

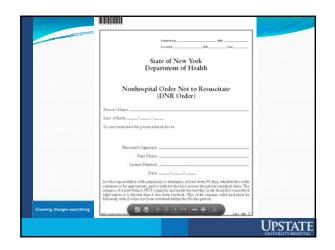
Overview Advanced Directives Out of Hospital DNR/DNI University Hospital DNR/DNI implementation Special circumstances

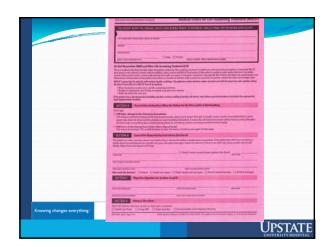
"Advanced Directives"
A written or oral instruction relating to provision of health care when adult becomes incapacitated.
Types of Advance Directives:
-Healthcare Proxy
-Consent to DNR order
-MOLST instructions
-Living Will
-Durable Power of Attorney for Medical Decision-making (usually from out-of-state)
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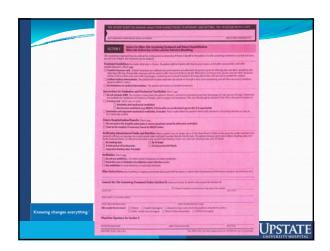
D١	NR and DNI
	A DNR order only relates to situation of cardiac or respiratory <i>arrest</i> where CPR will be withheld.
	A DNI order is a treatment plan item based on an instruction from a patient not to provide mechanical ventilation/intubation should it become medically necessary. BIPAP and CPAP are not considered mechanical ventilation and are not included in a DNI order. University Hospital requires a hospital order for DNI for staff when the treatment plan will not include mechanical ventilation.
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Scenarios Your 85 year old clinic patient with capacity has asked you to assist her with a DNR/DNI that she may keep at home. Your inpatient for whom you completed an in hospital DNR is now getting discharged, what should you do?

2 Options for Out of Hospital DNR/DNI New York State DOH Nonhospital Order Not to Resuscitate OR New York State DOH Medical Order for Life Sustaining Treatment (MOLST) which also requires the MOLST documentation forms







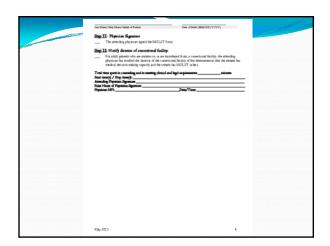
MOLST CHART DOCUMENTATION

http://www.compassionandsupport.org/i ndex.php/for_professionals/molst/check lists_for_adult_patients



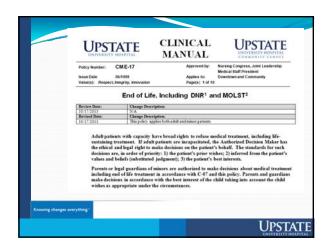
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	Step 5 Identify the decision makes.		
	Patient is the decision makes.		
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and the same of th	Chart Documentation Form	Just vol. 1007 vol. value of A. V 1703	
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	Adult patients with medical decision-ensising capacity		
	(For use at any setting)	271 0000 29	
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	Step 3: Patient has given informed consent.		
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	Step 10: Wirmen requirements are met. Check one		
	The vitacine are always recommended. The physician who sign attending physician witnessed the contents the attending physician a witness. Witness signatures are not required - pointing the wit	jut medi to sign the order and print his/her name as	
	 Patient is on a hospital or running horn. On patient of age or older (in least one of whom is a health or hospital or messing home) witnessed the consent. 		
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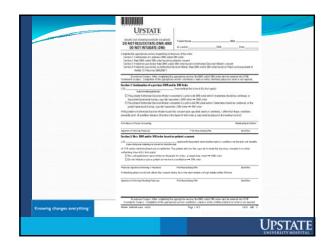
IMPOR'	TANT STEP
• Ask staff to Chartmax	o scan document into Upstate Records – k, EPIC
 EPIC has a demograph 	n Advanced Directives section under hics
	nave a notation in the outpatient header that ed directive is present on file
	also have a notation in an inpatient's header resuscitation status after the order is placed

