

10/10/06 DRAFT

SAMPLE or MODEL Policy for:

Advance Directive

Consult the materials in this notebook to update your organization's current policy related to an advance directive document. Organizational policies will vary depending upon the clinicians (physicians and/or ARNPs) who work in your health care organization and how your current policy is written. The law that is effective on 1/1/07 combines the Durable Power of Attorney for Health Care and Living Will into one form with two sections. In addition, it is more specific about requiring documentation of a patient's capacity to make medical decision.

Do Not Attempt Resuscitation (DNR) Order

The new law makes changes requiring the signature of the patient or the DPOAH to complete a DNR order. Also, it permits a portable DNR order and a sample policy template is provided for the portable DNR order.

I. Purpose

The purpose of this policy is to provide structure in which patient wishes for cardiopulmonary resuscitation are ascertained and communicated among staff and in which these wishes and desires are the basis for the care delivered.

II. **Portable Do Not Attempt Resuscitation (P-DNR)**

It is the policy of *Organization Name* that a patient or their legally designated representative has the right to determine their medical care to include cardiopulmonary resuscitation (CPR).

It is also the policy that patients with a DNR shall receive all aspects of care and treatment (including nursing care for comfort measures) as discussed and agreed upon by the patient and family.

The P-DNR form is a standardized "hot pink" form containing orders by a physician or Advanced Registered Nurse Practitioner (ARNP) who has personally examined a patient regarding that patient's preferences for CPR. The form provides medical orders regarding CPR-code or no code status. Use of this form should lead to better identification and respect of a patient's preferences for treatment near life's end, especially for patients who may change the location or organization providing their health care.

The P-DNR form is recommended for any individual with a serious chronic illness who may need a life-sustaining treatment in the future to attempt to survive. Completion of a P-DNR form is highly recommended for hospitalized patients being discharged to nursing homes or home with hospice or home health care. Completion of a P-DNR form is also recommended for nursing home residents either at the time of admission to nursing homes or during quarterly care planning and hospice patients.

Completion of the P-DNR form is voluntary, but it is encouraged so that all participating in a patient's care can readily know whether clinicians should attempt resuscitation.

The P-DNR form reinforces the wishes that a patient expresses in a living will and/or durable power of attorney for healthcare. The original P-DNR form remains with the patient who is being transferred to another facility and is a medical order that should be immediately used to direct the care of the patient. Patients being discharged home who desire a DNR order should use the P-DNR wallet card with or without a New Hampshire DNR bracelet to communicate their wishes in the community

III. Responsibility

A. The Physician or ARNP is responsible for:

1. Responding to patient/family inquiries;
2. Referring unanswered questions to the appropriate person;
3. Following the dictates of a patient's Advance Directive (if available) and reviewing such document(s) as significant changes in the patient's condition occur or upon request and documenting in the medical record (per policy ##?); reviewing and signing the P-DNR form to activate it.
4. Transferring a patient's case to another physician or ARNP if he/she is unable to comply with the patient/family request for DNR or specific Limitation of Treatment Request;
5. Recording date and circumstances of revocation of DNR Order in medical record;
6. Treatment decisions with patient/family and initiating DNR; and
7. Discussing DNR status with patient prior to surgery, or significant medical treatments and document the discussion in the medical record.

B. The Nurse Director is responsible for orientation of new nursing staff to this policy.

C. The Social Work Director is responsible for orientation of new social work staff to this policy.

IV. Distribution

This policy shall be distributed organization-wide to all departments.

V. Filing Instructions

This policy shall be filed in the Patient's Rights section of the *Organization Name* Policy Manual and online. It supersedes any and all previous policies issued relative to this subject.