

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER -
SHREVEPORT

DO NOT RESUSCITATE (DNR)

Purpose:

1. To establish a mechanism for reaching decisions about withholding resuscitation services from individuals.
2. To define a means for resolving conflicts which may arise with respect to DNR decisions.
3. To clarify the roles of physicians, hospital staff, family members and the patient in the decision to withhold resuscitation services.
4. To prescribe the appropriate orders, documentation, and physicians' notes which shall be written in the patient's records when a DNR decision has been reached.

DEFINITION:

"Do Not Resuscitate" (DNR) means that a patient who suffers sudden cardiac or respiratory arrest will **not** receive Cardiopulmonary Resuscitation (CPR). DNR is also referred to as a "No Code".

Policy:

1. The physician primarily responsible for a patient's care is responsible for determining when CPR is no longer an appropriate medical response. That decision should be reached when it is the physician's judgment that death is imminent and the cause is irreversible and, therefore, resuscitation will only delay the moment of death. **NOTE:** The primary MD must be an attending/faculty member.
2. Decisions to withhold CPR must be supported by clinical evidence of irreversible illness, which is reasonably expected to result in the patient's death. Such evidence shall be reviewed by at least **two physicians, one of whom must be a faculty member**. When agreement that CPR is not an appropriate therapy has been reached in a specific case, a notation of that fact with a summary of the reasons for it shall be made on the physician's progress notes and signed by all physicians involved. In those cases where the patient initiates the action or a person lawfully empowered to act for the patient, the hospital policy 5.22 Advance Directives shall be followed.

3. "DNR" decisions shall never be made solely on the basis of age. A DNR decision shall only be made after a complete evaluation of the patient's condition.
4. When the physicians have firmly established that CPR should not be the medical response to cardiopulmonary collapse, the physician who is the principal caregiver shall review the plan of treatment and the expected outcome with the patient (or in the case of an incompetent patient, with the person(s) legally empowered to act for the patient. If agreement on the intent to withhold CPR is reached, and the patient or family has been informed and no disagreement remains, the record shall reflect these facts. **Then and only then, shall a "Do Not Resuscitate" order be written by the attending physician responsible for the patient's care; if the attending physician is not readily available, a verbal order for the DNR shall be obtained from the attending of record by the resident caring for the patient. The verbal order must be countersigned by an attending within 24 hours. The DNR will go into effect as soon as the verbal order is recorded.**
5. In a case where the patient or responsible family member does not agree with the treatment plan after a full explanation has been given, the attending physician may consult the Ethics Committee. A medical staff-attending member of the committee will work with the treatment team and the patient/family to seek a resolution. When agreement has been reached, the DNR order may then be entered.
6. Where no such resolution is possible, and the CPR is deemed by the medical staff to be an inappropriate treatment, the patient or family will be advised by the attending physician that they have the option of transferring the patient to another attending physician who will accept the care of the patient, or to another healthcare facility. Every assistance shall be rendered to effect acceptance of the patient by another physician outside LSUHSC and every effort will be made to arrange a transfer at the earliest practical time. Prior to transfer, however, CPR will be initiated if the patient suffers cardiopulmonary collapse.
7. All codes shall be maximum resuscitation efforts until the physician running the code directs that it end.
8. When a valid DNR order is entered in the patients' chart, the unit nursing staff, residents, and faculty shall follow it. A code shall not be

called if and when the patient suffers cardiac or respiratory arrest, and CPR will not be administered.

9. When a patient undergoes operative or invasive procedures, any DNR order shall be suspended from the time the patient arrives in the Operating Room and shall remain suspended until the patient is discharged from the Recovery Room. If the DNR order is still indicated after the patient's discharge from the Recovery Room, then the physician shall order it reinstated.
10. In the event a patient recovers from an episode of illness and is discharged from the hospital, any existing "DNR" orders are canceled. Subsequent admissions will require an evaluation of the patient's condition, prognosis, and physical state to determine whether or not a "DNR" order is appropriate.
11. If a patient or a relative legally empowered to act for a patient has agreed to a "Do Not Resuscitate" order then changes his mind and withdraws his/her agreement at any time, the order will be immediately canceled. The right to decide rests with the patient, or in the case of an incompetent patient, with his/her legal next of kin. That right may never be compromised by a physician or anyone else, no matter how well intentioned they may be.



Administrator

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Date

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