may revoke that DNR identification by doing any of the following:
 - (1) In the case of a form or wallet card, by destroying the form or wallet card;
 - (2) In the case of a bracelet or necklace, by permanently removing the bracelet or necklace; or
 - (3) In the case of a declaration that includes a specification that the declarant wishes to use it as DNR identification, by revoking the declaration in accordance with section 2133.04 of the Revised Code.
 - c. The attending physician, clinical nurse practitioner or clinical nurse specialist, of a person with a DNR order may revoke the DNR order by issuing an order discontinuing the DNR order. If DNR identification was issued on the basis of the revoked DNR order, any revocation of the DNR identification is to be accomplished as provided in paragraph 2. of this procedure.
4. Transfer of person between health care facilities; forwarding of DNR order.
 - a. If a patient who possesses DNR identification, or for whom a current do-not-resuscitate order has been issued under the Protocol, is being transferred to another health care facility, before or at the time of the transfer, Hospital staff shall notify the receiving health care facility, and the persons transporting the patient, of the existence of the DNR identification or the order.
 - b. If a current do-not-resuscitate order was issued orally, it shall be reduced to writing before the time of the transfer. The DNR identification or the order shall accompany the person to the receiving health care facility.

5. Relationships of DNR orders and identification with declarations and durable powers of attorney for health care.

In the event of any apparent conflict between a DNR identification or order and an advance directive document or decision of an attorney in fact under a durable power of attorney, Hospital staff should refer the matter to case management for assistance and resolution.

CONFLICT RESOLUTION

1. A valid Declaration supersedes any general consent to treatment form signed by or on behalf of a patient prior to, upon, or after his/her admission to the Hospital to the extent there is a conflict, even if the form is signed after the execution of the Declaration. To the extent that a valid Declaration does not conflict with a general consent, both documents should be given effect.
2. If a patient has both a valid Durable Power of Attorney for Health Care and a valid Declaration, the Declaration controls to the extent of conflict.
3. A valid Declaration supersedes a DNR identification under the State of Ohio Do-Not-Resuscitate Protocol that is based upon a prior inconsistent Declaration, or that is based upon a physician's DNR Order under the Protocol that is inconsistent with the Declaration.
4. If there is a conflict in decision-making, the Ethics Committee has an on-call consult team that can be contacted through the Case Management office or through the Nurse Manager on-call. A request for an ethics consult can be made by the patient, family or any member of the health care team. The actions of the Ethics Committee and its members in helping resolve dilemmas which may arise are advisory.
5. If a satisfactory resolution of the conflict cannot be achieved, then the matter should be referred to Administration via the Nurse Manager of the clinical unit (Monday through Friday) or the Nurse Manager who is on-call (Saturday and Sunday).

Departments Involved in Development: Ethics Advisory Committee, Legal Counsel

Committee or Other Review/Approval and dates of approval: Ethics Advisory Committee (9/01, 12/01, 10/02); COO (9/01, 10/02); Medical Executive Comm. (10/3/01, 2/02, 11/02); Board of Directors (3/02, 11/02)

INFORMED CONSENT FOR WITHHOLDING OR WITHDRAWAL OF LIFE-SUSTAINING TREATMENT FOR A PATIENT IN A TERMINAL CONDITION

The undersigned individual or individuals make(s) the following representations and give the following informed consents related to the following patient at McCullough-Hyde Memorial Hospital:

_____ (referred to below at the "Patient"):

1. The Patient is an adult.
2. To the best of my/our knowledge the Patient does not have a valid Declaration (Living Will) or Durable Power of Attorney for Health Care.
3. The undersigned is/are of sound mind.
4. There is no legal guardian for the Patient.
5. Each of the undersigned is related to the Patient as shown below, and there is no living relative who is more closely related to the Patient in the following order of priority: spouse; adult child; parents; sibling.
6. The individuals who have witnessed the signature(s) below are not related to the Patient by blood, marriage or adoption, and are not the Patient, the Patient's attending physician, or the administrator of any nursing home in which the Patient is receiving care.
7. This informed consent is given to the Patient's attending physician in good faith.
8. This consent is consistent with the Patient's previously expressed intentions, if any, or intentions as inferred from the Patient's lifestyle and character and from any other evidence.
9. I/we have received sufficient information from the Patient's attending physician to give this informed consent.
10. I/we have been advised by the Patient's attending physician that:
 - a. The Patient is unable to make informed decisions regarding administration of life-sustaining treatment;
 - b. The Patient has no reasonable possibility of regaining the capacity to make informed decisions regarding his/her health care or the administration of life-sustaining treatment; and
 - c. The attending physician and one other physician have determined that the Patient is in a terminal condition.
11. I/we have read, and understand, this document, and have discussed the Patient's condition with the attending physicians.
12. **I/we hereby give my/our informed consent to the withholding or withdrawal of life-sustaining treatment for the Patient, including specifically the following:**_____

