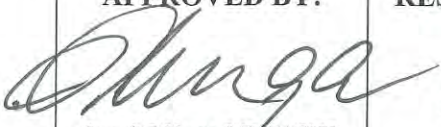


**GUAM MEMORIAL HOSPITAL AUTHORITY  
ADMINISTRATIVE MANUAL**

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<b>TITLE: "DO NOT RESUSCITATE" (DNR) ORDERS</b>				
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**PURPOSE:**

To establish an institutional policy on the procedures regarding the withdrawing and withholding of life sustaining resuscitative procedures, and Do Not Resuscitate ("DNR") orders.

**POLICY:**

It is the policy of Guam Memorial Hospital Authority ("GMHA") to respect the fundamental rights of adult, competent patients to control decisions related to their healthcare, including the right to forego life-sustaining resuscitative procedures, and insure such rights are preserved and protected at all times.

Decisions regarding withholding or withdrawing care are made in the same context as all other medical judgments. Such decisions require not only knowledge of the medical problems of the patient but also an understanding of the long and short term goals appropriate for the patient and the natural history of the illness.

Decisions to use aggressive resuscitative measures to sustain life must be supported by the dictates of sound medical practice and the patient's right to accept or decline available medical procedures and treatment. Imminent death or irreversible terminal conditions are examples of conditions where resuscitative effort would be considered futile. While preserving the well-being of the patient is the primary goal of health care delivery, minimizing suffering and promoting comfort are rights of patient's self-determination. The choice to withhold resuscitative measures is an exercise of such rights.

**DEFINITIONS:**

- 1) **LIFE SUSTAINING TREATMENT/INTERVENTIONS** include Cardiopulmonary Resuscitation ("CPR"), Defibrillation, the administration of Vasopressor medications, and Mechanical Ventilation.
- 2) **FULL CODE** means the patient will receive full resuscitative efforts, including life sustaining procedures.
- 3) **DNR** means there will be no initiation of CPR, Defibrillation and/or Mechanical Ventilation. DNR is commonly referred to as "No Code" status. A DNR order must be documented in the Physician's orders.
- 4) **WITHHOLDING OF FURTHER RESUSCITATION** means that no further resuscitation will be provided to the patient other than the current resuscitative support.



**For example:** A patient on the Ventilator will not be provided with CPR or Defibrillation in case of cardiac or respiratory arrest. The Attending Physician must list the Treatments and Procedures to be withheld in the DNR orders. Any such treatments and procedures may also be listed in the patient's Advance Directive or Living Will.

- 5) **WITHDRAWAL OF LIFE SUPPORT** means that interventions already being provided shall be withdrawn; this would include withdrawal of Mechanical Ventilation and other life sustaining interventions. Please refer to the Hospital's separate policy on "Withdrawal of Life support". Policy #A-RI600.
- 6) **ADVANCE DIRECTIVE** or **LIVING WILL** is a document expressing in advance, the patient's wishes as to the care to be received should he/she become incapable to make such decisions due to terminal or life threatening illness.
- 7) **INCOMPETENT PATIENTS** include minors under the age of 18years, incapacitated persons who exhibit symptoms of remaining incapacitated, or persons found legally incompetent by a court whether due to mental illness or pursuant to 10 GCA § 3801.
- 8) **TERMINAL ILLNESS** means a medical condition that is so far advanced that the administration of life sustaining treatment would be medically futile.

## **PROCEDURE:**

### **I. COMPETENT PATIENT**

Upon admission, discussion regarding DNR status will be initiated with the patient. If the patient presents a copy of his/her Advance Directive or Living Will which includes the patient's wishes regarding life sustaining resuscitative procedures, it should be attached to the DNR Order sheet (see attached) and made part of the patient's medical record. If the patient does not have an Advance Directive or Living Will but wishes to create one, the patient shall be referred to Guest Relations for the execution of appropriate documents.

The Attending or Primary Physician should also discuss the withdrawal or withholding of life sustaining resuscitative procedures with the patient, and note such discussions on the patient's DNR progress note, (see attached). A competent patient may verbally express his/her desire to accept or decline life sustaining resuscitative procedures and may not wish to execute any documents despite encouragement from the physician. **The verbal discussion should be documented in the DNR progress note by the physician.** It is highly encouraged to have witness or witnesses of the verbal discussion.

### **II. INCOMPETENT PATIENT**

Surrogate decision makers are the parent/guardian of a minor child (under the age of 18 years); closest relative of an adult patient lacking decision making capacity; the legal proxy designated in a Healthcare or Medical Power of Attorney; or the court appointed guardian of a judicially declared incompetent patient.

If the patient executed an Advance Directive or Living Will while competent, which includes the patient's wishes regarding life sustaining resuscitative procedures, it should be attached to the DNR Order sheet (see attached) and made part of the patient's medical record. If the patient did not execute, or is not able to execute, an Advance Directive or



Living Will, his/her surrogate decision maker has the authority to discuss the withdrawal or withholding of life sustaining resuscitative procedures with the patient's Attending or Primary Physician who will note such discussions on the patient's DNR progress note.

**The physician should encourage the surrogate decision maker to execute an Advance Directive or Living Will on behalf of the patient; however, if they do not wish to execute any such documents, the verbal discussion should be witnessed and documented in the DNR progress note.**

### III. DNR ORDER

Where a patient has previously executed an Advance Directive or Living Will (prior to hospital admission) that includes the patient's wishes regarding life sustaining resuscitative procedures, a DNR Order sheet shall be completed by the patient's Attending or Primary Physician and documented in the Physician's order. The Physician order must accurately state the desire of the patient.

