

**TWIN CITY HOSPITAL
NURSING SERVICE
DEPARTMENTAL PROCEDURE MANUAL**

TITLE/DESCRIPTION: ***DO NOT RESUSCITATE COMFORT CARE (DNR-CC)***

EFFECTIVE DATE: 4/00 Authorized by:

REVISED DATE: 2/02, 3/03

CHIEF NURSING OFFICER

POLICY: It is the policy of Twin City Hospital to comply with the State of Ohio Do Not Resuscitate (DNR) Comfort Care laws and identify those patients that fall under those guidelines.

EQUIPMENT:

1. Comfort / Care Forms
2. Red Identification Stickers
3. Red wrist ID bands.

PROTOCOL:

1. If a Comfort/Care form accompanies patient, the DNR-CC/DNR-CC Arrest must be honored according to protocol.
2. If patient presents a valid Comfort Care form, notify the physician of the Comfort Care document.
3. Comfort Care orders – DNR-CC/DNR-CC Arrest are only valid if:
 - a. A physician writes an order and signs it.
 - b. A telephone order is obtained by an RN, which the Doctor signs within 24 hours. The telephone order is verified by a second RN.
 - c. A verbal DNR-CC/DNR-CC Arrest may be given to an RN and verified according to medical bylaws.
4. When a patient is identified as a DNR-CC/DNR-CC Arrest, a red sticker must be placed on the patient, bed tag, Kardex, and patient's chart. Stickers must be clearly visible.
5. When a patient is identified as a DNR-CC/DNR-CC Arrest, a red wrist ID band will be placed on their wrist.

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. The patient’s attending physician, CNP, or CNS, issues a verbal DNR order.
6. EMS workers are not required to search a person to see if they have DNR identification.
7. 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:
 - a. The patient or a family member, caregiver, or friend gives the patient’s name.
 - b. The health care worker knows the patient personally.
 - c. Institution identification band.
 - d. Driver’s license, passport, or other picture ID.
8. If you cannot verify the identity of a patient with DNR identification after reasonable efforts, you still should follow the attached protocol.
9. 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.

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:

1. 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.

2. 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. See Attachment A specifically referring to Ohio Revised Code on Revocation of DNR Identification or DNR Order.

3. 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.

4. 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 the agency or facility:
- a. The item that identified the person as DNR Comfort Care (as listed in the Identification portion of this protocol).
 - b. The method of verifying the person's identity, if any was found through reasonable efforts.
 - c. Whether the person was a DNR Comfort Care or DNR Comfort Care-Arrest patient.
 - d. The actions taken to implement the DNR Protocol.
5. 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.
6. A physician's order documenting the POA is required on the medical record to honor the DNR in this facility.

* Attachment *

- Attachment A. DNRCC/DNR CC-Arrest for Medical/Surgical.
- Attachment B. How does the DNR Comfort Care program differ?
- Attachment C. Revocation Clause O.R.C. 3701-62-06.
- Attachment D. DNR Comfort Care Law (HB 354) definitions.



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.

APPENDIX B

How does the DNR Comfort Care Program differ?

There are two separate categories. Each category specifically addresses CPR. The table below compares the two categories:

DNR Comfort Care	/	DNR Comfort Care – ARREST
Provides comfort measures including: <ul style="list-style-type: none">▪ Suctioning the airway▪ Administering oxygen▪ Positioning for comfort▪ Splinting▪ Controlling bleeding▪ Providing pain management▪ Providing emotional support▪ Contacting physician, hospice or home health care		Provides comfort measures including: <ul style="list-style-type: none">▪ Suctioning the airway▪ Administering oxygen▪ Positioning for comfort▪ Splinting▪ Controlling bleeding▪ Providing pain management▪ Providing emotional support▪ Contacting physician, hospice or home health care▪ Cardiac meds
Does <u>not</u> provide CPR including: <ul style="list-style-type: none">▪ Administration of chest compressions▪ Initiation of CPR▪ Intubation▪ Initiation of cardiac monitoring with the intent of treating arrhythmias▪ Administration of cardiac resuscitative drugs▪ Defibrillation▪ Provisions of ventilator assistance		Does not provide CPR as listed to the left, but the patient will receive standard treatment measures to prevent cardiopulmonary arrest such as: <ul style="list-style-type: none">▪ Administration of 50% dextrose for hypoglycemia Resuscitation efforts cease upon cardiac or respiratory arrest. All efforts to prevent the arrest will be made prior to arrest. <ul style="list-style-type: none">▪ NO defibrillation

Are these two protocols the only choices that physicians and patients can make?

