# POLICY/PROCEDURE

**Title:** Do Not Resuscitate Comfort Care (DNR) / Do Not Resuscitate Comfort Care-Arrest (DNRCC-Arrest)  
**Manual:** Patient Rights and Organizational Ethics  
**Effective:** June 1, 2000  
**Number:** 005  
**Developed By:** Customer Relations  
**Review Dates:** 4/98, 4/00; 7/0; 8/01, 2/04  
**Approved By:** Patient Care Advisory Committee 6/98, 2/2000  
**Revised Dates:** 4/98, 4/00; 7/0; 8/01, 2/04  
**Medical Staff Quality Improvement Committee 7/98  
**Quality Initiatives Coordinating Committee 8/01**

## Purpose:
To establish guidelines for the implementation of the DO NOT RESUSCITATE COMFORT CARE (DNR)/ DO NOT RESUSCITATE COMFORT CARE-ARREST (DNRCC-Arrest) order in the appropriate situations. The Do Not Resuscitate Comfort Care/ Do Not Resuscitate Comfort Care-Arrest order is appropriately recommended when the patient suffers from a known terminal disease/condition and when any further intervention in the physician, CNP, or CNS’s judgment would, at best, only prolong the patient’s dying and not reverse the course of the disease/condition.

## Scope:

### Definitions:

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>DNRCC</td>
<td>Do Not Resuscitate Comfort Care: A dying person receives any care that eases pain and suffering in the final days of life, but no resuscitative measures to save or sustain life.</td>
</tr>
<tr>
<td>DNRCC-Arrest</td>
<td>Do Not Resuscitate Comfort Care Arrest: A dying person receives treatment, including resuscitative efforts if necessary, until the time he or she experiences a cardiac (no palpable pulse) or respiratory arrest (no spontaneous respirations or the presence of agonal breathing). Once an arrest is confirmed, all resuscitative efforts are withdrawn, and Comfort Care alone is initiated.</td>
</tr>
<tr>
<td>Attending Physician</td>
<td>Physician assigned responsibility for patient and who has accepted that responsibility.</td>
</tr>
<tr>
<td>Cardiac Arrest</td>
<td>Absence of palpable pulse</td>
</tr>
<tr>
<td>CNP</td>
<td>Certified Nurse Practitioner</td>
</tr>
<tr>
<td>CNS</td>
<td>Certified Nurse Specialist</td>
</tr>
<tr>
<td>CPR</td>
<td>Cardiopulmonary Resuscitation or a component of CPR</td>
</tr>
</tbody>
</table>

- Administration of chest compressions
- Insertion of artificial airway
- Administration of resuscitation drugs
- Defibrillation or Cardioversion
- Provision of respiratory assistance other than clearing the airway
- Initiation of resuscitative intravenous line
Cardiac Monitoring

Do Not Resuscitate Identification

DNR Identification Form and Comfort Care Protocol/Order (Print Shop Form #)

DNR Protocol

Standardized Identification

Directive issued by Attending Physician, CNP or CNS implemented in accordance with DNR protocol.

Standardized method or procedure for withholding or withdrawal of CPR by physician, CNP, CNS, Emergency Services and Health Care Facilities

Health Care Facility

- Hospitals
- Hospice Care Programs
- Nursing Home or Residential Care Facility
- Home Health Agency
- Intermediate Care Facility

Life Sustaining Treatment

Treatment, medical procedure, intervention or other measure that will serve principally to prolong the dying process.

Permanently Unconscious State

Patient who has been declared by two (2) physicians characterized by the following:

- Irreversible unawareness of one’s being and environment and
- Total loss of cerebral cortical function, resulting in the Declarant or other patient having no capacity to experience pain or suffering

Physician

A person who is authorized to practice medicine, surgery or osteopathic medicine or surgery

Respiratory Arrest

Absence of spontaneous respiration

Terminal Condition

Irreversible, incurable and untreatable condition caused by disease, illness or injury from which:

- There can be no recovery; and
- Death is likely to occur within a relatively short time if life-sustaining treatment is not administered.
Policy Statement:
Every patient at will receive cardiopulmonary resuscitation or other appropriate resuscitative procedures necessary to sustain the patient’s life until the patient’s DNRCC/DNRCC-Arrest status has been confirmed.

