PURPOSE:

To establish policies and procedures regarding Do Not Resuscitate (DNR) orders consistent with community medical standards; Florida Statute Chapter 765 – Right to Decline Life-Prolonging Procedures, and individual patient rights.

POLICY:

1. All patients will have life saving measures (resuscitate) initiated in the event of cardiac/respiratory arrest unless:

   A. There is a duly authorized Declaration in the patient’s medical record.

   B. There is a written order by the Physician, “Do Not Resuscitate” (DNR).

2. Under most circumstances, adults (18 or over) have the right to refuse any treatment.
POLICY (Con’t):

3. DNR orders may be appropriate if the patient’s condition is irreversibly terminal or the patient is irreversibly comatose.

4. DNR orders are designed to avoid prolongation of dying. Procedures to ease the act of dying are not discontinued. The DNR order should serve to focus attention on the human needs of the patient, for whom much can be done despite the inability to arrest the disease process.

5. DNR orders will be consistent with sound medical practices and will not in any way be associated with assisting suicide, or voluntary euthanasia or expediting the death of an inmate.

PROCEDURE:

I. Special Instructions

1. If the patient has been consulted, the attending physician is responsible for documenting on the medical record the following:

   A. The disease and prognosis. The patient’s primary physician has determined that the patient is suffering from a terminal illness or injury and that death is inevitable or is likely to occur.

   B. The fact that CPR would serve no useful purpose, and a DNR order will be written.

   C. The DNR order has been agreed upon by the patient. The patient’s primary physician should fully discuss the medical condition with the affected patient. A competent patient is allowed to participate in the decision and may voluntarily request and/or agree that a DNR order be placed in the medical record.

   D. DNR order may be written.

2. If the patient has not been consulted because he is determined to be incompetent, unconscious or otherwise unable to participate in the DNR decision, the following guidelines will be followed and documented:
**PROCEDURES (Con’t):**

A. The patient is incapable of understanding and evaluating such an order. Community medical standards will be utilized in determining a patient’s competency in regards to voluntarily requesting or agreeing with a DNR order. The patient’s primary physician will document the patient’s competency in the medical record. A consultation from another physician (psychiatrist) or psychologist (Ph.D.) should be requested if there are concerns regarding a patient’s competency.

B. Then the DNR order may be written.

3. The patient’s primary physician may rely on a previously written health care declaration such as a living will. This declaration must be substantially consistent with Florida Statute 765 Right to Decline Life-prolonging procedures.

4. Two physicians are needed to confirm the prognosis, to clarify the patient’s ability to evaluate and understand, and to affirm that the patient’s best interests are being served. Each physician must document this in the medical record (Progress Notes or Consultation form).

5. Complete the DNR form (sample attached). Note: this form must include a signature/name stamp from two physicians. The signatures of the patient or a family member/s (if applicable) are required.

6. CPR will be undertaken in the absence of orders not to resuscitate.

II. **Privacy Act Consideration**

Consent must be obtained from a competent patient prior to discussing the patient’s advanced directives with family members. A patient’s refusal for consent to discuss his advanced directives will be documented in the patient’s medical record.

III. **Revocation of Declaration**

A DNR will remain in effect until rescinded by the patient. Any such revocation will be effective when it is communicated to the attending physician.
IV. Related Medical Care

A patient with a DNR order is entitled to receive maximal therapeutic efforts short of resuscitation. The DNR order will not be justification for ignoring the patient’s welfare or comfort.