No, nothing in the Ohio Revised Code prohibits a physician, with his patient's wishes, from individualizing a DNR order. An individualized DNR order should be clearly written, and cannot be called a DNR Comfort Care or DNR Comfort Care – Arrest Protocol. Individualized DNR orders must still comply with Ohio law.

Can a patient revoke a DNR order?

Yes, the patient has the right to change his mind and request CPR. Simply destroy the DNR Comfort Care order/documentation and notify the physician of the patient's change in DNR status. (See Attachment C.)

ATTACHMENT C

3701-62-06: Revocation of DNR Identification or DNR Order

(A) A person with DNR Identification or a DNR order may revoke his or her status by an oral or written request to receive CPR.

(B) A person with DNR Identification may revoke his or her DNR Identification by doing any of the following:

1. In the case of a form or wallet card listed in paragraph (A)(1), (A) (2), or (A)(6) of rule 3701-62-04 of the Administrative Code, 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, or CNP or CNS as provided in rule 3701-62-02 of the Administrative Code, 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 DNR order, any revocation of the DNR identification shall be accomplished under paragraph (B) of this rule.

APPENDIX D

STATE OF OHIO DNR COMFORT CARE LAW (Ohio Revised Code HB 354)

In 1998, the Governor of Ohio signed into law House Bill 354 that provides health care workers with a protocol to follow for patients who have expressed their wish not to be resuscitated. This fact sheet is designed to review the law and outline policies and procedures as they relate to the DNR Comfort Care Law. Please be sure to review the policy along with this fact sheet.

Some definitions and abbreviations:

Attending physician - the physician who has been assigned or accepted the responsibility for the treatment or care of the patient.

Advance Directive – written instructions, such as a living will or Health Care power of attorney for health care that outlines the provision of care if the patient becomes incapacitated. Examples of an Advance Directive would include Health Care Power of Attorney for Health Care or a Living Will.

Living Will – document that addresses the wishes of the patient regarding life support. It usually does not address CPR and is not legally binding. Patients may individualize a living will to specifically address CPR at their discretion, but a physician for DNR is still needed even if they have a Living Will.

Health Care Power of Attorney – document that addresses wishes of patient regarding life support. It also identifies someone who may make decisions on behalf of the patient as the “attorney-in-fact” if the patient is unable to make his/her own decisions at any time.

Permanent Unconscious State – an irreversible unawareness of one’s being or environment characterized by a total loss of cerebral function resulting in the patient having no capacity to experience pain or suffering. The patient’s attending physician and one other physician who has examined the patient must determine this to a reasonable degree of medical certainty.

Terminal condition - an irreversible, incurable, and untreatable condition from which there can be no recovery and death is likely to occur within a relatively short period of time if life-sustaining treatment is **not** administered. Both the patient’s attending physician and one other physician who has examined the patient apply reasonable medical standards to this definition.

Cardiac Arrest – absence of a pulse.

Respiratory Arrest – absence of spontaneous respirations.

CPR - emergency medical treatment, which is aimed at reviving life signs for a patient. Treatment may include chest compressions, artificial breathing, defibrillation, and administration of advance life support drugs.

DNR – Do Not Resuscitate.

DNR Comfort Care – patient elects to receive only palliative care prior to cessation of life.

DNR Comfort Care–ARREST – the patient elects to receive therapeutic care that is intended to treat the patient’s condition until either cardiac or respiratory arrest occur.

**STATE OF OHIO
DNR COMFORT CARE LAW
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DNR Comfort Care – patient elects to receive only palliative care prior to cessation of life.

DNR Comfort Care Arrest – patient elects to receive therapeutic care that is intended to treat the patient’s condition until either cardiac or respiratory arrest occurs.

