MINNESOTA DEPARTMENT OF VETERANS AFFAIRS
MN Veterans Homes
POLICY: Do Not Resuscitate

OBJECTIVE: The Minnesota Veterans Homes will respect the rights and wishes of residents or their proxies to choose treatment measures in the event of a life threatening event.

DEFINITIONS:
Cardio-Pulmonary Resuscitation (CPR): CPR is a medical process that includes airway management, ventilatory assistance, chest compressions, defibrillation, and drug therapy as defined by the American Heart Association.

Do Not Resuscitate (DNR): In the event of an acute cardiac or respiratory arrest, no CPR measures will be initiated. A DNR order does not require a terminal prognosis and it may stand alone as an order.

Health Care Directive: A document that enables residents to provide health care instructions to guide health care providers, other assisting health care providers, family members and health care alternative decision makers in making health care decisions on the residents' behalf in the event that the he/she cannot make decisions for him/herself. This document also allows the resident to name another person (proxy) to make health care decisions if the resident is unable to decide or speak for him/herself in the judgment of the attending physician.

Proxy: A person empowered to act for another. In the event that a resident is unable to make decisions regarding his care because of a cognitive, mental, or physical impairment, a proxy will be identified to represent the resident in making clinical decisions. The proxy may be a formal, legal proxy, which includes a court appointed guardian or conservator or a proxy identified in the resident's healthcare directive. An informal proxy is a person chosen because she or he is knowledgeable about the resident's wishes. Usually the informal proxy is a close family member or person significantly involved with the resident. (See Alternative Decision-Maker Policy)

Primary signs of death include; dilated, non-reactive pupils, absence of respirations, no perceptible pulse/heart beat and absence of blood pressure, beginning or post-mortem rigidity, waxy pallor, cyanosis or mottling of dependent body parts, skin cold to touch.

Comfort Care Plan: When medical treatment is deemed to be unable to attain the goals and benefits of medical, psychological and spiritual healthcare and quality of life, and the values, beliefs and expectations of the resident or proxy, a Comfort Care Treatment Plan will be implemented. Comfort care is medical treatment that is aimed at providing symptom management and comfort rather than curative or life prolonging care. The resident or proxy may request a limiting of treatment so that comfort is the goal of care. The interdisciplinary health care team may recommend comfort care. To enact the comfort care order, any mechanical intervention that had been initiated to support life and is determined by the physician to prolong the resident's dying process will be withdrawn. The physician, in consultation with the resident or proxy, may order whatever medical procedures are necessary and appropriate for resident comfort.

POLICY:

The medical staff and designated nursing or social service personnel will discuss Health Care Directive documents and comfort care treatment options including Do Not Resuscitate (DNR) wishes with each resident or proxy upon admission. This discussion will also occur when significant change of resident status occurs, at least annually, and at the request of the resident or proxy. Decisions will be documented and communicated to interdisciplinary facility staff. A DNR order may be discontinued at any time upon request of the resident or proxy. When the resident has a DNR order, other emergency procedures will be initiated for crisis situations where there is no cardiac or respiratory arrest such as emergency airway management to prevent or reverse acute airway obstruction, impending acute respiratory failure, or short trials of assisted ventilation

> **Exception:** In situations of unobserved cardio-pulmonary arrest, when it appears in the clinical judgment of the physician or licensed nurse that the resident has not been observed for 15 minutes prior to discovery of the arrest and exhibits the Primary Signs of Death, CPR will not be initiated.

PROCEDURE:

Nursing and Social Service will conduct a discussion regarding DNR status with the resident or proxy on admission. The physician subsequently reviews this. The content and recommendations of this discussion will be based upon review of clinical data and the resident's Health Care Directive document. The physician, nurse practitioner or social services and nursing will document this discussion in the medical record progress note including date, time, names and relationships of individuals included in the decision. This plan will be reviewed annually.

The physician or nurse practitioner will write, date, and sign an order for DNR and Comfort Care on the DNR Order form. (See attachment A)

The DNR and Comfort Care Orders form and physician/nurse practitioner progress note documenting the decision process will be a permanent part of the current medical record.

Each MVH will have a system in place to identify which residents have a DNR order. DNR orders will be included on the Care Plan and reviewed by the Care Team annually, on significant change in the resident's status and upon resident or proxy request. Reviews and discussions will include the resident or proxy. Reviews will be documented by the Care Team in the progress notes.

