Pre-Admission and Post-Discharge DNR Orders

SCOPE
This policy applies to all the patients admitted to the University of Kansas Hospital.

PURPOSE
The stated objective(s):
- Identification of Out of Hospital Do Not Resuscitate (OHDNR)/Transportable Physician Orders for Patient Preferences (TPOPP) for Inpatients
- Documentation requirements of OHDNR/TPOPP for Inpatients

DEFINITIONS
- Capacitant Adult Patient - patient of at least 18 years or older of age who is determined to have the capacity to make his/her own treatment decisions, i.e., the capacity to understand relevant information, reflect on it in accordance with his/her values, verbalize an understanding of the consequences of various decisions that can be made, and communicate with caregivers.
- Incapacitated Adult Patient - patient of at least 18 years of age or older who is determined by a physician to lack capacity to make his/her own treatment decisions, i.e., the capacity to understand relevant information, reflect on it in accordance with his/her values, verbalize an understanding of the consequences of various decisions that can be made, and communicate with caregivers.
- Incompetent Adult Patient - patient who has been declared by a judge in a court of law to have an irreversible lack of decision-making capacity and to be legally incompetent.
- Pediatric Patient - patient of less than 18 years of age who is otherwise legally responsible for their own health care decisions.
- Cardiopulmonary Resuscitation (CPR) - emergency treatment for acute failure of cardiac or respiratory systems (cardiac and/or respiratory "arrest") utilizing BLS and/or ACLS protocols: chest compressions
(closed chest cardiac massage), intubation/ventilation, cardiac defibrillation and ACLS protocol medications.

- **Cardiopulmonary arrest:** Physiologic state wherein the patient actually has no palpable pulse and no spontaneous respirations.
- **Respiratory arrest:** Physiologic state wherein the patient has absence of adequate respiratory effort without loss of pulse.
- **Full attempt at resuscitation (Full):** Resuscitation status designation whereby in the event of actual or impending cardiopulmonary arrest the patient is a "Full Code," with no limitations set on medical interventions provided in the attempt to restore physiologic function in the patient. Level of Intervention associated with the Full code designation is Full Intervention by default.
- **Do Not attempt resuscitation (DNAR):** Resuscitation status designation whereby in the event of cardiopulmonary arrest there is not to be any attempt to restore physiologic function to the patient. In such cases, the focus of all intervention should be to maximize the physical comfort of the patient in their own natural state and to maximize comfort and support for family members involved with the patient. NOTE that the DNAR status does not come into effect until the patient is in a state of actual cardiopulmonary arrest. Conditions leading up to this physiologic state should be addressed according to the standard of care and taking into account the level of Intervention order associated with the DNAR designation.
- **Level Of Intervention (LOI):** An order which is linked to the DNAR designation, which elucidates the treatment goals and types of interventions to be pursued in the event of acute patient decompensation. There are 3 levels of intervention: Comfort measures only, Limited additional Intervention, and Full Intervention.
- **Comfort Measures only (CMO):** Level of Intervention whereby the goal of treatment is to promote the comfort of the patient in their own natural state through symptom management only. Examples of treatments would be use of medications for pain, anxiety, shortness of breath, and secretions, as well as oxygen, wound care and other medications as necessary for comfort. Patients on comfort measures only should have a comfort measures order set completed.
- **Limited additional Intervention (LI):** Level of Intervention whereby the goal of treatment is to attempt to restore patient function with relatively non-invasive treatments for reversible conditions. Examples of treatments would be IV fluids, laboratory monitoring, antibiotics, transfusions, electrolyte management. Specific interventions may be outlined in the orders.
- **Full Intervention (FI):** Level of Intervention whereby the goal of treatment is to attempt to prolong life by all medically effective means, up to the occurrence of cardiopulmonary arrest, ICU transfer, use of pressor medications, atropine for bradycardia, cardioversion, and mechanical ventilation for respiratory failure or arrest included as indicated. For someone who is a DNAR - FI, Interventions continue to the point of, but NOT including, the initiation of ACLS protocol for full cardiopulmonary arrest.
- **OHDNR/TPOPP:** Out of Hospital Orders for resuscitation status and/or level of Intervention which remain in effect when the patient is not in an inpatient setting.

**POLICY**

Patients who present to the University of Kansas Hospital with an appropriately completed OHDNR/TPOPP form will have those out of hospital orders reviewed and subsequently reflected in admitting orders as appropriate based on patient condition and discussion with the patient and/or their representative. If circumstances make review not possible, the information on the OHDNR/TPOPP form should be followed to the best of the provider's clinical judgment, utilizing all relevant information at hand regarding patient treatment goals.
Management of OHDNR/TPOPP Form from any point of entry into the hospital.

For patients who present a OHDNR/TPOPP form to providers on arrival:

1. Follow algorithm for management of the form. (See Algorithm for management of OHDNR/TPOPP forms)

For patients who do not present a form to providers on arrival:

1. Nurse completing admission profile: At the time you ask patient/surrogate if they have an Advance Directive, also ask if they have a TPOPP or other OHDNR documents. If yes:
   a. Follow algorithm for management of the form. (see Algorithm for management of OHDNR/TPOPP forms)
   b. If they do not have their form with them, then ask them to bring in their updated form or ask them if they would like to complete a new one. Document that they have an OHDNR/TPOPP in the profile.

