

Do Not Attempt Resuscitation (DNAR) Order

POLICY:

The decision not to resuscitate a patient is a form of withholding life-sustaining treatment. Cardiopulmonary resuscitation should be subject to the same consideration of utility and benefit to the patient as other life sustaining treatments. It is the policy of Children's to discourage the concept of "limited" or "slow" resuscitation in the event of cardiopulmonary arrest. When the decision is made to resuscitate a patient, all appropriate measures should be used.

PROCEDURE:

1. The DNAR Order

While a DNAR order will often accompany the decision to withdraw life- sustaining therapy from a patient, a DNAR order should not be routinely interpreted to imply any other change in the level of medical or nursing care. The commitment to provide comfort care for patients with DNAR orders should be affirmed. The DNAR order does not represent the mechanism by which life- sustaining measures are withdrawn. Such decisions should be considered separately and communicated according to this policy on withdrawing and withholding life-sustaining treatment. Once the decision has been made to withhold cardiopulmonary resuscitation, a DNAR order should be written on the medical chart.

- A. In most cases the intent of a DNAR order will be to restrict attempted CPR as well as other emergency measures. Accordingly, the DNAR order voids the emergency standing orders routinely used for patients.
- B. The order must be written on the "Do Not Attempt Resuscitation Order" form ####.
- C. The order should not be thinned from the chart and should be maintained in the front of the chart.
- D. The written DNAR order is the responsibility of the attending physician of record.

- E. Preferably the DNAR order withholding CPR is written by the attending physician of record, but in certain emergent situations another physician may document a verbal order from the attending physician, which must then be signed by the attending physician within 24 hours.
- F. Whenever possible the attending physician should assure that the meaning of the DNAR order for a specific patient is communicated to staff members caring for the patient to ensure that those involved in the patient's care understand the extent and implications of the DNAR order. The implementation of a DNAR order should be discussed with the patient's primary care provider.
- G. A progress note written and signed by the attending physician of record must accompany all DNAR orders. This note should be written on the back of the DNAR order form and should include:
 - 1) The patient's diagnosis and prognosis
 - 2) The underlying rationale for the DNAR order
 - 3) The wishes of the patient and family
 - 4) The content of discussions with patient and family and other individuals involved in the decision-making and those with whom the decision has been discussed
 - 5) Any disagreements or unresolved issues
 - 6) The recommendations of the treating team and consultants
 - 7) The final decision of the family
 - 8) The note should clearly specify changes in the patient's care plan which might follow from the DNAR order
- H. The DNAR order has no time limit and is active during the current hospital admission (see section 4 below for Discharge/Readmission)

2. Rescinding a DNAR Order

- A. Occasionally the decision-makers will ask that the DNAR order be rescinded because of a change in the condition of the patient, the availability of new information, or a decision-maker's reconsideration. Any request to rescind the DNAR order made by those responsible for decision-making must be respected immediately.

- B. The decision to rescind the DNAR order must be discussed with the attending physician, and the order to rescind should be signed by the attending physician within 24 hours.
- C. The order to rescind the DNAR order should be written on the DNAR order form and be accompanied by an explanation on the back of that form.

3. Special Circumstances for Operating Room

The perioperative period requires special consideration of DNAR orders. It is required that all DNAR orders be re-evaluated in patients undergoing surgery and anesthesia.

- A. The patient/family or the attending anesthesiologist or surgeon will have the opportunity to question the implications of rescinding, modifying or maintaining unaltered the DNAR order during the operative and perioperative period.
- B. If it is determined that the DNAR order should be rescinded during surgery, it should be written on the DNAR order form.
- C. The status of the patient's DNAR order during surgery will be documented in the progress notes on the back of the DNAR order form.
- D. The patient/family retains the right to modify or rescind all or part of the agreements reached at any time prior to the actual surgery.

4. Discharge/Readmission

When patients with DNAR orders are discharged, the status of the DNAR order should be discussed with the patient and family and documented in the chart. If the patient is readmitted to Children's, a new DNAR Order form and note must be initiated as detailed above.

Submitted by: Ethics Committee; approved MEC

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