Admitted Upstate Patients
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A.	cess: Capacity: [Policy issues surrounding decisional capacity are detailed in Policy C-07, Consent/ Refusal, Informed. Please review C-07 for more detailed guidance.]
	1. Adult patients are presumed to have decisional capacity.
	2. In general, the Attending Physician determines capacity, the law requires that a second physician concur with determinations of incapacity when DNR or other decisions to forgo life-autaining treatment are made. This second physician may be a Resident, except for patients with developmental disabilities or patients who reside in Mortal Hygiene facilities, as there are special notifications for such patients. The Department of Social Work will be contacted for autistance in naturing that these pre-cedures are followed.
	 Capacity is decision-specific; a patient may have the capacity to make some decisions but not others, depending on complexity.
	 Minors (under the age of 18) are generally not authorized to make their own health care decisions, with some exceptions (e.g., for contraception, or in the case of emancipated minors, reference Col. Informed Consent, Appendix 3).
	5. The choice of an Authorized Decision Maker for patients without decisional capacity is governed by state law. In general, the preferred order, in priority is: a. legally appointed guardian b. lealth care proxy (for an adult) c. spouse or domestic partner d. adult child a. parent guardian b. parent guardian b. state family member or friend with knowledge of the patient's wishes
	See Policy C-07 for more detailed guidance on these issues.

Resuscitation/DNR: a. Presumption of consent to CPR in the absence of a DNR order:	
CPR will be provided if a patient arrests unless: i. is admitted from home with an out-of-hospital, or other valid DNR, or other	
presumption that patient wants everything done; OR ii. the patient is admitted from another facility with a DNR order; OR	
iii. other reliable information is presented that the patient did not want resuscitative	
efforts. b. Documenting 2 DNR order	
i. Written and CPOE (Downtown) orders for DNR	
 DNR orders will be documented on the appropriate DNR/DNI form Form <u>F\$2968</u> for adults (non-developmentally disabled); 	
 Form <u>F\$2968</u> for adults (non-developmentally disabled); Form <u>F\$2970</u> for developmentally disabled adults (includes other orders to forgo life-sustaining treatment); 	
iii. Form <u>F82969</u> for minors. b. All DNR orders require an Attending Physician's signature or telephone	
consent from the Attending before they take effect.	
 After the Attending Physician has consented to the DNR order, a DNR order will be entered into CPOE (Downtown). 	
d. Patients/Authorized Decision Makers must give either oral or written consent to a new DNR order, but are not required to sign the form.	
e. Witnesses of informed consent for DNR need to be listed as directed on the	
appropriate form but do not need to sign the DNR/DNI form.	
If a hospitalized patient urgently needs a DNR order and the Attending Physician is not onsite or available, the Attending Physician may issue a verbal order to the	
Registered Nurse and Resident or Hospitalist. Verbal consent for a DNR from a patient/Authorized Decision Maker must be made directly to the attending. The	
Nurse will enter the verbal order into CPOE (Downtown). The Resident (Downtown) will complete the DNR form; the form must be signed by the	
Attending Physician within 24 hours.	
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6. Special populations a. Decisions to Withhold or Withdraw Treatment with no Medical Benefit: Decisional	
Incapacitated Patients Without Surrogates	x.
In cases where an adult patient has been determined to lack decisional capacity, the patient's wishes are unknown, and there is no legally authorized surrogate to make	
decisions for the patient, a DNR order may be entered if the attending physician,	
with concurrence of a second attending physician, determines to a reasonable degre of medical certainty that life-sustaining treatment offers the patient no medical	
benefit because the patient will die imminently even if treatment is provided, and th provision of life-sustaining treatment would violate accepted medical standards.	
1 Production of State and Product (State of State of Stat	
Before withholding or withdrawing any other type of medical treatment for the patient an ethics consultation must be requested and completed, in accordance with	
policy <u>F-18</u> (Downtown).	-
 Patients residing in Mental Hygiene facilities If a patient's incapacity is due to mental illness, confirmation of decisional 	
incapacity must be made by a licensed psychiatrist or licensed psychologist. ii. When a DNR/DNI order is written for a patient transferred from a Mental	
Hygiene facility, the director of the facility must be notified as soon as possible.	
Social Work will assist with this notification. III. Patients with developmental disabilities	
 If a patient's incapacity is due to developmental disability, confirmation of decisional incapacity must be made by a specially qualified clinician. Social 	
Work will be contacted to make arrangements. For guidance, see C-07.	
Appendix 2. b. There are specific legal requirements for notifying various authorities of decisions to forgo life-sustaining treatment. Social Work will be contacted to	
decisions to forgo life-sustaining treatment. Social Work will be contacted to assist with this notification. See <u>Appendix A</u> of this policy for notification	
requirements.	
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Scenario	
Sectionio	
85 year old female arrives to University Hospital with a	
completed MOLST indicating she does not wish to be	
resuscitated. She is now being admitted. What should you	
do.	
OR	
You have a patient with capacity wishing to consent to a DNF	
or DNI and is being admitted	
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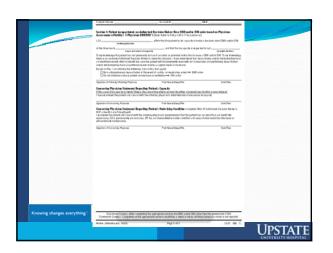


