

<b>Policy Title:</b>	<b>CCT: DO NOT RESUSCITATE ORDERS</b>		
<b>Category:</b>	1 - Provision of Care	<b>Policy No.:</b>	119
<b>Originally Issued:</b>	6/27/2018	<b>Update (U)/Revised (R):</b>	6/27/2018
<b>Distribution:</b>	<b>Hospital-Wide</b> <input checked="" type="checkbox"/>	<b>If not Hospital-Wide, Other:</b>	

**PURPOSE:**

The right of the patient and family to make the decision to "die with dignity" must be recognized and respected.

**DEFINITION(S):**

None

**POLICY:**

Do Not Resuscitate Orders.

**PROCEDURE:**

We will transport patients who have orders to not be resuscitated if the proper paperwork has been completed. A copy of the Do Not Resuscitate physician order and a copy of the Advanced Health Care Directive as well as the Durable Power of Attorney (if indicated) should accompany transfer papers. These papers are significant to the issuing facility and the transferring agency. A DNR patient shall not be transported Code 3.

If a DNR patient is to be transported by SCT ambulance, either the physician's original signature or a transcribed order with two facility R.N. signatures is necessary. The Care Ambulance Service, Inc. transport nurse or therapist may not take a DNR order on the patient because he/she is not familiar with the physician. The Care Ambulance Service, Inc. nurse or therapist should verify the order on the patient chart before accepting the transport DNR order. A copy of the order should be attached to the Physician Standing Order. Additionally, the Do Not Resuscitate are must be marked on the Physician Standing Order.

A patient has the right to change their mind about this decision at any time, and their request will be honored. Any family member disputes will be clarified with the patient's attending physician prior to transport.

Preservation of the patient's privacy, dignity, and concern for comfort measures will be assured prior to the transport. DNR patient shall receive necessary supportive care.

If there should be deterioration of the patient condition during transport, the team will not initiate artificial ventilation and/or chest compressions. The patient may either be returned to the facility of origin or continue on to the facility of destination.

DNR patients who expire enroute should not be transported to private residences or returned to non-acute care facilities, such as skilled nursing facilities.

On long distance transports, where a patient expires in a location remote from transferring or receiving acute care hospitals, or if the destination is other than an acute care facility, consideration may be made for the diversion to a local emergency department.

The on-duty Operation Manager and Nurse Manager should be contacted as soon as possible for all cases of patient expiration during transport.

**ATTACHMENTS/FORMS:**

None

**REFERENCE(S)/AUTHORITY:**

None

**APPROVED BY:**

Bonnie Bilitch (Chief Nursing Officer)  
Judith Maass (Chief Executive Officer)  
Shannon Thyne (Chief Medical Officer)