POLICY

1. To document and honor the patient’s decision regarding resuscitation. High Peaks Hospice & Palliative Care, Inc. (HPH&PC) does not condition the provision of care based on whether or not the patient has executed a Do Not Resuscitate (DNR) order.

2. HPH&PC staff recognizes that decisions on DNR and Cardiopulmonary Resuscitation (CPR) often require a process by which the patient and/or family better understand the terminal disease process and meaning of DNR/CPR.

3. HPH&PC staff will not initiate CPR services in either the home or inpatient setting. Patients and families will be informed of this policy during the intake/admission process.

4. Patients who elect to be resuscitated will be informed of the HPH&PC policy regarding resuscitation.

PROCEDURE

HOME CARE

1. If the patient does not want to be resuscitated, the admitting nurse will document same on the referral worksheet. The admitting nurse will:
   A. Have the Medical Director complete a DOH form 3474 (4/95): Non-hospital Order Not to Resuscitate (DNR Order). The completed DNR form will be left in a conspicuous location in the home for ready availability. The nurse will explain the importance of the form to the patient and family. A copy of this form will be placed in the record.
   B. Discussion regarding this decision will be documented in the progress notes by the admitting nurse.
   C. The nurse will obtain a DNR order from the attending physician. DNR will remain on the pre-printed order sheet.
   D. The physician must review and renew DNR orders every 90 days at home. The DNR is renewed with the Standing Orders.

2. If the patient remains undecided about CPR, the intake nurse will:
   A. Request that the referring physician discuss CPR with the patient and family including the viability and possible outcomes of such attempts. While this is not a condition for admission, physicians will be asked to have this discussion prior to admission since HPH&PC does not provide or initiate CPR.
   B. Facilitate the decision making process following the guidelines published by the National Hospice Organization (NHPCO)
      1) Explore patient/family understanding of resuscitation and “do not resuscitate” request.
      2) Emphasize that DNR means only the avoidance of invasive measures (intubation, respirator) to restore respirations and circulation and that all other care remains allowable.
      3) Information may be given concerning CPR’s demonstrated lack of success restoring sustained respirations and circulation in the majority of patients with far advanced disease.
4) For patients with advanced cachexia and/or widely metastatic disease, conditions in which research has documented the complete futility of CPR, it is appropriate to advise the patient or surrogate to accept the DNR status. (NHO: Do Not Resuscitate Decisions in the Context of Hospice Care, 1992)

5) Emphasize item #1 in the Hospice consent form which states that extraordinary life support measures (CPR) will not be initiated by HPH&PC staff and obtain validation from patient/family that they understand this limitation.

6) Document the discussion concerning CPR in a progress note. Have the patient sign the “Waiver of DNR” form.

7) On the back of the Patient/Family Record under special instructions, note that the patient is not yet a DNR.

The admitting nurse will review and reinforce all of the above information and have the patient/family sign the consent form.

3. If the patient desires CPR, the intake nurse will:
   A. Request that the referring physician discuss CPR with the patient and family including the viability and possible outcomes of such treatments.
   B. Review and document the decision making process following the guidelines published by the National Hospice Organization as outlined above.
   C. The admitting nurse will review and reinforce all of the above information as detailed in #2 under Home Care procedure, and obtain informed consent indicating that the HPH&PC staff does not provide or initiate CPR. The admitting nurse will have the patient sign the Waiver of DNR form.
   D. Document the patient/family understanding that the initiation of CPR is aggressive treatment. Resuscitation and the need for post resuscitation care results in the transfer of the patient to an acute level of care, and the termination of hospice services until readmission is appropriate.

INPATIENT AND NURSING HOME CARE

1. If the patient does not want to be resuscitated:
   A. Direct Admissions: The admitting nurse will ensure that a DNR order will be executed according to hospital or nursing home policy and will document same on the patient/family record.
   B. For transfers to the Inpatient or Nursing Home setting from Hospice Home Care: This should be seen as an opportunity to review resuscitation status. Such review should be documented in the progress notes. Any changes in status should be documented. DNR orders will be executed, reviewed and renewed according to hospital or nursing home policy.

2. If the patient remains undecided about or wants CPR, upon Direct admission:
   A. The intake nurse will have reviewed HPH&PC’s policy and philosophy with patient/family as in #2 under Home Care procedure.
   B. The admitting nurse will review and reinforce all of the above information and have the patient/family sign the consent form.