



Clinical Staff Executive Committee

MEDICAL CENTER POLICY NO. 0079

A. SUBJECT: Do Not Resuscitate Orders

B. EFFECTIVE DATE: July 1, 2012 (R)

C. POLICY:

The University of Virginia Medical Center acknowledges that capable adult patients or authorized surrogate decision makers¹ have the right to decide whether cardiopulmonary resuscitation (CPR) will be used in the event of the patient's cardiac or pulmonary arrest. Patients' resuscitative status reflects their decision, or those of their surrogate decision makers, about resuscitative preferences in critical situations and at the end of life. Patients' or surrogates' decisions are reflected in two types of orders, a Do Not Resuscitate Order (DNR) and a Virginia Durable Do Not Resuscitate Order (DDNR).

D. PROCEDURES:

1. Do Not Resuscitate Order (DNR)

A Do Not Resuscitate Order (DNR) is an order entered by a Licensed Independent Practitioner (LIP)², after discussion and obtaining informed consent from the patient or surrogate and after review of the patient's Advance Directive³, if such document is available, to forego all emergent CPR procedures, including chest compressions, invasive airway management, assisted ventilation, defibrillation and cardioversion. Such an order is valid during the patient's admission at the Medical Center.

- a. The LIP who issues the DNR order shall document discussions with the patient or surrogate and review of the patient's Advance Directive in a progress note and in the electronic order entry system.
- b. An LIP who enters a DNR order shall document prior discussion of the order with the attending physician in a progress note and in the electronic order entry system.
- c. A DNR order becomes effective when:
 - i. The LIP enters the order in the electronic order entry system, or

¹ See [Medical Center Policy No. 0024, Informed Decision-making](#)

² For the purposes of this policy, (LIP) licensed independent practitioner includes physicians, nurse practitioners, and physician's assistants

³See [Medical Center Policy No. 0142, Advance Directives](#)

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the anesthesia and the proposed procedure, and 2) which procedures are not essential and could be refused.

- c. Once a decision is reached regarding interpretation of the patient's DNR Order, the LIP must document the decision in a progress note and change the status of the DNR Order in the electronic order entry system. The LIP shall convey the decision of the status of the DNR Order to those who will be involved in the patient's care.
 - d. After an operation or other procedure, the DNR Order will not automatically revert back to the previous status. The LIP shall reenter the DNR Order in the electronic order entry system for it to be reinstated.
 - e. If, in a non-emergent situation, the patient or surrogate and the LIP(s) are unable to agree on a plan of care regarding the DNR status, the LIP may elect not to participate in the administration of an anesthetic or performance of a procedure until the patient's intended resuscitative status is clarified or should provide an alternative for care in a timely fashion.
 - f. If the patient who is about to undergo a non-emergency operation or other procedure is unable to discuss the status of his/her DNR Order and there is no surrogate available, an LIP may elect not to participate in the administration of an anesthetic or performance of a procedure until the patient's intended resuscitative status is clarified or should provide an alternative for care in a timely fashion.
3. Durable Do Not Resuscitate Order (DDNR)⁴ (DNR Order for Use Outside of the Medical Center)

A Durable Do Not Resuscitate Order (DDNR) is issued by an LIP for a patient with whom he/she has a bona fide practitioner-patient relationship and only with the consent of the patient. If the patient is a minor or is otherwise incapable of making an informed decision regarding consent for such an order, the order may be issued upon the request of and with the consent of the person who is authorized to consent on the patient's behalf.

A DDNR Order is valid wherever the patient is, e.g., at home, in an emergency medical services vehicle, a nursing home, adult care residence or other setting.

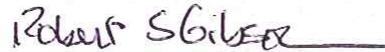
- a. A DDNR Order must be written on a form approved by the Virginia Board of Health. (UVA Form 111161) The form must be signed by the LIP and by the patient or surrogate.
- b. If a DDNR is written for a patient during an inpatient admission, the original(s) of the order must be provided, upon the patient's discharge, to the patient, surrogate, or the person/agency providing transportation to the patient's discharge placement.
- c. If a DDNR is written for a patient who is receiving outpatient treatment, the original(s) of the order must be provided to the patient or surrogate.
- d. If a patient provides a copy of a pre-existing DDNR Order when the patient is admitted to the Medical Center, the LIP shall document review of the patient's DDNR in a progress note and enter a DNR order in the electronic order entry system. Except as provided in D.4. and D.5. below, the procedures for DNR Orders outlined in 1 and 2 above shall then be followed.

⁴ See Virginia Code § [54.1-2987.1](#)

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4. If the DDNR Order was issued at the request of and with the consent of the patient and the patient is subsequently able to express to an LIP the desire to be resuscitated in the event of cardiac or respiratory arrest, such expression shall revoke the DDNR Order. In no case shall any person other than the patient have authority to revoke a DDNR Order executed upon the request of and with the consent of the patient himself/herself.
5. If the patient is a minor or is otherwise incapable of making an informed decision and the DDNR Order was issued upon the request of and with the consent of the patient's surrogate, then the expression of the surrogate to the LIP of the desire that the patient be resuscitated shall revoke the DDNR.
6. When a DDNR Order has been revoked, a new DDNR Order may be issued upon the consent of the patient or the person authorized to consent on behalf of the patient.
7. When treatment has begun during an emergency and information is later obtained from the patient, the surrogate or the patient's Advance Directive regarding the patient's resuscitative preferences, such information shall be honored and treatment may be withdrawn.
8. If conflicts develop over the appropriateness or interpretation of a DNR Order or a DDNR Order or other directives that limit treatment and the healthcare team is unable to resolve such differences, the Ethics Consultation Service⁵ may be called to clarify ethical issues or mediate conflicts.

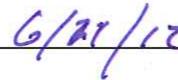
SIGNATURE:



Robert S. Gibson, M.D., President Clinical Staff



R. Edward Howell, CEO, UVA Medical Center



DATE:

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Approved May 1982

Revised October 1989, February 1993, February 1994, December 2000, December 2001,
June 2003, May 2005, March 2008, June 2009, June 2012

Reviewed May 1996, August 1999

Approved by the Ethics Committee, Patient Care Committee

Approved by Clinical Staff Executive Committee

⁵ See [Medical Center Policy No. 0105, Ethics and Patient Care Consultation](#)