Resuscitation Order Changes: DNR to DNAR

Objectives

- Discuss the impact of change in terminology from DNR to DNAR.

- Compare the medical interventions for the different DNAR statuses.

- Provide examples of where to locate resuscitation status in the EMR.

- Describe how to access Advance Directives and POLST forms in the EMR.

Terminology Change from DNR TO DNAR

- In 2005, the American Heart Association changed the terminology from Do Not Resuscitate (DNR) to Do Not Attempt Resuscitation (DNAR).

- What is the impact of the change in terminology?

    o The addition of the word "**attempt**" softens the discussion and removes the implication that successful resuscitation is likely.

    o Creates a supportive emotional environment to discuss end-of-life wishes.

Cardiopulmonary Resuscitation

- CPR stands alone as the only intervention the <u>patient must state explicitly</u> they do not want.

- Every patient is a FULL CODE unless a DNAR order is clearly documented in the medical record.

- Resuscitation is a component of care to which all patients should have equitable access.

- 1991 Patient Self Determination Act
    - All Health care institutions are required to inform patients of their right to complete an Advanced Directive.
    - The purpose of the federal law is to ensure a patient's right to self-determination in healthcare decisions is protected.

Current Terminology Challenges

- Poor communication with patients regarding DNR orders is common.

- The patient and family have the misconception that the order means less care, less interventions for the patient.

- Family members making decisions about a patient's DNR status often feel guilty, confused and overwhelmed.

- A common misunderstanding patients and families have is that CPR will keep patients alive and living as they were before the event.

The new DNAR orders provide patients and families with more options and the clinical team with improved order clarity.

DNAR Treatment Options

Code Status Treatment Option Detail

Resuscitation Status Order Options

Full Code

DNAR/Full Care

DNAR/DNI

DNAR/Comfort

DNAR/Full Care

Code Status	Clinical Goals	Interventions for Decline in Medical Status: ❖ Pulse present ❖ Breathing ❖ May have respiratory distress	Interventions for Cardiopulmonary Arrest
DNAR/Full Care	Prolonging life by all medically effective means up until need for CPR	• RRT • Code Blue if patient has a pulse and needs intubation • Fluids/Vasoactive medications for hypotension	No CPR

In some cases, DNAR/Full Care may be a preliminary status for patients who do not want CPR until further discussion related to treatment options occurs.

DNAR/DNI

Code Status	Clinical Goals	Interventions for Decline in Medical Status: ❖ Pulse present ❖ Breathing ❖ May have respiratory distress	Interventions for Cardiopulmonary Arrest
DNAR/DNI	Prolonging life by potentially all medically effective means up until need for CPR and/or intubation	• RRT • High flow/non-invasive BIPAP as appropriate • Fluids/Vasoactive medications for hypotension	No CPR or Intubation

****If these treatment modalities do not stabilize the patient, next step is to **ensure comfort******

DNAR/Comfort

Code Status	Clinical Goals	Interventions for Decline in Medical Status: ❖ Pulse present ❖ Breathing ❖ May have respiratory distress	Interventions for Cardiac Respiratory Arrest
DNAR/Comfort	Primary goal of maximizing patient comfort if condition worsens Relieve pain and suffering with medication	• Use oxygen • Medications to ensure comfort • For distress related to airway obstruction utilize brief suctioning and head/body repositioning to ensure comfort	No CPR or Intubation

Resuscitation Status Order Entry

Review Order Entry Changes in Meditech

Resuscitation Order Entry in Meditech

1. DNAR guidelines text is provided at the bottom of the screen for reference.

2. A text box for Physician Comments for preferences if appropriate.

Name
Full Code
DNaR/Full Care
DNaR/DNI
DNaR/Comfort

Edit Order

Order	Start/Stop	Status
Resuscitation Status Routine	Thu May 21 10:07	New*

Advance Directive Reviewed
Patient's AD Reviewed with Patient /Designee ▢

• All patients are considered FULL CODE unless otherwise ordered.
• Full code: Patient receives all treatments; initiate CPR if cardiac/respiratory arrest.

• DNaR patients may choose to have selective treatments. If they experience cardiac/pulmonary arrest, do NOT start CPR.

Code Status
*Resuscitation Status ▢

Duration
Duration Of Order In Effect this Admission ▢

Physician Comments ▢

Discussed Resuscitation Status With ▢

Do Not attempt Resuscitation (DNaR/Full Care): Patient potentially receives all treatments, including intubation, pressors, etc.; Do NOT start CPR if cardiac/respiratory arrest.

DNaR/DNI: Potentially all treatments are acceptable with the exception of intubation (noninvasive BiPAP, high flow nasal cannula ok); Do NOT start CPR if cardiac/respiratory arrest.