2. Nurse completing admission profile: If patient would like more information about Advance Directives, OHDNR/TPOPP, if they need to bring in their documents or they would like to complete new documents then document as such in the profile.

3. SW/NCM: Monitor for patients who have had assistance requests made about AD/OHDNR/TPOPP. Coordinate a plan to ensure that if answer to profile questions about AD or OHDNR/TPOPP are YES, then there are scanned documents present in the record.

Management of Access to OHDNR/TPOPP during admission:

Nurse, SW/NCM: For new or updated OHDNR/TPOPP forms created during hospital stay and forms that are brought in after admission, the provider who receives the form or facilitates form completion needs to follow algorithm for management of the form. (see Algorithm for management of OHDNR/TPOPP forms)

The emailed TPOPP form will be available in the EMR. In the header, there are icons for OHDNR/TPOPP and Code Status. Clicking on these icons will open a report that will reveal links to PDF versions of the scanned documents, as well as links to notes filed under the Advance Care Planning note type. Forms will also be located under chart review, in the media tab.

Management of OHDNR/TPOPP Form on Discharge:

SW/NCM/Bedside Nurse: In preparation for discharge for all patients with a TPOPP/OHDNR in the system, follow algorithm for management of the form (see Algorithm for management of OHDNR/TPOPP forms)

1. Bidside nurse, for home discharge with no services where d/c workflow indicates the patient has an OHDNR/TPOPP: Verify the OHDNR/TPOPP printed in the after visit summary matches the original in patient’s possession.

2. SW/NCM: Home discharge with services and facility discharges where d/c workflow indicates the patient has an OHDNR/TPOPP: Attempt to verify that the OHDNR/TPOPP printed in the inter facility packet matches the original in patient’s possession. For Facility discharges only: Review discharge paperwork to confirm all Advance Care Planning note type documentation is included in the packet as well as the OHDNR/TPOPP document.

Management of OHDNR/TPOPP forms by HIM Department;
1. Nursing personnel should email the OHDNR or TPOPP form to HIM department at documentmanagement@kumc.edu.

2. HIM personnel should scan the OHDNR or TPOPP form as a patient level order to Orders OHDNR TPOPP document type name.


4. If prior TPOPP or Advance Directive documents (based on date signed) already exist in the EMR and are being replaced by a newer form, the most recently dated form should be at the top of the list of documents. The date of the document is set as the date signed by the patient or patient representative, not the date scanned. The most recently dated document is the one that should be utilized.

5. Documents should be scanned and viewable in the EMR within 24 hours of receipt by HIM.

Voiding OHDNR/TPOPP Forms and Changing Code Status:

- The patient may request an OHDNR/TPOPP form or Advance Directive and the patient and surrogate can request a change in code status. Resuscitation status and TPOPP should be reviewed each time there is a substantive change in the patient's condition.

- If a patient wishes to void an advance directive, DPOA-HC or TPOPP, and not replace with a new form, they should write "VOID" across it, sign name and date by the VOID line. The provider working with the patient/surrogate to void the form should then email the voided document to documentmanagement@kumc.edu within 24 hours of the event that there are multiple Advance Directives/TPOPP forms scanned, the document with the most recent signature date is the one that should be recognized as the most current expression of the patient's preferences.

Ambulatory Care Area Procedure:

1. When a patient or patient's representative provides the clinic with advance care planning documents or out of hospital orders such as an OHDNR or TPOPP, follow algorithm for management of the form. (see Algorithm for management of OHDNR/TPOPP forms).

2. In the event of a medical emergency for a patient registered in an ambulatory setting, the appropriate medical response team will be notified. If the patient has an OHDNR or TPOPP present with them, the information on the TPOPP form should be reviewed and used in decision making as appropriate by treating providers. See Policy: Emergency Response to Offsite Locations. If there is an active TPOPP form or OHDNR in 02 but the person does not have an original form on their person, the electronic form should be printed by clinic personnel and given to the Code Blue/Rapid response team as part of the patient's medical information.

REFERENCES


John E. Jesus, MD<sup>a</sup>, Joel M. Gelderman, MD<sup>b</sup>, Arvind Venkat, MD<sup>c</sup>, Walter E. Limehouse Jr., MD, MA<sup>d</sup>, Arthur R. Derse, MD, JD<sup>e</sup>, Gregory L. Larkin, MD, MA<sup>f</sup>, Charles W. Henrichs III, MD<sup>g</sup>, on behalf of the ACEP Ethics Committee; Physician Orders for Life-Sustaining Treatment and Emergency Medicine: Ethical Considerations, Legal Issues, and Emerging Trends. Annals of Emergency Medicine; Volume 64, Issue 2, August 2014, Pages 140cjen

**SUPPORTING DOCUMENTS**

Algorithm for management of OHDNR/TOPPP forms

**REVIEWED BY-**

Committee reviews occurred between 3-2015 and 8-2015
End of Life Committee
Ethics Committee
Critical Care Committee
Code Blue Committee
Case Management
Nursing Practice Counsel
Performance Improvement Committee
Risk Management
Executive Committee Medical Staff

*Note: The University of Kansas Hospital policies are maintained electronically and are subject to change. Printed copies may not reflect the current official policy.*

**Attachments:**

- Algorithm for Management of OHDNR/TOPPP Forms