

Procedure No. 5-10-12

Revised: 02-07-17

Issued: 11-18-11

Subject: Do Not Resuscitate Orders

Purpose: To carry out the mandate of Safety and Health Policy No. 5

1. When an individual supported is diagnosed with a terminal condition, the planning team will discuss the diagnosis, prognosis, support needs, and Woodhaven's ability to meet the needs including staff training in palliative care. The individualized plan will be amended to reflect the current needs of the person supported.
2. If the individual supported/legally responsible person requests a non-hospital DNR order to be carried out, Woodhaven will obtain the "Statement of Terminal Condition" form and "Overview of the Division's non-hospital DNR procedure".
3. The completed Statement of Terminal Condition form will be submitted to the Regional Office's Director or designee. The Director or designee will forward the form to the Director of Mental Health within two business days.
4. Within three business days from receipt, the Medical Director or designee will determine if the information provided meets the definition of a terminal condition according to the department's standards. The decision will be returned with an approval, denial or request for further information. If a denial is obtained, the individual or legally responsible person may file an appeal to the Director of Mental Health within 30 days of the denial.
5. Upon DMH authorization, Woodhaven will be promptly notified and given a copy of the non-hospital DNR order form to be completed by the attending physician. After completed by the physician, the form will be maintained at the Woodhaven office, the home where support is being provided, and provided to the Boone County Family Resources Support Coordinator for distribution throughout their agency per their requirements.
6. Woodhaven will seek out information on Hospice services along with providing training in palliative care as needed.
7. Once the non-hospital DNR has been approved, the Community RN will train all staff working in the home of the parameters of the non-hospital DNR. They will document this training and staff will sign off on the training. A copy will be maintained in the delegation book at the home.
8. If a non-hospital DNR is required beyond 6 months from the initial date ordered, an updated Statement of Terminal Condition must be submitted for the Department of Mental Health's Medical Director or designee to review.
9. If the non-hospital DNR is rescinded by the individual or legally responsible person, or if the diagnosis of terminal condition changes, Woodhaven shall implement the changes and notify the DMH service coordinator. The service coordinator will distribute the rescinded form according to DMH policies and procedures. Woodhaven's Program Manager will update the individualized plan to reflect the change in the non-hospital DNR status.
10. Even when a non-hospital DNR order is in place, if respiration and cardiac function have ceased spontaneously as a result of an accident or event other than the imminent cause of demise (such as choking on food), the individual shall not be left unattended and shall receive intervention necessary to preserve his or her life. (Division Directive 3.080).

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11. If the planning team and physician have determined that the individual's current condition is such that the performance of CPR would cause more harm than good to the individual and substantially compromise his or her well-being, an alternative plan to CPR will be developed. For example: An Automated External Defibrillator (AED) or rescue breathing may be ordered instead of CPR when chest compressions is contraindicated. The planning team shall pursue the Alternative to CPR order form with the attending physician and retain it in the individual's records along with providing a copy to the Regional Center's case manager. This will also need to be included in the person's individualized plan.

Attachments:

Non-Hospital Do Not Resuscitate Order

Alternative to CPR Order

Statement of Terminal Condition

Approved: _____
Chief Executive Officer

Date: _____