DNaR/comfort: Primary goal is to optimize comfort if condition worsens; Do NOT start CPR if cardiac/respiratory arrest.

*Start Date	Today
Start Time	10:07
*Freq	Routine
Stop Date	
Stop Time	
Count	

Orders by Name

a b c d e f g h i j k l m n o p q r s t u v w x y z
1 2 3 4 5 6 7 8 9 0 - = [ ] \ / . , ' ; `   List
Del Clear Shift   Starts With Any Word
Order resu

Resu
▢ Resuscitation Status

Resuscitation Order Detail in Meditech

The Patient Header displays the Code Status in red.

Smith,Susie Q	DNaR/Comfort	H00015687	H0012963
65 F 03/15/1955	1.7m 77.6kg BSA:1.89m² BMI:26.8kg/m² Allergy/Adv: No Known Allergies		E00003042

The (i) in the Patient Header provides important details including selective treatment preferences.

Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date
No Known Allergies	Allergy			Unverified	01/03/20

Resuscitation Status	DNaR/Comfort

Special Indicators	*Special Isolation

Height		Weight		BSA	BMI
English	Metric	English	Metric	1.89 m²	26.8 kg/m²
5 ft 7 in	1.7 m	171 lb 1.259 oz	77.6 kg		

Patient's A/D Status	None
Physician Comments	… Example of DNAR Physician Comments display in header.....

Location
5T-Telemetry 534-1

Policy Review

Key Highlights from Policies Impacting DNAR

Key Policies Impacting DNAR

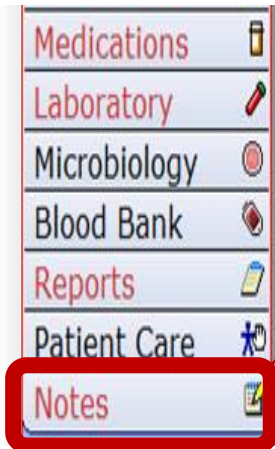| Policy Number and Name	Key Points
Advance Directives *#448*	• Assessment of status upon admission to inpatient setting and some outpatient settings • May refer to Social Services if patient requests more information
Physician Orders for Life-Sustaining Treatment (POLST) Procedure *#1990*	• If patient has POLST, RN confirms with patient/surrogate and communicates presence of POLST to Provider (ED/Inpatient) • Label on Chart • Original copy to be sent home/any other discharge destination with patient
Care of the Palliative Care Patient *#5769*	• Palliative care utilized at any stage of serious illness to optimize quality of life • The Palliative Care Team provides support in pain and symptom management including shortness of breath, fatigue, constipation, nausea, loss of appetite, and problems with sleep
Care of the Patient at End of Life *#5849*	• Purpose to guide staff in providing high standards of care for patients at the end of life • Manage pain and other physiological/psychological symptoms effectively
Withdrawing Life-Sustaining Treatment and Withholding Cardiopulmonary Resuscitation *#908*	• The provider obtaining consent for invasive/surgical procedures discusses suspension of DNAR orders during procedure with patient and documents decision-making process in the medical record
Color-Coded Wristband Use *#2641*	• Purple wristbands are used to identify patients with a DNAR status • Patients should be asked to remove social cause wristbands while receiving services in patient care areas to avoid potential confusion

Advance Directives and POLST

ℬ   ℭ

Description of Where Forms Display in the EMR

Advance Directives/POLST in Notes

Check the EMR for pre-existing scanned forms under the *Patient Directives* button.

REFERENCES

- SVMH Policy 286 Patient Identification Policy 08/04/2014
- SVMH Policy 2641 Color Coded Wristband Use 06/09/2016
- SVMH Policy 5849 Care of the Patient at End of Life 03/23/2018
- SVMH Policy 5769 Care of the Palliative Care Patient 07/22/2014
- SVMH Policy 1990 Physician Orders for Life Sustaining Treatment (POLST) Procedure 02/28/2017
- Svmh Policy 448 Advanced Directives 08/25/2017
- SVMH Policy 908 Withdrawing Life-Sustaining Treatment and withholding Cardiopulmonary Resuscitation 09/04/2014
- Yuen, J., Reid, M. C., & Fetters, M. (Jul 2011) Hospital Do-Not-Resuscitate Orders: Why They Have Failed and How to Fix Them. Journal of Internal Medicine. 26(7), 791-797
- Lachman, V. (Jul/Aug 2010) Do-Not-Resuscitate Orders: Nurse's Role Requires Moral Courage. Medsurg Nursing Vol 19, No 4
- Breault, J. (2011). DNR, DNAR and AND? Is Language Important? The Ochsner Journal 11:302-306
- Blair, H. (2016). A Reasoned Argument for the Demise of the "Do Not Resuscitate" Order. Annals of Palliative Care Medicine. 5:(4), 303-307.