

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

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| SECTION I: | PATIENT FOCUSED FUNCTIONS |
| CHAPTER 1: | Ethics, Rights and Responsibilities |
| PROCEDURE 1.8: | Do Not Resuscitate (DNR) Order and Bracelet Protocol |
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PURPOSE: To ensure patients' wishes for a Do Not Resuscitate (DNR) Order are honored and properly communicated to all health care professionals and to ensure this status is maintained during the current hospitalization, transfer and discharge process.

SCOPE: RNs, Physicians, APRNs, Clinical Social Workers, Unit Directors

POLICY:

It is the policy of Connecticut Valley Hospital (CVH) that a patient's wish for a DNR Order shall be honored and properly communicated to all healthcare professionals treating the patient during the current hospitalization, transfer, and discharge process. DNR bracelets may be worn by the patient in order to communicate the patient's DNR status. If the patient is not wearing a DNR bracelet, the physician or nurse shall ensure that a Transfer of DNR Order form accompanies the patient if transferred or discharged to another healthcare facility.

Resuscitation - is initiated for all patients as needed unless there is a *written* DNR order. Verbal DNR orders are not permitted.

DNR Order - in the event of cardiac or pulmonary arrest, Cardiopulmonary Resuscitation (CPR) will not be initiated. A DNR order does not imply or allow that any other therapy, supportive treatment, or general level of care should be diminished or compromised.

PROCEDURE:

- I. Patients have the right to request a DNR order from the physician at any time. Patients need not be considered *terminally ill* to request a DNR Order.
- II. CVH will honor the DNR orders of patients transferred to CVH from other health care facilities (Connecticut Regulations on the Recognition and Transfer of DNR Orders).
- III. If the patient is not admitted with DNR orders and he/she requests a DNR order, the attending physician must assess the patient's ability to make decisions whenever a DNR order is contemplated. A patient is capable to decide if the patient is able to fulfill *all* of the following criteria:
 - A Comprehend the nature and severity of his/her condition.
 - B Comprehend the relative risks and alternatives to treatment options or lack of treatment.
 - C Make informed and deliberate choices about the treatment of his/her condition.
 - D Communicate such choices with assistance as necessary.

- IV. If the patient makes an informed decision to have a DNR order, the hospital honors the patient's decision. *No DNR order will be written against the patient's wishes.*
- V. When the patient is incapacitated and has not expressed his/her wishes on this matter, a DNR order may be considered if at least one of the following conditions are met:
 - A The patient is in a terminal phase of illness.
 - B The patient is permanently unconscious.
 - C Resuscitation would be medically futile or would impose an extraordinary burden (pain and suffering) on the patient in light of the patient's medical condition and the expected outcome of resuscitation for the patient.
- VI. When a patient lacks decision-making capacity, the Attending Physician must first consider the patient's wishes as expressed in an Advance Medical Directive document, if available, or other oral or written statements by the patient to the Attending Physician, health care agent, next-of-kin, legal guardian, conservator, or any other person.
- VII. If the incapacitated or incapable patient has not expressed his/her wishes regarding CPR, the attending physician may enter a DNR order based on the informed consent of the patient's authorized representative (conservator, legal guardian, next-of-kin, etc.). If there is no authorized representative, the Attending Psychiatrist may use the hospital process for requesting a determination of competency by the Probate Court, and Court appointment of a conservator. The authorized representative would then agree or disagree with the Physician's recommendation to withhold cardiopulmonary resuscitation. If the authorized representative disagrees, no DNR order can be written.
- VIII. If there is no authorized representative, the attending physician may seek consultation from the Chief Executive Officer (CEO) or his/her designee, Chief of Professional Services (COPS), Division Director and/or the hospital's Ethics Committee.
- IX. The Physician also includes the patient and family in making the decision for a DNR order. The Attending Physician writes the DNR order on a "Physician Order Sheet" in the patient's medical record. The Attending Physician reviews and renews as necessary all DNR orders every thirty days, and documents the review/renewal on the physician's order sheet and the progress note.
- X. Health care providers who have objections to implementing a DNR order for religious, philosophical or ethical reasons will not be assigned to the patient. They must alert senior staff to objections and request a transfer of care. The DNR order will be followed and staff is obligated to provide such care until a replacement staff member is assigned.
- XI. The Physician writing this order enters a summary statement in the progress note stating the facts and considerations relevant to this decision including:
 - A The determination of whether the patient is capable of making an informed decision regarding the withholding of CPR.
 - B The patient's medical condition and prognosis, including whether the patient is in a terminal condition, permanently unconscious, or resuscitation would be medically futile or impose an extraordinary burden on the patient in light of the patient's medical condition and the expected outcome of resuscitation.

