



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER**

**SUBJECT: DO NOT RESUSCITATE ORDER GUIDELINES**

**POLICY NO. 321**

<b>CATEGORY:</b> Provision of Care	<b>EFFECTIVE DATE:</b> 4/86
<b>POLICY CONTACT:</b> Kathleen McKenna, MD	<b>UPDATE/REVISION DATE:</b> 7/21
<b>REVIEWED BY COMMITTEE(S):</b> Bioethics	

**PURPOSE:**

To define the conditions under which Cardiopulmonary Resuscitation (CPR) would not be performed when, in the natural course of the patient's medical condition, the patient's vital functions fail.

**POLICY**

At Harbor-UCLA Medical Center, CPR is unique among therapeutic modalities in that it is initiated without a physician's order when cardiac or respiratory arrest is recognized. Specific instruction is necessary if CPR is not to be initiated. A "Do Not Resuscitate" (DNR) order refers only to the suspension of the otherwise automatic initiation of CPR and not to the forgoing of other treatments. At all times, the patient's dignity, hygiene, and comfort must be preserved.

A DNR order will be *considered* when at least one of the following circumstances exists:


- When there is an underlying incurable medical condition, and death is expected, and the patient's physician determines that CPR is not indicated, should vital functions fail due to the natural course of the patient's illness
- When a patient with decision-making capacity or surrogate has clearly expressed the desire that no CPR procedures be instituted
- When the patient has executed an Advance Directive which states that under the current medical condition(s), the patient does not wish resuscitative measures to be undertaken. Alternatively, the patient may have a Physicians Orders for Life –Sustaining Treatment (POLST) specifying instructions regarding DNR.


**DEFINITIONS:**

- **Resident or Resident Physician:** All physicians participating in approved training programs. It includes the terms "intern" and "fellow."
- **Attending or Attending Physician:** The physician of record who has the ultimate responsibility for all aspects of the care of the patient.
- **Mid-Level Practitioner:** Certified Registered Nurse Anesthetists, Nurse Practitioners, Physician Assistants, Certified Nurse Midwives.
- **Decision-making capacity:** The patient's ability to make decisions regarding health care. Please refer to

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the discussion concerning the determination of decision-making capacity in the *"Forgoing Treatment Guidelines"* Policy No. 352A.

- **Do Not Resuscitate (DNR) Order:** The order to suspend the automatic initiation of resuscitation efforts in the event of cardiopulmonary arrest. Resident physicians may order this, only with the concurrence of the Attending Physician.
- **Surrogate:** An individual qualified to interpret the wishes of a patient who lacks decision-making capacity (see *"Forgoing Treatment Guidelines"* for discussion of surrogates).

**PROCEDURE**

**I. RECOMMENDED GUIDELINES AND RESPONSIBILITIES**

**A. Resident Physician**

1. Determines that the patient (or surrogate or advance directive) requests or accepts a DNR order.
2. Determines that the patient or surrogate understands the consequence of the decision (if DNR decision is not made via an advance directive).
3. Notifies and obtains agreement from the Attending Physician
4. Documents as follows:
  - a. Enters or changes the "Resuscitation Status" to "Do Not Resuscitate" in the Orders Section of the patient's medical record
  - b. Indicates in the Special Instructions for Resuscitation Status the name of the Attending and date and time notified and agreed.

**Note:** The patient's resuscitation status changes immediately after the resident enters the order and this is reflected in the "banner bar" at the top of the patient's medical record.

**B. Attending Physician**

1. Signs the order changing the "Resuscitation Status" to "Do Not Resuscitate" if agrees with proposed resuscitation status of DNR

<b>Patient</b>	<b>Responsibility of Physician</b>	<b>Action</b>
A patient with decision-making capacity requests a DNR order.	<p>The Resident Physician and Attending Physician will, if possible, apply standards of informed consent in accepting the DNR request. That is, they will determine whether the decision-maker understands the consequences of a DNR decision and its alternatives.</p> <p>If an Advance Directive requests DNR or a POLST orders DNR, and the patient cannot participate in decision-making, it will be assumed that the patient understood the consequences of a DNR decision and its alternatives.</p>	<p>If the decision-maker understands (or we assume that the patient understands by Advance Directive or POLST) the consequences of the DNR decision, a DNR order will be entered into the medical record.</p> <p>If the Attending Physician or Resident Physician responsible for the care of the patient finds a DNR request or order to be unacceptable, discussion and consultation may be helpful to resolve any conflict.</p> <p>If a physician disagrees with a valid DNR request and will not accept the decision, the physician must try to transfer the care of the patient to another physician who will accept this decision.</p>



