



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: GUIDELINES FOR "DO NOT RESUSCITATE" (OR "NO CODE) ORDERS (DNR ORDERS)

Policy No.: B804
Supersedes: April 30, 2012
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PURPOSE

To provide guidelines for "Do Not Resuscitate" or ANo Code@ orders written by physicians at Rancho Los Amigos National Rehabilitation Center.

POLICY

Resuscitation is defined as one or more of the following interventions in the event of emergent loss of vital functions and/or cardio-pulmonary arrest:

1. Accessing of an airway, e.g., intubation, reintubation or tracheostomy
2. Mechanical ventilation of the lungs
3. Chest compression or open cardiac massage
4. Electrical stimulation of the heart, e.g. defibrillation
5. Administration of cardiac medications (1st line ACLS drugs or vasopressors)

A "Do Not Resuscitate" (DNR) order refers to the withholding of otherwise automatic resuscitation in the event of emergent loss of vital functions and/or cardiopulmonary arrest.

In the event of emergent loss of vital functions and/or cardio pulmonary arrest, in the absence of a valid DNR order, full efforts at resuscitation should proceed.

DNR status applies in surgeries if mutually agreed upon by the surgeon, anesthesiologist, patient, and/or patient surrogate.

Resuscitation orders are to be documented on the Physicians Orders - Advance Directive/Resuscitation Status form.

Decision Making Guidelines

Los Angeles County POLICY: AThe no-code policy adopted by the Los Angeles County Board of Supervisors for use in Los Angeles County facilities provides that a no-code order will only be considered (1) where there is an underlying incurable medical condition and death is expected, imminent and inevitable and the patient=s physician feels that cardiopulmonary resuscitation (CPR) is not indicated should the natural course of a patient=s medical condition cause vital functions to fail; or (2) a competent, knowledgeable patient has clearly expressed the desire that no CPR be instituted in specified circumstances. The patient or the surrogate decision maker must agree to the order before it

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COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

Signature(s) on File.

is entered, and the wishes of the immediate family are also to be considered. The order must be reviewed at least every 30 days, and there must be full documentation in the patient=s medical record of the circumstances surrounding the no-code order, including a description of the patient=s medical condition, the rationale for the no-code order, and the outcome of consultations with other physicians and with the patient, family, and/or surrogate decision maker.@ (Source: California Healthcare Association Consent Manual, 2003)A new Physicians Orders- Advance Directive/Resuscitation Status form must be completed if any revision in the orders is made.

Within this policy the following guidelines should be followed in this decision making process:

1. DNR will only be considered when, in the judgment of the attending physician who has expertise in the relevant medical area, the patient is likely to experience a loss of vital functions and either
 - a. resuscitation is very likely to be futile and very unlikely to restore spontaneous circulation, or;
 - b. the quality of life after resuscitation would be less desirable to the patient than death, or 8 the quality of life before resuscitation is less desirable to the patient than death.
2. The highest priority will be given to the patient's expressed wishes regarding resuscitation. The wishes may be expressed through some form of communicated (verbal or gesture) or written advance directive (ADR).
3. If no ADR is available and the patient lacks capacity to make decisions regarding resuscitation, a surrogate (as defined in the hospital policy on Designation of Surrogate Decision Maker) should be consulted as a proxy for the patient's wishes. The basis for this conclusion must be documented in the medical record.
4. If no ADR is available, the patient lacks capacity to make decisions, and no surrogate is available, the attending physician may make the decision whether or not to write a DNR order using the "proportionality of treatment" guidelines (found in the Ca. Healthcare Association Manual). This decision should be confirmed and documented by a second physician.
5. If the patient is a minor child, not emancipated, then the parents or legal guardian ordinarily provide substituted judgment regarding DNR status.

Key point: The person who provides substituted judgment should be encouraged to consider the child's wishes. In the rare case of a direct contradiction with a cognitively aware child's stated wishes, if this cannot be resolved via the treatment team or the Bioethics Committee, the Department of Children and Family Services will be contacted to ensure that the rights of the child are protected.

6. The process of determining the patient's or surrogates wishes should include an explicit description and documentation of the five interventions of resuscitation as described above (see page# 1). The decision maker may choose to authorize only some components of resuscitation (a partial code).

7. However, if a patient or surrogate explicitly requests DNR status or declines DNR status, the attending physician should accommodate their wishes. These wishes may be communicated to the physician as an advance directive or at any point in the hospitalization.
8. The patient/surrogate should be informed that they may initiate a review of DNR status at any time by notifying the attending physician.
9. The attending physician has the primary responsibility to confirm the patient's/surrogate's wishes and communicate them so that all members of the treatment team will have access to them.
10. Nursing personnel, social workers, psychologists, clergy, or Bioethics Resource Committee members may be consulted to help the patient, family and physician consider their options regarding DNR status.
11. In the case of conflicts between surrogates, the attending physician should attempt to resolve the differences, and may request the assistance of other members of the treatment team or the Bioethics Resource Committee.
12. If the attending physician is uncomfortable accommodating the patient's or surrogate's wishes, the attending should transfer care to another physician.

Documentation Guidelines

1. The DNR order must be written legibly and signed in person on the Physicians Orders- Advance Directive/Resuscitation Status form by the primary attending staff physician or a covering attending medical staff physician. During evenings, nights, weekends, or holidays, an On-Call Physician may write a DNR order only with the approval of an attending staff physician. An attending staff physician may give this approval telephonically to the On-Call-Physician. The Administrative Nursing Supervisor must witness (listen to) the conversation and co-sign a progress note documenting the conversation. In all cases, an attending staff must sign the written order within 24 hours of its initiation. If the primary attending staff physician or covering attending staff is not available within 24 hours, the Chief of the Program or the Chair of the Department should be contacted for review/signature.

Key point: Students, interns, and residents may not initiate or write a DNR order. On-Call Physicians may only write a DNR order following approval of an attending staff physician.

2. The physician writing a DNR order must also write a progress note documenting the medical circumstances pertinent to the DNR order and the way the patient=s or surrogate=s wishes were determined. Should the On-Call Physician have to write the order, following approval of an attending staff physician, they should document the discussion with the attending staff as a part of this progress note.

3. If a patient is transferred from another facility with a DNR order, this order will not automatically be followed at Rancho Los Amigos National Rehabilitation Center. The above guidelines for determining patient's wishes and writing DNR order should be followed.
4. The DNR order must be reviewed and rewritten by the attending physician at a minimum of every 30 days. The order must also be reviewed whenever there is a significant change in prognosis. A progress note should document this review.

The patient's DNR status will be noted by use of red DNR sticker on cover of chart.

Patients to be Discharged to Another Medical Facility

If a patient has a DNR order and is being discharged to another medical facility the following documents must be provided to the ambulance attendants and the receiving facility:

Copy of DNR order (Physicians Orders - Advance Directive/Resuscitation Status form)

Copy of the progress note in which the reason for the DNR is documented

Should the ambulance attendants decline to transport the patient on a DNR status in spite of receiving a copy of the DNR order, contact the Medical Alert Center (MAC) immediately at (323) 869-0578. Inform the MAC that the ambulance attendants will not accept copies of or agree to comply with the DNR order. Except in an emergency, do not send the patient with the ambulance attendants if they will not accept and agree to comply with the DNR order.

REFERENCE: County of Los Angeles, Department of Health Services EMS Agency Policy No. 815, Honoring Pre-hospital Do-Not-Resuscitate (DNR) Orders.

Revised: CAS:SH:ggz March 1999
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