- C Consultations, if any, with other physicians pertaining to the appropriateness of the DNR order.
- D An explanation of any advance directive (Advance Medical Directive document, previous family discussions, etc.) relied upon are included in the patient's medical record.
- E Further documentation by the physician will include information about patient and family knowledge of the DNR status.

XII. DNR Bracelets

- A. The Attending Physician explains to the patient or his/her Authorized Representative that the patient may wear a DNR Bracelet, which communicates to the EMS/paramedics about one's DNR status. This will prevent activation of the EMS system and attempts to resuscitate. These Bracelets are recognized in the community at large and are useful when going into the community.
- B. Staff may obtain bracelets from Ambulatory Care Services (ACS) (See photocopy of DNR Bracelet on Page 5 of this procedure).
- C. The patient may wear the bracelet on either his/her wrist or ankle.
- D. The bracelet needs to have both the patient's and physician's name inscribed on it.
- E. Staff is to continue all other appropriate medical/nursing interventions, as the DNR order *will not affect* the provisions of care other than resuscitation.

XIII. DNR Determination into CVH from other Facility

- A. When a patient is admitted to CVH from another facility with a DNR bracelet or "Do Not Resuscitate" order form, staff will honor the DNR and it will remain in effect until a physician's order is written ([CVH-8](#)).
- B. Once the patient is transferred from another agency, the Attending or On-call Physician will transcribe the DNR order onto the Physician's Order Sheet.

XIV. Discharge or Transfer Out of CVH

- A. If a patient with an active DNR order requires transport by EMS personnel to a health care facility and the patient is not wearing a DNR Bracelet, the physician or nurse completes a "Transfer of 'Do Not Resuscitate' Order" form which accompanies the patient.
- B. The Physician/nurse must ensure that the patient's DNR status is clearly designated in the patient's medical record to facilitate the clear transmission of information at the time of the transfer of the patient to a health care facility.
- C. The patient or his/her authorized representative may withdraw the DNR Order at anytime. The withdrawal can be oral or in writing to any medical care personnel. If the patient withdrawing consent is wearing the orange DNR Bracelet, the DNR Bracelet is removed immediately. The physician documents this rescission on the "Physicians Order Sheet." Additionally, a progress note in the medical record is also written by the physician outlining the specific request.

- D. When a patient is discharged or transferred with an active DNR Order from CVH, the Attending Physician addresses this order in progress notes as well as in the discharge summary. Additionally, such orders are reflected in the transfer form (W-10 referral).
- E. As is required by the Department of Public Health (DPH) regulations and/or upon the patient's request, the Attending Physician will obtain a DNR Bracelet through ACS for the patient.

XV. Nursing Staff Responsibilities:

- A Nurses and other health care members carry out the Attending Physician's orders and monitor and report to the Attending Physician relevant changes that may indicate a review of the appropriateness of the DNR order.
- B The Registered Nurse will note in the progress note and nursing care plan that a DNR order has been written and communicates the status of this order at each shift report. Other duties include education of personnel who come in contact with the patient, with regard to the meaning of the DNR order and requirements of the hospital policy. Staff other than Attending Physician should not attempt to discuss the DNR subject with the patient or others interested parties on their own. Questions and discussions of this nature are referred to the Attending Physician.
- C If the patient, family member or the patient's authorized representative requests a cancellation of the DNR order at any time, the nurse *immediately* communicates this to the Attending or On-call Physician.

XVI. Communication among All Clinical Staff and Families

- A Central to the duties of the attending psychiatrist is communication with all members of the health care team as appropriate including nurses, social workers, psychologists, chaplains, and others. Communication should also involve outside professional consultants with regard to diagnosis, prognosis, and management of the patient.
- B The Attending Physician communicates with family members, significant others and the patient's authorized representative, regarding the diagnosis, prognosis, and management of the patient and is available to answer questions about the patient's needs.
- C CVH ensures that all staff is knowledgeable of a patient's DNR order by properly affixing a suitable label or sticker (orange in color) on the front of the medical record. Additionally, any documentation as to the status and location of the DNR Bracelet or DNR transfer forms will be readily visible.