Procedure:
1. Physician, CNP, or CNS should discuss with the possibility of cardiopulmonary arrest with the appropriate patients.
   1.1 These discussions should include a description of the procedures encompassed by DNRCC/DNRCC-Arrest. Information brochures are available through the Print Shop (Your Care, Your Choice, Your Decision - ; You Have the Right: Stating Your Wishes Regarding Medical Treatment - #1); DNR Comfort Care Protocol ; DNR wallet card #1 Clear plastic bracelet – supply item DNR bracelet insert – #1 Patients who are at risk of cardiac or respiratory arrest should be encouraged to express, in advance, their preferences regarding the use of CPR.

2. If the patient is incapable of rendering a decision regarding CPR, a decision may be made by the surrogate decision maker, based on the previously expressed preferences of the patient or, if such preferences are unknown, in accordance with the patient’s best interest. The next of kin hierarchy is as follows in descending order of priority:
   • Living Will
   • Healthcare Power of Attorney
   • Guardian
   • Spouse
   • An adult child of the patient or, if there is more than one adult child, a majority of the patient’s adult children who are available within a reasonable period of time for consultation with the patient’s attending physician
   • Parents
   • An adult sibling of the patient or, if there is more than one adult sibling, a majority of the patient’s adult siblings who are available within a reasonable period of time for such consultation
   • Nearest adult related by blood or adoption.

2.1 If no surrogate decision maker is available, no resuscitation preference has been expressed regarding DNRCC/DNRCC-Arrest and if the attending physician, CNP, or CNS believes that CPR would offer no reasonable hope of being beneficial, the attending physician, CNP, or CNS may enter a DNRCC/DNRCC-Arrest order into the patient’s record. DNR Identification forms should be completed and attached to the patient’s chart (see Attachment A).

2.2 If the patient becomes competent or if a surrogate decision maker becomes available, they will be consulted in regard to the DNRCC/DNRCC-Arrest order.

3. All orders to not resuscitate a patient must be written and signed by a physician, CNP, or CNS attending the patient on the Physician’s Order Sheet.
   3.1 The order must be signed by the attending physician, CNP, or CNS who shall state in the record the medical reasons or justification for entering the order.
   3.2 The order may be initially given by telephone if the physician, CNP, or CNS is not available at the hospital, in accordance with existing telephone procedures for general clinical orders, but such orders shall be signed by the physician, CNP, or CNS.
   3.3 If the order is not countersigned within 24 hours, the physician, CNP, or CNS will be contacted by nursing personnel.
   3.4 Orders must be clearly documented, reviewed and updated periodically to reflect the changes in the patient’s condition, if any.
   3.5 Orders for DNRCC/DNRCC-arrest are accepted from other facilities when signed by a physician, CNP, or CNS and a copy must accompany the patient.

4. In addition to the DNRCC/DNRCC-Arrest order, the physician, CNP, or CNS may wish to document the following information in the progress notes:
   4.1 A short description of the patient’s physical condition corroborating the terminal process.
   4.2 Reference to any medical consultation, which corroborates the order.
   4.3 Reference to discussions concerning the prognosis or the order with the patient, his/her family/significant other or guardian.

5. The nursing staff is responsible for putting a blue identification band on the wrist of each DNRCC/DNRCC-Arrest patient to readily identify the patient.

6. Nursing staff shall participate in the on-going assessment (without probing or influencing) to determine whether the patient, family/significant other, guardian and physician, CNP, or CNS wishes are congruent regarding the patient’s resuscitation status.
6.1 The physician, CNP, or CNS must be notified if anyone is in disagreement so that potential conflict may be resolved. If not resolved by the attending physician, CNP, or CNS, the service committee chairperson shall be consulted in accordance with existing procedure for resolving conflict on physician, CNP, or CNS’s order.

7. The Ethics Committee may be contacted by the family or any member of the health care team for consultation. The Ethics Committee will convene dependant on the identified time frame of the person or persons requesting the consult.

8. The DNRCC/ DNRCC-Arrest shall have no effect on other medical/nursing care provided by physician, CNP, CNS and health care staff. Care will be provided to maintain the patient’s dignity, privacy, emotional, spiritual needs and include the administration of medications designed to provide comfort or alleviate pain.

