POLICY

High Peaks Hospice (HPH) does not condition the provision of care based on whether or not the patient has executed a “Do Not Resuscitate (DNR)” order. HPH 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. HPH staff will not initiate CPR services in the home, inpatient or skilled nursing facility. Patients and families will be informed of this policy during the informational/admission process. Patients who elect to be resuscitated will be informed of the HPH policy regarding resuscitation.

PROCEDURE

A. HOME CARE

1. Patient does not want to be resuscitated:
   a. Person conducting the informational visit will document this request on the referral note.
   b. During the admission process the admitting nurse (RN) will:
      1) Have the attending physician complete a: “Nonhospital Order Not to Resuscitate” (DNR Order) [DOH form 3474].
         a) The completed DNR form will be left in a conspicuous location in the home for ready availability; a good place is on the refrigerator in the kitchen.
         b) The admitting RN will explain the importance of the DNR form to the patient and family.
         c) A copy of the DNR form will be filed in the patient’s medical record.
      2) Document the discussion in the patient’s medical record
      3) Ensure the DNR Order is part of the attending physician’s orders.
   c. The Case Manager Nurse (RN) will have the attending physician review and renew the DNR orders every time a patient is recertified for HPH services

2. Patient remains undecided about resuscitation,
   The admitting RN 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 does not provide or initiate CPR.
b. Facilitate the decision making process following the guidelines published by NYS Department of Health. (See Clinical Policy “Advance Directives CP204”)
   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 to patient concerning CPR’s demonstrated lack of success restoring sustained respirations and circulation in the majority of patients with far advanced disease.
   5) 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.
   6) Emphasize the ‘Acknowledgement of Information’ on page 2 of the “HPH Admission and Care Consent” form which states that extraordinary life support measures such as CPR will not be initiated by HPH staff and obtain validation from patient/family that they understand this limitation.
   7) Document the discussion concerning CPR in the patient’s medical record.
   8) Have the patient sign the “Waiver of DNR” form.

3. **Patient desires resuscitation,**

   The admitting RN will:
   a. Request that the attending physician discuss CPR with the patient and family including the viability and possible outcomes of such treatments.
   c. Review and document in the patient’s medical record the decision making process following the guidelines published by NYS Department of Health.
   b. Review and reinforce all of the above information as detailed in para #2b under Home Care.
   c. Review that 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.
   d. Have the patient sign the “Waiver of DNR” form.
   e. Document in the patient’s medical record the patient/family understanding that the initiation of CPR is aggressive treatment.

**B. INPATIENT AND SKILLED NURSING FACILITIES**
1. **Patient does not want to be resuscitated:**
   a. **Admissions while in Facility:** The admitting RN will ensure that a DNR order will be executed according to hospital or skilled nursing facility policy and will document the discussion in the patient medical record.
   b. **For transfers to the Inpatient or Skilled Nursing Facility from Hospice Home Care:**
      Case Manager RN will:
      1) review resuscitation status already documented in the patient’s medical record with the facility staff and patient/family.
      2) Document any discussion and/or changes to the resuscitation status in the patient’s medical record.
      3) DNR orders will be executed by the attending physician, reviewed and renewed according to hospital or skilled nursing facility policy

2. **Patient remains undecided about or wants to be resuscitated** when admitted in a facility the admitting RN will:
   a. Review HPH’s policy and philosophy with patient/family as in Para #2b under Home Care procedure.
   b. Review and reinforce all of the above information and have the patient/family sign the “DNR Waiver” form.

Also See Clinical Policies “Advance Directive CP204” and “CPR Certification CP216”

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