Where a patient is admitted without a previously executed Advance Directive or Living Will, procedures should be followed for Competent and Incompetent Patients as stated above. Discussions with the patient or surrogate decision maker must be documented by the Attending or Primary Physician as such discussion will guide the contents of the DNR order, if any.

The Attending Physician is responsible for clearly writing in the order sheet for DNR and any other specific exceptions. No verbal or regular telephone orders will be accepted. Only in the event that the patient or surrogate decision maker expresses a desire to withhold or withdraw life sustaining resuscitative procedures treatment, the Attending or Primary Physician cannot be immediately available to write the DNR Order, and the patient's condition is considered critical and quickly deteriorating with anticipation of a cardiopulmonary crisis before the Attending or Primary Physician can return to see the patient, will a telephone DNR order be acceptable and carried out by the hospital staff.

**In situations where a patient has not previously executed an Advance Directive or Living Will, but suffers from a terminal illness, the Attending or Primary Physician may issue a DNR order based on medical judgment. The signature of a second physician is required for GMHA house patients, and strongly recommended for private patients.**

### IV. UNRESOLVED ISSUES & OTHER GUIDELINES

1. In situations where the patient or surrogate decision maker disagrees with the Attending Physician regarding the decision for a DNR order, the physician must honor the wishes of the patient or surrogate decision maker and may choose to make arrangements to transfer patient care to another physician, resolve the conflict through a multidisciplinary family/ patient conference, or refer the issue to the Ethics committee. If choosing to transfer the care of the patient, the Attending Physician must identify an accepting Physician prior to transfer.

2. In situations where it is not clear if the patient is competent to make decisions regarding life sustaining resuscitative procedures, the Attending Physician must request consultation from a second physician.

3. Other situations or conflicts should be referred to the GMHA's Ethics committee for guidance.
4. DNR Orders must also be renewed and rewritten by the Attending or Primary Physician when a patient is readmitted to the hospital; past DNR Orders from prior hospital admissions will not be honored.

## **RELATED POLICIES**

Policy A-RI400 – *Patient Self-Determination (Advance Directives)*, GMHA Administrative Manual

Policy A-RI600 – *Withdrawal of Life Support*, GMHA Administrative Manual

Policy A-RI200 – *Patient Rights and Responsibilities*, GMHA Administrative Manual

Policy 6301-II E-5 – *Pronouncement of Death by Registered Nurse*, GMHA Nursing Services Manual

## **REVISIONS:**

Policy 6170-2 – *“Do Not Resuscitate” (DNR) Orders*, GMHA Administrative Manual, made effective January 27, 2010

## **ATTACHMENTS:**

- I. [DNR Progress Note](#)
- II. [DNR Physician's Order](#)



*ATTACHMENT I*  
**“DNR PROGRESS NOTE”**

**RATIONALE FOR ORDER(S) TO WITHHOLD OR WITHDRAW LIFE-SUSTAINING TREATMENT:**

- A.** Type of Declaration:
- a. \_\_\_\_\_ Patient’s Declaration Concerning “DNR” Orders.
  - b. \_\_\_\_\_ Patient’s Parent, Surrogate, Legal Representative, and/or Proxy’s Declaration Concerning “DNR” Orders.
  - c. \_\_\_\_\_ Physician Declaration with Progress Note Concerning “DNR” Orders.
- B.** Professional Judgment of Medical Futility:
- a. \_\_\_\_\_ Quantitative Futility: Very Low probability of life being prolonged beyond a short period of time.
  - b. \_\_\_\_\_ Qualitative Futility: Life sustaining treatment sustains a quality of life that falls well below a threshold considered minimal by general professional judgment. If checked, explain below:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DESCRIPTION OF DISCUSSION REGARDING WITHHOLDING OR WITHDRAWING OF LIFE-SUSTAINING TREATMENT:** (Complete on reverse side if necessary). Include diagnosis, prognosis, assessment of patient’s decision-making capacity and degree of influence by psychiatric problems. Life-sustaining treatment options represented to the patient, medical consequences of these options, who participated in the discussion and the patient’s or surrogate’s preferences and decisions. In addition, document the name of the secondary physician who was consulted regarding the patient’s condition.



\_\_\_\_\_  
Attending/Initiating Physician Signature

\_\_\_\_\_  
Date & Time

\_\_\_\_\_  
Consulting Physician Signature

\_\_\_\_\_  
Date & Time

**Optional:**

\_\_\_\_\_  
Acknowledged By (Print Name)

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date & Time

**DNR Progress Note**

Patient ID Label

**DESCRIPTION OF DISCUSSION REGARDING WITHHOLDING AND/OR  
WITHDRAWAL OF LIFE-SUSTAINING TREATMENT OR PROCEDURES**

**Diagnosis:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prognosis:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Assessment of patient's decision making capacity:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Degree of influence by psychiatric problems:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Treatment options discussed with patient (including medical consequences):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who participated in discussion:** \_\_\_\_\_  
\_\_\_\_\_

**Patient's or Surrogate's preferences & decisions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Secondary physician consulted regarding patient's condition:** \_\_\_\_\_  
\_\_\_\_\_

**DNR Progress Note**

Patient ID Label



