Medical Society of New Jersey

MSNJ

GUIDELINES FOR PHYSICIANS
Concerning <u>Do Not Resuscitate</u> (<u>DNR</u>) Orders
For Patients Located Outside of a Hospital
Or Long Term Care Nursing Facility

PURPOSE   To provide a process for allowing patients to choose comfort measures over life support procedures by Emergency Medical Services (EMS) personnel in case of cardiac and/or respiratory arrest for designated patients who are located outside of a hospital or long term care nursing facility.

DEFINITIONS: <u>DNR Order</u>   A physician's order for a patient indicating that no Basic or Advanced cardiac life support efforts (as herein defined)[1] will be initiated in the event of cardiac and/or respiratory arrest.

<u>Valid Out-of-Hospital DNR Order Form</u> (see attached) The attached form is valid if it is completed and signed by the patient/surrogate and the patient's attending physician.   Legible photocopies are acceptable.

<u>DNR Bracelet (Optional)</u> A DNR bracelet is a Medical Society of New Jersey (MSNJ)-approved, official, distinctive, and easily recognizable medical bracelet worn on the wrist, or on the ankle signifying that the patient has an effective DNR order in place.   Such a bracelet shall be accepted by EMS and other medical providers as conclusive evidence that the patient has a valid DNR order in effect and resuscitative treatment should be withheld.

<u>Basic Life Support (BLS)</u>   BLS is the phase of emergency care that includes recognition of cardiac and/or respiratory arrest, access to the EMS system, and basic CPR.   Basic CPR is the attempt to restore spontaneous circulation using the techniques of chest wall compressions and pulmonary ventilation.

<u>Advanced cardiac life support (ALS)</u>   This term refers to attempts at restoration of spontaneous circulation using basic CPR <u>PLUS</u> advanced airway management, endotracheal intubation, mechanical

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[1] Textbook of Advanced Cardiac Life Support. 1994. American Heart Association

ventilation, defibrillation and intravenous medications.

<u>EMS Personnel</u> First responders (police/fire/others trained in CPR); emergency medical technicians staffing ambulance services (paid or volunteer); mobile intensive care paramedics; nurses who staff mobile intensive care units.

<u>Surrogate Decision Maker</u> The parent/guardian of a minor child; closest relative of an adult patient lacking decision making capacity; the legal proxy as contained in an advance directive; or the court appointed guardian of a judicially declared incompetent patient.

GUIDELINE
A. Respect for the Wishes of Patient and Family

1. Unless a DNR order is written by a physician for a patient found to be in cardiac and/or respiratory arrest outside the hospital or long term care facility, full resuscitative efforts will be initiated by EMS personnel.

2. When deciding whether to write a DNR order, the physician(s) shall not overrule the wishes of the patient/surrogate.

3. A DNR order may be revoked at any time by the patient or another in his/her presence at his/her direction by the cancellation or destruction of the DNR Form and bracelet; or, by an oral expression by the patient of intent to revoke; or, by the patient's attending physician or at the direction of the surrogate decision-maker.

B. Criteria for DNR orders

1. The DNR order is requested by a mentally competent, informed, adult patient, or for the incompetent or minor patient by the closest relative, the court-appointed guardian or the surrogate decision-maker.

2. In considering the appropriateness for a patient/surrogate request for an out-of-hospital DNR order, factors such as the following warrant discussion with the patient/surrogate:

   a. The life-sustaining treatment is likely to be ineffective or futile, or is likely to merely prolong an imminent dying process;

   b. The patient is permanently unconscious;

        c.   The patient is in a terminal condition; or

        d.   There is a chronic debilitating disorder or the burdens of resuscitation significantly outweigh the benefits.

        e.   Such other factors as may be unique to the patient's condition.

C.   Relation to other care: A DNR order enhances the professional responsibility to provide comfort and all other needed care.

RECOMMENDED PROCEDURE
A.   Basic Procedure

    1.   Obtain written informed consent from the patient or surrogate.

    2.   Complete Out-of-Hospital DNR Order Form. Place copy of same in patient's medical record. Give several copies to patient and/or family and caregivers outside the hospital/nursing home.

    3.   Instruct patient and/or caregivers as to the use of the Out-of-Hospital DNR Order Form and as to the appropriate means of displaying the Out-of-Hospital DNR Form, i.e. placed prominently in the home in areas such as the patient's headboard, bedstand, bedroom door or refrigerator.

    4.   Additionally, a patient may choose to wear an appropriately recognized DNR bracelet. The bracelet shall be considered a valid indication for Out-of-Hospital DNR. The physician shall inform the patient/surrogate of the availability of DNR bracelets as an additional means of alerting EMS personnel and the means to obtain them.

    5.   Review the DNR status periodically with the patient/surrogate, revise the treatment plan if appropriate and document any changes in the patient's medical record. If the DNR order is revoked, provide instructions for the destruction of the order and the removal of the bracelet.

B.   Additional Recommendations Regarding Documentation of Order

      It is recommended that the physician place a note in the patient's office medical chart about the DNR order, which should include the following information:

        a.   Diagnosis

b.   Reason for DNR order
c.   Patient's capacity to make decision
d.   Documentation that discussion of DNR status has occurred and with whom.

C.   Revocation of DNR Orders

A DNR order may be revoked at any time by the patient or another in his/her presence at his/her direction by the cancellation or destruction of the DNR Form and bracelet; or, by an oral expression by the patient of intent to revoke; or, by the patient's attending physician or at the direction of the surrogate decision-maker.