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<b>Patient</b>	<b>Responsibility of Physician</b>	<b>Action</b>
An adult patient lacks decision-making capacity, but has neither legal representative, nor surrogate decision-maker.	<p>The Attending Physician, after discussion with other members of the medical team, may judge whether resuscitation efforts are in the best interest of the patient (i.e., whether the probable benefits outweigh the probable burdens).</p> <p>When there is disagreement about a DNR order among members of the medical team caring for a patient, further discussion with the Department Chair, or designee, may be helpful.</p>	<p>If resuscitation efforts are not medically indicated and judged not to be in the patient's best interest, a DNR order may be entered into the medical record.</p> <p>The basis for the Attending Physician's decision shall be documented in the medical record.</p>
<p>A patient has a DNR order, but the patient or surrogate requests cancellation of the DNR order OR A patient or surrogate requests CPR despite physicians' recommendation against CPR</p>	The Resident Physician and Attending Physician will accept a request from a patient to cancel a DNR order or not to write a DNR order if so requested.	<p>The requests of a patient or decision-maker will be accepted, and the DNR order will be cancelled or the DNR not written.</p> <p>However, the patient's wishes, expressed previously (in a documented conversation, Advance Directive, or POLST), take precedence over the decision of a surrogate.</p> <p>Social Services should be contacted to assist with surrogate issues. In a complicated conflict situation, discussion with Ethics Committee members may be helpful. In rare circumstances, legal advice may be necessary.</p>

**C. Nurse**

1. Reviews and follows the "Do Not Resuscitate" order.

**D. Mid-Level Practitioners**

Mid-level practitioners may not enter DNR orders into the medical record.

**E. Medical Record Documentation**

The Resident or Attending physician must document in the medical record the circumstances relating to the DNR order. Documentation must include:

- Summary of the medical situation.
- The outcome of consultation with other physicians if obtained.
- A statement summarizing outcome of consultations with patient, guardian, conservator, family, and/or other patient surrogate.
- Documentation of discussion and agreement with the Attending Physician, if entered by the Resident.
- The order must be reviewed periodically as medically indicated. Medical records must reflect the



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continued reevaluation of DNR status.

- At all times, the patient's dignity, hygiene, and comfort must be preserved.

**II. DNR ORDERS IN THE OPERATING ROOM, DURING ANESTHESIA AND RECOVERY, AND DURING SPECIAL PROCEDURES**

An order must be entered into the medical record to suspend and resume the DNR order but it is not necessary to enter a new DNR order. DNR orders may be continued in the operating room and during anesthesia, recovery, and special procedures as described below:

**A. Patient with decision-making capacity or with a surrogate**

1. The Resident or Attending Physician caring for the patient must discuss the DNR order with the patient or surrogate before the procedure.
2. The patient must be informed that, although DNR orders are usually temporarily suspended during anesthesia and recovery, the physicians will honor a request for continuation of the DNR order.
3. The Resident or Attending Physician must document in the medical record:
  - The discussion with the patient or surrogate.
  - The reasons for continuing the DNR order.
4. If the DNR order is continued, the other Attending Physicians participating in the procedure (i.e., surgeon and anesthesiologist) must agree to the continuation before the procedure begins.

**B. Patient lacks decision making capacity and has no surrogate**

1. DNR orders will be temporarily suspended for operating room procedures and/or anesthesia unless the Attending physician decides that it is not in the patient's best interest to suspend the DNR order.
2. If the DNR order is continued, the other Attending Physicians participating in the procedure (i.e., surgeon and anesthesiologist) must agree to the continuation before the procedure is begun.
3. The Resident or Attending Physician must document in the medical record the reasons for continuing the DNR order.

**III. CANCELLATION OF DNR ORDERS**

1. Resident Physicians may cancel DNR orders. If the Resident Physician cancels a DNR order, the Attending Physician must be notified.
2. The reasons for the cancellation must be documented in the medical record and communicated directly to the Primary Nurse who shall inform other involved staff immediately of the change in status.