Frequently asked questions about DNR Comfort Care Law:

What does the DNR Comfort Care Program Do?

The DNR Comfort Care Program identifies patients who are seriously ill, or terminally, who do not wish to be resuscitated. The DNRCC law provides direction to the EMS and healthcare providers. Finally, it allows individuals the opportunity to exercise their right to limit care received in an emergency situation.

Is a physician order required for the DNR Comfort Care Program?

Unlike a Living Will and Health Care Power of Attorney, an DNR order must be written and signed by a physician or and advanced-practice nurse.

Doesn’t a Living Will or Health Care Power of Attorney make me a DNR?

A Living Will is simply a statement that reflects the patient’s wishes about life support and resuscitation. Living Wills do not address CPR and are not necessarily legally binding. A Health Care Power of Attorney does not address CPR either, but does allow the person to appoint and “Attorney-in-Fact” to make decisions, if the patient is unable to make health care decisions.

How does the DNR Comfort Care Program differ?

There are two separate categories. Each category specifically addresses CPR. The table below compares the two categories.

<u>DNR Comfort Care</u>	<u>DNR Comfort Care – Arrest</u>
Provides comfort measure including: <ul style="list-style-type: none">• Suctioning the airway• Administering oxygen• Positioning for comfort• Splinting• Controlling bleeding• Providing pain management• Providing emotional support• <u>Contacting physician, hospice or home health</u>	Provides comfort measures including: <ul style="list-style-type: none">• Suctioning the airway• Administering oxygen• Positioning for comfort• Splinting• Controlling bleeding• Providing pain management• Providing emotional support• <u>Contacting physician, hospice or home health</u>
Does not provide CPR including: <ul style="list-style-type: none">• Administration of chest compressions• Initiation of CPR• Intubation• Initiation of cardiac monitoring with the intent of treating arrhythmias• Administration of cardiac resuscitative drugs• Defibrillation• Provisions of ventilator assistance	Does not provide CPR as listed to the left, but the patient will receive standard treatment measures prevent cardiopulmonary arrest such as: <ul style="list-style-type: none">• Administration of 50% dextrose for hypoglycemia Resuscitation efforts cease upon cardiac or respiratory arrest. All efforts to prevent the arrest will be made prior to arrest.

Are these two protocols the only choices that physicians and patients can make?

No, nothing in the Ohio Revised code prohibits a physician, with his patient's wishes, from individualizing a DNR order. An individualized DNR order should be clearly written, and cannot be called a DNR Comfort Care or DNR Comfort Care-Arrest Protocol. Individualized DNR orders must still comply with Ohio law.

Can a patient revoke a DNR order?

Yes, the patient has the right to change his mind and request CPR. Simply destroy the DNR Comfort Care order/documentation and notify the physician of the patient's change in DNR status.

Can family members revoke a DNR order?

No. Patients with DNR Comfort Care or DNR Comfort Care Arrest orders have collaborated with their physicians regarding their wishes. Once the physician has written the order, family members cannot override the order. The physician should document all the facts relevant to the patient's decision in his/her medical record. As members of the healthcare team, however, we can offer family members emotional support and help them try to understand the dying process, and the patient's choice not to be resuscitated. One exception to this would be the patient who has a Health Care Power of Attorney that names someone else as the "attorney-in-fact" and authorizes them to make health care decisions for the patient.

What happens when the patient is transferred from facility to facility?

A copy of the DNR Comfort Care or DNR Comfort Care-Arrest order (form) should accompany the patient from one facility to another. In addition, a physician order for DNR should be written. If we receive a patient with a signed DNR Comfort Care or DNR Comfort Care-Arrest, an order from the physician for DNR is required in our Medical Record. The transferring facility should notify the receiving facility of the DNR order at the time a status report is given. The nurse should document in the medical record that the DNR information was reported, and to whom the report was given. Send a copy of the DNR Comfort Care or DNR Comfort Care-Arrest order with the patient.

What are our concerns or questions about a DNR order?

As the patient's clinical picture changes, both the patient and the physician should collaborate together to revise the DNR order. In instances where there is a disagreement about DNR status, contact the Risk Manager or Nursing Management. Hospital legal counsel and consultation from other physicians may be indicated and can be obtained through the Risk Management Program.

