Allow Natural Death (AND) / Do Not Resuscitate (DNR)

POLICY:

Jersey City Medical Center is dedicated to respecting the wishes of patients for "Allow Natural Death / Do not Resuscitate" (AND/DNR) status whenever those wishes are expressed in writing, verbally or through a surrogate decision-maker.

PURPOSE: To recognize the inherent dignity and value of human life and the fundamental right of individuals to make health care decisions to have life-prolonging procedures provided, withheld or withdrawn.

DEFINITIONS:

A. Allow Natural Death (AND) indicates that no basic or advanced cardiac life support efforts will be initiated in the event of cardiac or respiratory arrest. This includes chest compressions, artificial breathing, intubations, emergency medications and defibrillation.

B. Closest Relative: In order of closeness, refers to:

1. the patient's legal spouse or domestic partner (upon proof of an affidavit of domestic partnership),
2. adult children,
3. parents,
4. siblings,
5. grandparents,
6. grandchildren,
7. aunts or uncles,
8. cousins.

The respective ages of relatives within one class (e.g. children, siblings) shall not be used to determine next-of-kin status, provided the relative is at least 18

years old and has decision-making capacity. It is advisable to deal with all available family members of equal closeness. But this is not a legal obligation, especially if one person has been appointed as the health care representative. If one family member has knowledge of the expressed wishes of the patient, that person should act as the surrogate decision-maker. When there is no appointed health care representative and two or more family members assert equal but differing knowledge of the patient's expressed wishes, the family member who is the closest relative shall be the surrogate decision-maker for the patient. Some verification of the closest relative's identity shall be done prior to surrogate decision-making.

C. Decision-making capacity refers to a patient who:

1. is at least 18 years of age (or has been declared an emancipated minor under state law),
2. has the ability to understand and appreciate the nature of his or her condition and prognosis, expected benefits and expected risks of each treatment alternative (including non-treatment),
3. the ability to weigh the alternatives and make a reasoned decision based upon his or her values; and
4. the ability to communicate his or her decision. A patient may have the capacity to make health care decisions while lacking the capacity to make other decisions, such as financial ones.

D. Do not resuscitate (DNR) indicates that no basic or advanced cardiac life support efforts will be initiated in the event of cardiac or respiratory arrest. This includes chest compressions, artificial breathing, intubations, medications used during the course of the ACLS resuscitation protocol, and defibrillation.

E. Surrogate decision-maker: For patients who have been adjudged incompetent, the patent's legal guardian is the surrogate decision-maker. For patients who lack decision-making capacity, the patient's health care representative ("medical proxy" or "power of attorney for health care") is the surrogate decision-maker. If none has been selected, the patient's closest relative is the surrogate decision-maker. A patient may designate a health care representative in writing (e.g. advance directive) or verbally. This designation shall not be limited to a next-of-kin or family member. When the patient designates a health care representative verbally, it shall be documented in the progress notes. For patients who are minor, the patient's parent or legal guardian is the surrogate decision-maker. When the minor has the capacity to make decisions about cardiopulmonary resuscitation, the minor's wishes should be given consideration, consistent with his or her neurological status and level of maturity. The American Academy of Pediatrics standards provide that the assent of the minor patient should be sought with more deference given to older children.

PROCEDURE:

A. Procedures for Implementation

1. An attempt to resuscitate shall be made unless there is an AND/ DNR order, or if in the judgment of the attending physician, CPR would be contrary to sound medical judgment based upon the patient's medical condition. Physicians shall initiate discussions about AND/DNR with the hospitalized patient or the patient's surrogate decision-maker and family whenever this is an appropriate consideration. The intent is for the physician to be proactive prior to a medical crisis.

2. When a patient is not on AND/DNR status, ACLS, PALS and NRP guidelines shall be followed for full cardiopulmonary resuscitation.

3. An AND/DNR order applies to cardiac or respiratory arrest. The decision to withhold or withdraw other life-sustaining medical treatment is a separate decision from the AND/DNR decision and shall be documented in the medical record in accordance with the policy on *Withholding or Withdrawing Life-Sustaining Medical Treatment.* A patient with an AND/ DNR order shall receive the same level of diagnostic and therapeutic care as a patient who is to receive full resuscitative measures.

4. The physician shall record the AND/DNR on the AND/DNR Order Sheet and sign his or her name in the appropriate areas.

5. When writing an AND/DNR Order, the physician shall document in the progress notes the person(s) with whom the AND/DNR status was discussed, the patient's medical and mental status and the patient's expressed wishes..