Document conversation in the chart. Document conversation in the chart. Elements of documentation The DNR/DNI order form was designed to capture all legally-required documentation. However, it is appropriate to record the discussions resulting in decision-making to provide more context to what the provider and patient or surrogate considered and the basis for certain decisions. Place or write an order in the chart Converg charger recording:

Scenario 85 year old unresponsive patient with a significant intracranial hemorrhage. Her husband is present and wishes to consent to a DNR/DNI What are the criteria to allow consent in NY State if the person consenting is not the health care proxy? Relationship of the consenter – order of priority given? What part of the document do you complete?

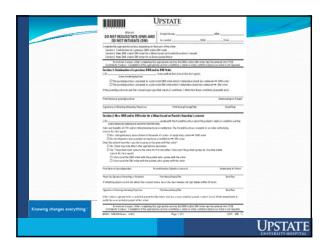
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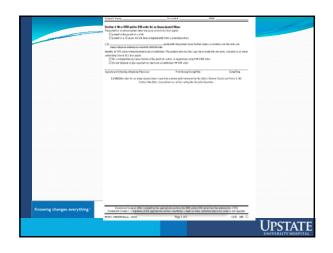
Scenario A patient whose resuscitation would be futile which means would provide no medical benefit because the patient will die imminently even if treatment is provided and providing such resuscitative measures would violate accepted medical standards. No authorized decision makers willing or available Can you make the patient a DNR? Yes – 2 physicians needed



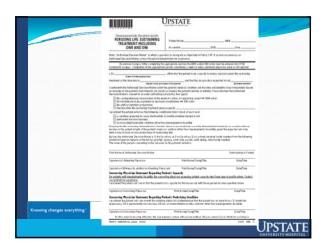
Scenario It is 2 AM, a patient with a unsurvivable head injury and her spouse wishes to consent to a DNR No attending is present Can the resident complete the DNR? What does the attending have to do?

Who may consent? Parent or guardian but if attending determines minor patient has capacity, the minor must also consent When is a minor emancipated? If he or she is the parent of a child or is 16 or 17 years old living independently from parents or guardian. If minor is emancipated, what do you complete? Must have approval from Ethics Review Committee Notification to parents or guardian is required for all DNR orders of minor patients.









DNR/DNI in hospital	-
Remember - Discharge patient with appropriate Out of Hospital DNR/DNI	-
County charges encycling: UPSTATE	