9. If a patient has a written DNRCC/ DNRCC-Arrest order in place prior to surgery, it is the Attending Physician, CNP, or CNS’s responsibility to discuss the patient’s wishes with the patient and/or family and the Anesthesiologist to determine if the order will be continued during the surgical experience. The order is not automatically canceled in the event of surgery.

10. The patient’s status may be revoked.
10.1 An order to cancel the DNRCC/ DNRCC-Arrest order must be written in the chart.
10.2 A telephone order for that change may be used, using the customary telephone order procedure.
10.3 The blue bracelet and Kardex information MUST be removed from the patient and chart.
10.4 The order to change the DNRCC/ DNRCC-Arrest to CODE BLUE status infers that criteria for the CODE BLUE process will be followed.

11. Any person who is transported or arrives at who possesses a DNRCC/ DNRCC-Arrest identification bracelet will not be coded since this violates the wishes of the patient.
11.1 The patient’s name MUST appear on the DNR Identification.
11.2 In an emergency situation, staff will not be expected to search the patient to determine if they have DNR identification on them.
11.3 If staff discover during a code that the patient possesses an order or has identification and determines the person is the one named on the identification, the code should be stopped.
11.4 Examples of ways to verify identity are:
11.4.1 The patient or family member/caregiver or friend gives the patient’s name
11.4.2 Staff member knows the patient personally
11.4.3 Institution identification hand
11.4.4 Driver’s license, passport or other picture identification

12. If a patient is transferred to another health care facility, a written DNRCC/ DNRCC-Arrest order must be written by the attending physician, CNP, or CNS and a copy given to the transport team.
12.1 The receiving facility must be notified of the order.

13. If the patient possesses an DNRCC/ DNRCC-Arrest order and the Attending Physician, CNP, or CNS or Genesis Healthcare System is unwilling or unable to comply with the order, the patient may be transferred to a facility that will honor the order.
13.1 Neither the physician, CNP, or CNS nor Genesis Healthcare System can prevent or attempt to cause an unreasonable delay in transferring the patient.


References:
OHA: The Association for Hospitals and Health Systems
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)*

(Click 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
• Split 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 compression
• 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 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.
<table>
<thead>
<tr>
<th>PHYSICIAN’S ORDERS</th>
<th>DNR Routine Orders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Allergies</td>
<td>Date &amp; Time ________</td>
</tr>
</tbody>
</table>

**Doctor’s Orders**

1. [ ] DNRCC  [ ] DNRCC-A (Includes intubation unless the answer to #2 is No)

2. If patient is a DNRCC-A, is patient to be intubated?
   [ ] Yes  [ ] No

   - If “No” to above, order is considered customized and does not allow for portability and immunity under Ohio Law
   - If “No” Place yellow “DO NOT INTUBATE” ID Band on patient

   - If customized, patient/designee are given an explanation from the physician that the order is not portable to the patient’s home or nursing home setting.

3. Place State of Ohio DNR ID form on chart for physician to sign

4. Give patient State of Ohio DNR ID form, wallet card, and bracelet after physician has signed the form

5. Place a “copy” of the State of Ohio DNR ID form on the patient’s chart after the physician has signed it

6. Other

____________________
# ATTACHMENT B (Page 2 of 2)

## DNR PATIENT/DESIGNEE DECISION TREE

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DECISION TO BE MADE</th>
<th>FULL CODE</th>
<th>DNRCC-Arrest</th>
<th>DNRCC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Defibrillation</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chest compressions</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Artificial ventilation (can be by bagging or ventilator)</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cardiac monitoring</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ACLS drugs for resuscitation</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cardioversion</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resuscitative IV</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

**FULL CODE**
- Everything will be done to prevent and/or reverse death

**DNR Comfort Care-Arrest**
- The following may be done to prevent cardiac or respiratory arrest
  - Artificial ventilation (including intubation)
  - Cardiac monitoring
  - ACLS drugs
  - Cardioversion
  - Resuscitative IV
- The following will not be done to reverse cardiac or respiratory arrest
  - Defibrillation
  - Chest compressions

**DNR Comfort Care**
- Only the following will not be done; all other treatments not listed here can be done
  - Defibrillation
  - Chest compressions
  - Artificial ventilation (including intubation)
  - Cardiac monitoring
  - ACLS drugs for resuscitation
  - Cardioversion
  - Resuscitative IV

In the event of cardiac or respiratory arrest, DNR Comfort Care guidelines will apply.