

DNR-What it is and What it's Not

DNR is medical shorthand for the phrase “do not resuscitate.” By the 1960s, medical technology enabled health care providers to restore breathing and circulation in hospitalized patients by providing cardiopulmonary resuscitation (CPR). Because CPR is not appropriate for patients who are dying or in a terminal state, “do not resuscitate” orders have been used since that time to indicate patients for whom CPR was not deemed appropriate by their physician and family.

WHAT IS CPR?

CPR is a set of medical procedures designed to restore breathing and circulation in people who have stopped breathing, lost circulation or both. A companion phrase, DNI, means “do not intubate,” or do not insert a tube in the windpipe to provide mechanical ventilation. Cardiopulmonary resuscitation in a person with complete cardiopulmonary arrest (no breathing or heartbeat) is never successful without a combination of ventilation and chest compression.

HOW SUCCESSFUL IS CPR?

Most people believe that it is easy to administer CPR and that it is usually successful. However, it is not easy to perform CPR correctly, and patients who receive CPR frequently suffer broken ribs and/or damage to their heart and lungs from the procedure. Because it is difficult to provide CPR correctly, health care practitioners must be retrained and certified each year. Even when CPR is performed correctly and quickly, only 15% of hospitalized patients who receive CPR live to be discharged from the hospital. Because of complications resulting from inadequate oxygenation to the brain and major organs, some of these survivors have kidney damage severe enough to require dialysis or brain damage, 10% of them severe

enough to leave them in a persistent vegetative state (Cranston, 2001).

WHAT IS A DNR/DNI ORDER?

A physician's order for DNR/DNI status on the patient's chart in the hospital or nursing home authorizes health care providers to withhold measures to restart a patient's heart or breathing. The physician for patients receiving care at home can write a DNR/DNI order. Requesting a DNR/DNI order is a major decision appropriate only for people who are nearing the end of their lives and are sure they do not want to be resuscitated if they experience cardiopulmonary arrest. The resuscitation issue should be thoroughly explored and discussed by the patient and/or proxy with the doctor prior to making a decision to forgo resuscitation.

WHAT IS MEDICAL FUTILITY?

Medical futility is an important concept when considering whether to request a DNR order. Futile medical treatments are those that provide no benefit, and in fact may leave a patient in worse shape than before the treatment. Clinical medical research studies have shown that CPR has little to no benefit in patients with some diagnoses. In fact, in patients with these conditions, there is almost no chance of success of CPR:

- Septic shock
- Acute stroke
- Metastatic cancer
- Severe pneumonia

In patients with these conditions, survival from CPR is extremely limited:

- Hypotension (very low blood pressure) (2% survival)
- Renal (kidney) failure (3%)
- AIDS (2%)
- Homebound lifestyle (4%)
- Age greater than 70 (4% survival to discharge from hospital) (Braddock, 1998).

WHAT HAPPENS WITHOUT A DNR ORDER?

In the absence of a DNR order, current standards require that health care providers, including paramedics and other first responders, are required to perform CPR on individuals who lose breathing or circulation unless they have a written physician's order to not resuscitate. It is important to note that providing or withholding CPR is a medical decision. American health care practices now require that health care practitioners must provide CPR unless there is a written physician's order to the contrary.

HOW DO I OBTAIN A DNR/DNI ORDER FOR PATIENTS IN A FACILITY?

If possible, discuss the patient's feelings and beliefs about resuscitation if their circulation or breathing stops. If the patient is unable to consider this issue, reflect on their previously stated beliefs and values to determine whether they would want resuscitation if they were in a terminal condition. Next, discuss with the patient's physician the appropriateness of a DNR/DNI order. If the physician supports a DNR/DNI order, and this is congruent with the patient's beliefs and values, ask the order to be written. The DNR order should be written on the patient's chart under “Physician Orders.” Make sure the facility transcribes the DNR/DNI order onto the Medication Administration Record and the Kardex, a paper used by nurses to convey information about each patient.

HOW DO I OBTAIN A DNR/DNI ORDER FOR PATIENTS AT HOME?

For home care clients who are not enrolled in hospice, ask the physician to sign and date the Minnesota Medical Association's (MMA) Emergency Resuscitation Guideline form. This form provides three

levels of care options and must be signed by the client or proxy, the physician and a witness. If acting as durable power of attorney for health care, attach the Advance Directive form, put the form in a plastic page protector and tape it to the refrigerator door. If a client at home calls 911, it is necessary to provide the paramedics a copy of this form as soon as they enter the abode.

DOES MINNESOTA LAW REQUIRE FACILITIES TO HONOR A DNR ORDER?

Yes, a DNR order written on a patient's chart by a physician is considered to be a valid medical order and must be followed by health care providers. Physicians will usually not write a DNR order unless there is agreement among the patient's family or surrogate decision-makers.

DOES MINNESOTA LAW REQUIRE FIRST RESPONDERS TO HONOR A HOME DNR ORDER?

Thirty-nine states have some type of legislation requiring paramedics to follow pre-hospital DNR orders but Minnesota does not have a pre-hospital DNR statute. Ambulance personnel and first responders are required to provide CPR unless they are given a signed physician's order that states otherwise. While in general terms Minnesota supports out-of-hospital DNR orders, implementation policies and procedures vary among the nearly 300 different ambulance transport systems. The most commonly used home DNR forms are provided by hospice agencies, followed by the MMA form. For more information on the MMA guidelines, go to <http://www.mnmed.org/policycomp/SubResults.cfm?section=220.08>.

DOES DNR MEAN THAT PATIENTS WILL BE DENIED MEDICAL CARE AND TREATMENT?

No! DNR does not mean "do not treat," although some people are fearful that requesting DNR status will result in cessation of all medical care and treatment. Health care providers may become confused about the type and amount of treatment desired by a patient with a DNR order.

An example of this confusion occurred in the care of a 75-year-old alert, ambulatory woman with early Alzheimer's disease who was hospitalized with a severe infection following chemotherapy for breast cancer. At her and her family's request, a DNR order was written and intravenous antibiotics were started. When her condition deteriorated as a result of overwhelming infection, the nursing staff failed to notify the physician or her family, believing that the DNR order meant she didn't want aggressive treatment. Her Care Consultant arrived to check on her and found her semi-conscious. Knowing the family wanted the patient to receive all appropriate care, the Care Consultant insisted the nursing staff contact the doctor and obtain an order to transfer the patient to intensive care for aggressive treatment. The patient recovered without further incident, but without the Care Consultant's intervention she might have died due to inadequate treatment of an acute problem.

As this example demonstrates, it is important that patients or their surrogates let the treating physician know they still want to receive customary medical care and treatment for their health needs. DNR should not be considered a reason to cease providing reasonable and necessary medical treatment and nursing care.

CAN A DNR ORDER BE REVOKED?

Yes, a patient or their surrogate decision-maker can revoke a DNR order at any time. If the order is written on the patient's chart, the patient/proxy must notify the physician to cancel the DNR order. If this occurs, make sure that the Medication Administration Record and the Kardex are updated to reflect the cancellation. If a home care patient wishes to revoke a DNR order, they may destroy the MMA Emergency Resuscitation form and notify the physician of their decision.

HOW CAN MATRIX HELP?

Matrix Care Consultants are knowledgeable about health care Advance Directives, and can assist clients in considering relevant medical issues and in completing these documents. In addition, Matrix Care Consultants can act as advocates for clients in explaining their client's wishes to their health care providers and in ensuring their wishes are carried out during episodes of illness.

References

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