6. An AND/DNR may be ordered by:

    a. An attending physician,
    b. A house staff physician in conjunction with the attending physician,
    c. A physician's assistant in conjunction with the attending physician,
    d. A nurse practitioner in conjunction with the attending physician.

7. An AND/DNR Order may be obtained verbally or in writing and shall be recorded on the AND/DNR Order Sheet.

8. If a patient has executed an advance instruction directive (a living will) or has provided other verbal or written evidence of his or her wishes for an AND/DNR, those wishes shall be documented and honored. The

procedure may differ in that the physician shall, consistent with the terms of the advance directive, write an AND/DNR order without the need for additional consent. An informational discussion with the family shall be held whenever possible.

9. A telephone order for AND/DNR shall be valid when it is accepted by two health care providers, both of whom shall sign the verbal order. When the AND/DNR Order is accompanied by verbal information from the ordering physician, one of those two health care providers shall summarize that verbal information in the progress notes.

B. Circumstances under which AND/DNR Orders may be written

1. A competent adult patient with decision-making capacity may request AND/DNR status.

2. If the patient has been adjudged incompetent, the patient's legal guardian or, if a patient lacks decision-making capacity, the patient's surrogate decision-maker may request AND/DNR status.

3. If a patient lacks decision-making capacity and has executed a durable power of attorney for health care without an instruction directive (a living will) stating his or her preferences about AND/DNR status, the attending physician shall discuss the nature and consequences of the patient's medical condition and the risks, benefits and burdens of the decision, and its alternatives with the patient's health care representative. The patient's health care representative shall act in good faith and within the bounds of authority stated in the advance directive and the patient's expressed wishes, values and beliefs.

4. If a patient does not have an instruction directive (a living will) or a durable power of attorney for health care, the attending physician shall discuss the nature and consequences of the patient's medical condition and the risks, benefits and burdens of the decision and its alternatives with the patient's surrogate decision-maker. The surrogate decision-maker shall exercise reasonable judgment to effectuate the patient's expressed wishes, values and beliefs.

5. If a patient has executed an instruction directive (a living will), the instruction directive shall be honored by the physician in accordance with its specific terms in consultation with the patient's surrogate decision-maker.

6. The attending physician or any member of the health care team, or patient/family member may request a consultation with the Ethics Committee.

C. Re-evaluation of the DNR Order

1. AND/DNR Orders shall remain valid during the patient's hospitalization unless cancelled by the patient or, if the patient lacks decision-making capacity, by his or her surrogate decision-maker.

2. An AND/DNR order may be cancelled by the patient or, if the patient lacks decision-making capacity by his or her surrogate decision-maker provided it is consistent with the expressed wishes of the patient.

3. The immediate perioperative period shall be from the time of the administration of anesthesia until completion of post-anesthesia care. During the immediate perioperative period, the AND/DNR Order shall be suspended. The patient shall be notified in advance about the suspension of the AND/DNR Order. Prior to arrival in the OR, the Anesthesia Department shall also be notified in advance of any patient with AND/DNR Orders. After the operative procedure and post-anesthesia care is completed the AND/DNR Order shall be reinstated. The physician shall record the reinstatement of the AND/DNR Order on the DNR Order Sheet and sign his or her name in the appropriate areas.

C. Patient and Family Information and Counseling

1. Advice and counseling regarding AND/DNR options shall be available and provided by appropriate members of the hospital staff such as physician, nurse, social worker, case manager, chaplain, patient representative or the Ethics Committee.

D. Conflict Resolution

If a patient is alert and oriented X3 at the time he or she expressed the desire for AND/DNR status, the patient's wishes shall be effectuated, provided the patient was aware of his or her medical condition and prognosis at that time. If the patient lacks decision-making capacity and there is disagreement a discussion shall be held with the patient (to the extent possible) the surrogate decision-maker and the family. The discussion shall clarify the patient's physical and mental condition the goals of treatment, the possible clinical outcomes and the patient's expressed wishes, values and beliefs in order to resolve the conflict. Consultation with nursing, social work, the chaplin and the patient representative is encouraged. If the disagreement cannot be resolved, a request for consultation with the Ethics Committee may be made. In the alternative (or on the recommendation of the Ethics Committee after completion of the consultation) the attending physician may seek advice from the Legal Department.