If the resident is hospitalized, the DNR Order Form and supporting documentation will be copied and attached to the Transfer Form.

When a resident is found in cardio-pulmonary arrest as assessed by a physician or licensed nurse and there is no DNR order, CPR will be initiated and the emergency squad #911 called. The resident's physician and proxy and involved others will be contacted.

When a resident with **no** DNR order is found to be in cardio-pulmonary arrest and it appears the clinical judgement of the physician or licensed nurse that the resident has not been observed for 15 minutes prior to the discovery of the arrest and the resident exhibits the primary signs of death, CPR will not be initiated.

If hypothermia is suspected, full resuscitation efforts will be implemented until hypothermia is ruled out by a physician.

All cardio-pulmonary arrest occurrences will be documented in the progress notes of the resident's medical record by the physician and licensed nursing staff.

The DNR status may be discontinued at any time upon verbal request of the resident or proxy. The physician or nurse practitioner will write an order to discontinue the DNR status. The DNR Order form will be labeled "Cancelled" with date and time, removed from the chart and sent to medical records for filing. All labels and directives regarding DNR status will be removed from the medical record, care plan, computer and other identified facility locations. If the resident or proxy subsequently request DNR, a new DNR form would be completed and placed in the active medical record.

Concerns regarding DNR status identified by residents, proxies, families, physicians or staff members will be referred to the facility Ethics Committee for consultation.

FORMS: DNR and Comfort Care Orders

REFERENCES: American Heart Association Basic Life Support Procedure, Patient self-determination Act of 1991, Section 4206 and 4751 of the Federal Omnibus Reconciliation Act; Minnesota Statutes chapters 145C, 524.5 - 313; Minnesota Health and Human Services Policy Number 6150; Agency Operating Policy 03-003: Alternative Decision-Makers for Residents.

DISTRIBUTION: Medical Directors, Nurse Practitioners, Nursing, Ethics Committees, and All Policy Manuals.

Signed: /s/
Deputy Commissioner

Date: 2/25/05 Previously Approved: 1/7/05

Minnesota Veterans Homes

DNR - COMFORT CARE ORDERS

Resident _____ Medical Record Number_____

Proxy _____ Relationship _____

- A Health Care Directive has been executed. ☐ Yes ☐ No
- A Proxy has been identified in the event that the resident is unable to make care decisions on his/her behalf. ☐ Yes ☐ No
- A Comfort Care Treatment Plan assessment, order and consent will be implemented according to resident or proxy requests. This will include request/choice for DNR/DNI or DNI. ☐ Yes ☐ No
- The Comfort Care Treatment options have been discussed with the resident, proxy and family members and they are in agreement with the plan. ☐ Yes ☐ No

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Treatment Plan

Emergency Treatment **Decisions**

☐ **CPR- full treatment including prolonged mechanical ventilation**
☐ CPR- full treatment, but **no** prolonged mechanical ventilation
☐ DNR- **no** intubation, **no** chest compressions**, no** ventilatory assistance, **no** defibrillation
☐ DNI- **no** intubation, may do CPR

Treatment Options

☐ Transfer to an acute care hospital is desired if necessary
☐ Transfer to an acute care hospital is **not** desired.
☐ Antibiotics by mouth ☐ Antibiotics IM ☐ Antibiotics IV ☐ **No** Antibiotics
☐ IV for hydration ☐ IV for medication ☐ No IVs
☐ Food, fluids and medications by mouth as tolerated
☐ N/G tube for feeding and hydration ☐ N/G tube for medication ☐ **No** N/G tube
☐ Lab testing to be used ☐**No** lab testing to be used
☐ X-rays/Scans to be used ☐ X-ray/Scans **not** to be used
☐ Kidney dialysis to be used ☐ Kidney dialysis **not** to be used
Other:_____
_____
_____

Comfort Measures

The following interventions will be provided as needed for all residents unless a resident or proxy declines an intervention:
☐Pain Medication ☐Medication for Symptom Management including fever,
☐Oxygen Therapy ☐Suctioning ☐Routine Standing Orders.

_____ _____
Resident Signature **Date** **Physician Signature** **Date**

_____ _____
Proxy Signature Date RN/Social Worker Signature Date

Date Initiated: _____ Dates reviewed:_____ _____ _____ _____
_____ _____ _____ _____