Where can I find additional information?

Be sure to review hospital policy, which can be found in the hospital's Policy and Procedure Manual. You can also contact the hospital Social Services, or Risk Management, or a member of the Care Management Department for information. Contact your supervisor if you still have questions.

DNR SITUATIONS

1. Joe is a direct admission to the medical unit. While the nurse is completing the Multidisciplinary Assessment on admission, Joe indicates he has a Living Will. Joe indicates that he doesn't want CPR if his heart should stop; he feels the Living Will he has completed would indicate that he is a DNR here at the hospital. The nurse instructs Joe regarding the Living Will, she indicates to him that the form is a legal statement of Joe's wishes, but is not an accepted order for DNR. To become DNR, Joe's physician would have to give the nurse an order for DNR for the hospital medical record, and for the order to follow Joe outside the hospital a DNR Comfort Care form would need completed, and signed by Joe's physician.
2. Mary is admitted from ESD to the ICU. While the nurse is completing the Multidisciplinary Assessment on admission, Mary indicates that she has a DNR. Mary's condition is unstable and the nurse checks the orders from the physician. There is not an order for DNR. The nurse asks Mary and her family if they have a copy of the signed DNR form. Neither Mary nor her family has a copy available. The nurse informs Mary and her family that the hospital wishes to carry out Mary's wishes for DNR and that the nurse will need to contact Mary's physician for the DNR order for the hospital medical record. The nurse contacts the physician immediately for an order for DNR. The order is received and Mary and her family are informed.
3. Fred is admitted to the hospital for outpatient surgery. While the nurse is completing the Multidisciplinary Assessment on admission, Fred indicates that he has a DNR Comfort Care order, and shows the nurse a copy of the signed order from his doctor. The nurse documents the DNR Comfort Care on the assessment, and places a copy of the signed order on the chart. The nurse then instructs Fred and his family regarding the hospital policy of the DNR being suspended during the operative and immediate post-operative period. The nurse also questions Fred regarding his communication of the DNR Comfort Care to the surgeon. Fred has not told the surgeon about his wishes for DNR. The nurse then contact the attending physician (surgeon) and informs him of the patient's wishes and signed DNR order.
4. Patient is admitted and his condition is deteriorating. There is not family available. The nurse notes on the admission assessment that the patient has a Living Will, but finds no copy on the medical record. She contacts the social worker for involvement in the care of the patient. The nurse feels the patient should be DNR. The social worker counsels the nurse that a Living Will is only a statement of the patient's wishes, and that the patient's code status would be a "code" if he would have respiratory or cardiac arrest. The social worker informs the nurse that the physician would need to be contacted to obtain a "no code" order for this to become the patient's code status. The nurse and social worker work together to care for this patient. The nurse manages the medical aspect and physician order for a "no code", the social worker attempts to reach the family to keep them informed and obtain a copy of the Living Will.

**State of Ohio DNR Comfort Care Law
(Ohio Revised Code HB 354)
Post Test**

Name _____

Date _____

Read the newsletter and the hospital policy and procedure regarding DNR. Circle the one best answer for each question on the post-test. Upon completing the post-test, return this page of your newsletter to your supervisor.

1. A Living Will does not address CPR.
 - a. True
 - b. False

2. A Health Care power of attorney identifies someone who can make decisions on the patient's behalf as the "attorney-in-fact".
 - a. True
 - b. False

3. When providing comfort care measures, you would initiate cardiac monitoring and treat cardiac arrhythmias.
 - a. True
 - b. False

4. A patient with a valid DNRCC order should not have his airway suctioned.
 - a. True
 - b. False

5. A patient with a DNRCC-Arrest order should be treated for a diabetic hypoglycemic event.
 - a. True
 - b. False

6. A patient with a DNRCC-Arrest order is being treated for complications when cardiac arrest occurs. You should stop resuscitation efforts when the arrest occurs.
 - a. True
 - b. False

7. A family member who is not identified as an "attorney-in-fact" representative for your patient cannot revoke a DNRCC or DNRCC-Arrest order.
 - a. True
 - b. False