Signature: _____
Printed Name: _____
Relationship to Patient: _____
Date: _____

WITNESSES:

Signature: _____
Printed Name: _____
Relationship to Patient: _____
Date: _____

WITNESSES:

Signature: _____
Printed Name: _____
Relationship to Patient: _____
Date: _____

WITNESSES:

I have fully discussed the patient's condition with the appropriate decision-maker(s) named above. I have informed the decision-maker(s) of the nature of possible treatments, and of the withholding or withdrawal of those treatments, including, in each case, significant risks, benefits and side effects. Items 9 and 10 above are true. I have no reason to doubt the truth of the information contained in Items 1 through 8.

Physician Signature _____



The State of Ohio Do-Not-Resuscitate Protocol

Approved by the Ohio Department of Health

Identification

Patients can be either DNR Comfort Care patients or DNR Comfort Care - Arrest patients. The difference is that for a DNR Comfort Care patient, the State of Ohio DNR Protocol is activated immediately when a DNR order is issued or when a living will requesting no CPR becomes effective, but for a DNR Comfort Care -- Arrest patient, the protocol is activated only when the patient experiences a cardiac arrest or a respiratory arrest. Be careful to check the patient's DNR order or DNR identification to determine which applies.

A DNR Comfort Care or DNR Comfort Care - Arrest patient's status is confirmed when the patient has one of the following:

- *1. A DNR Comfort Care card or form completed for the patient.
- *2. 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).
3. A DNR Comfort Care necklace or bracelet bearing the DNR Comfort Care official logo.
- *4. A DNR 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).
5. A verbal DNR order is issued by the patient's attending physician, CNP, or CNS.

* Copies of these items are sufficient.

EMS workers are not required to search a person to see 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 identify DNR patients in appropriate circumstances. Examples of ways to verify identity are:

- The patient or a family member, caregiver, or friend gives the patient's name.
- The health care worker knows the patient personally.
- Institution identification band.
- Driver's license, passport, or other picture ID.

If you cannot verify the identity of a patient with DNR Identification after reasonable efforts, you still should follow this protocol.

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.

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

- Personal knowledge of the doctor/CNP/CNS.
- List of practitioners with other identifying information such as addresses.
- A return telephone call to verify information provided.

Activation

When this protocol is activated for a given DNR Comfort Care patient depends on whether the patient is a DNR Comfort Care patient or a DNR Comfort Care - Arrest patient. For a DNR Comfort Care patient, this protocol is activated when the DNR order is issued or the living will specifying no CPR becomes effective. For a DNR Comfort Care - Arrest patient, the protocol is activated when the patient experiences a cardiac arrest or a respiratory arrest.

"Cardiac arrest" means absence of a palpable pulse. "Respiratory arrest" means absence of spontaneous respirations or presence of agonal breathing.

Actions

For patients for whom the DNR Comfort Care protocol is activated, you:

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/CNP/CNS

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

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 must 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.

Interaction with the Patient, Family, and Bystanders

The patient always may request resuscitation even if he or she is a DNR Comfort Care patient and this protocol

has been activated. The request for resuscitation amounts to a revocation of DNR Comfort Care status.

If family or bystanders request or demand resuscitation for a person for whom the DNR Comfort Care Protocol has been activated, do not proceed with resuscitation. Provide comfort measures as outlined above and try to help the family understand the dying process and the patient's choice not to be resuscitated.

Documentation

EMS or other health care personnel who implement the DNR Protocol for a DNR Comfort Care patient should document in their records, in accordance with the policy of their agency or facility:

- The item that identified the person as DNR Comfort Care (as listed in the Identification portion of this protocol).
- The method of verifying the person's identity, if any was found through reasonable efforts.
- Whether the person was a DNR Comfort Care or DNR Comfort Care - Arrest patient.
- The actions taken to implement the DNR Protocol.

When a DNR Order is Current

A DNR order for a patient of a health care facility shall be considered current in accordance with the facility's policy. A DNR order for a patient outside a health care facility shall be considered current unless discontinued by the patient's attending physician/CNP/CNS, or revoked by the patient. EMS personnel are not required to research whether a DNR order that appears to be current has been discontinued.



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.