

OREGON STATE HOSPITAL

PORTLAND – SALEM

POLICIES AND PROCEDURES

SECTION 6: Patient Care

POLICY: 6.012

SUBJECT: Do Not Resuscitate (DNR) Order

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SUPERINTENDENT

DATE: OCTOBER 26, 2011

I. POLICY

Oregon State Hospital shall establish procedures for the appropriate administration of the "Do Not Resuscitate" order and related issues for the terminal patient.

II. DEFINITIONS

- A. "Incapable" means that in the opinion of the court in a proceeding to appoint or confirm authority of a health care representative, or in the opinion of the patient's attending physician, a patient lacks the ability to make and communicate health care decisions, including communication through persons familiar with the patient's manner of communicating if those persons are available.
- B. "Health Care Representative" means:
1. an attorney-in-fact;
 2. a guardian, or other person appointed by the court with the power to make health care decisions for a patient under a power of attorney for health care and includes an alternative attorney-in-fact;
 3. a person who has authority to make health care decisions for a person as listed in Procedure C.
- C. "Health Care Decision" means consent, refusal of consent, or withholding or withdrawal of consent to health care (including the admission to or discharge from a health care facility).

- D. "Medically Confirmed" means the medical opinion of the attending physician has been confirmed by a second physician who has examined the patient and who has clinical privileges or expertise with respect to the condition to be confirmed.
- E. "Terminal Condition" means a health condition in which death is imminent irrespective of treatment, and where the application of life-sustaining procedures or the artificial administration of nutrition and hydration serves only to postpone the moment of death of the patient.

III. PROCEDURES

- A. All efforts should be made to resuscitate patients who suffer cardiac or respiratory arrest except when circumstances indicate that administration of CPR would be futile or not in accord with the desires or best interests of the patient. Resuscitative efforts shall be considered futile if they cannot be expected either to restore cardiac or respiratory function to the patient or to achieve the expressed goals of the informed patient. The patient's preferences regarding the use of CPR, when known, shall be followed.
- B. When a patient is deemed incapable a health care representative may make decisions for the patient based on the previously expressed preferences of the patient or, if such preferences are unknown, in accordance with the patient's best interests.
- C. When a patient has been medically confirmed to be in one of the following conditions:
 - 1. terminally ill;
 - 2. permanently unconscious;
 - 3. suffering from a condition in which administration of life-sustaining procedures would not benefit the patient's medical condition and would cause permanent and severe pain;
 - 4. having a progressive illness that will be fatal and is in an advanced stage; or
 - 5. is consistently and permanently unable to communicate by any means, swallow food and water safely, care for the patient's self and recognize the patient's family and other people, and there is no reasonable chance that the patient's condition will substantially improve;

the hospital shall proceed to Procedure D.

- D. If any of the conditions listed in Procedure C exist and the patient has no health care representative who is willing to serve and has no directive covering the circumstances, the first of the following persons, in the following order, who can be located upon reasonable effort by Oregon State Hospital, shall act as the person's health care representative(s) to determine whether to accept cardiopulmonary resuscitation:
1. a guardian of the person who is authorized to make health care decisions;
 2. the person's spouse;
 3. an adult designated by the others listed in this subsection, if no person in this subsection objects to the designation;
 4. a majority of the adult children of the person who can be located;
 5. either parent of the person;
 6. a majority of the adult siblings of the person; or
 7. any adult relative or friend.
- E. When a person who has been medically confirmed to be in a terminal condition has no health care representative and has no directive covering the circumstances, and in the opinion of the attending physician, and consultant, death is imminent and the physician believes that CPR would be futile, the physician may write a DNR order. If given, DNR orders, as well as the basis for their implementation, shall be entered into the patient's medical record by the attending physician.
- F. DNR orders only preclude resuscitative efforts in the event of cardiopulmonary arrest and shall not influence other therapeutic interventions that may be appropriate for the patient. Care shall be provided to insure an environment that is psychologically and physically appropriate, including, but not limited to:
1. Oral and body hygiene;
 2. reasonable efforts to offer food and fluids orally;
 3. medication, positioning, warmth, appropriate lighting, and other measures to relieve pain and suffering;

4. unlimited family participation in visiting and caring for patient; and
 5. privacy and respect for the dignity and humanity of the individual.
- G. Physicians shall not permit their personal beliefs to obstruct the implementation of a patient's or health care representative's preferences regarding the use of CPR.
- H. The patient or legally appointed health care representative may at any time cancel or rescind the authorization to withhold resuscitation techniques.

IV. CLARIFICATIONS

- A. The designation of a patient's medical condition as serious or critical does not mean that a DNR order is in effect.
- B. In a medical emergency requiring assistance for cardiopulmonary arrest on patients who do not have DNR orders, staff shall institute all necessary emergency procedures and then inform the Communications Center to call 911 and the attending physician or designee.
- C. If a DNR order is in effect, resuscitation should be omitted when there is a cardiopulmonary arrest.
- D. When a DNR order has been entered into a patient's medical record, the binder of that chart shall be marked by affixing a 5" x 1" red label on which the patient's name is marked. This red label shall be on the spine of the chart so that it can be clearly seen when the chart is in the chart rack.
- E. Physicians shall discuss with capable patients the possibility of cardiopulmonary arrest. These discussions shall include a description of the procedures encompassed by CPR and shall be conducted as early in the treatment process as practical. Patients shall be encouraged to express, in advance, their preferences regarding the use of CPR. If obtained, a power of attorney for health care or a directive to the physician should be executed in compliance with ORS 127.530 and must be entered into the legal section of the medical record. If the patient's preference is a DNR order, the appropriate form shall be completed and filed in the legal section of the medical record.
- F. If a patient is incapable of rendering a health care decision, the physician shall describe CPR procedures with the health care representative.
- G. The DNR order, and the basis for implementation, shall be reviewed with the patient when the patient's condition warrants to allow for changes in the

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patient's circumstances or in available treatment alternatives that may alter the patient's preferences. If the patient's care is transferred to a new physician, this physician shall review the DNR order and renew, discontinue, or modify the order.

- H. If a physician elects for any reason not to participate with the instructions given by a capable patient, by a health care representative, or by a directive of a power of attorney for health care pursuant to ORS 127.505 to 127.625, the physician shall notify the patient or the patient's health care representative, if any, and shall:
 - 1. Make a reasonable effort to locate a physician that will give effect to the instructions and transfer the patient to that physician; or
 - 2. At the request of the capable patient or of the patient's health care representative transfer the patient to another physician who shall reconsider any circumstances that might make ORS 127.505 to 127.625 applicable to the patient.
- I. Conflicts related to the application of this policy shall be referred to the Oregon State Hospital Chief Medical Officer for resolution.
- J. The Oregon State Hospital Ethics Committee, whose membership represents community participants, physicians, nurses, and other professional disciplines, shall participate in the ongoing review of this DNR Policy and Procedure.

V. REFERENCES

ORS 97.050 to 97.090.

ORS 127.505 to 127.650 Powers of Attorney; Directive to Physicians.

Medical Staff Manual- Physician's Orders

OSH Policy on Advanced Directives 6.025

Replaces Oregon State Hospital Policy and Procedure, *Do Not Resuscitate (DNR) Order*, dated 6/3/2009