

**Louisiana State University Health Care Services Division
Medical Center of Louisiana at New Orleans**

**DO NOT RESUSCITATE (DNR) AND LIMITATION OF
LIFE SUSTAINING THERAPIES WORKSHEET**

I. PURPOSE

Do Not Resuscitate (DNR) orders and Limited Therapy orders shall be considered when life sustaining therapies are medically or ethically contraindicated. Medical and ethical contraindications to life sustaining therapies are summarized on the reverse of this worksheet and can be further reviewed in MCL Policy 5021- Limitation of Life Sustaining Therapies Including Resuscitation. In such circumstances, the following format for limiting therapies is recommended. Alternative approaches may be acceptable under appropriate circumstances. Patients with advance directives shall be treated in accordance with MCL Policy 0024 - Advance Directives at the Medical Center of Louisiana. Please refer to MCL Policy 5011 - Organ and Tissue Donation Program Including Procedures Regarding Donation After Cardiac Death for brain death criteria and criteria to be a potential donor after cardiac death.

II. POLICY

All patients at MCL will be provided full resuscitation and intensity of care unless otherwise indicated by the attending staff physician. Therapies which are medically indicated, alleviate pain and suffering, or which support the personal dignity of the patient will be provided unless refused by a competent patient.

III. DNR AND LIMITED THERAPY OPTIONS (Check those that apply)

Limitation of resuscitation and care orders must be written, signed and dated on the physician's order sheet. The medical or ethical contradiction(s) to therapy must be documented in Section IV of this form. Withdrawal of treatment is not ethically different from withholding of treatment.

- ___ 1. "DO NOT RESUSCITATE" - No cardiopulmonary resuscitation, no intubation, no defibrillation, no life sustaining drugs.
- ___ 2. LIMIT RESUSCITATION TO: (Specify) _____

- ___ 3. LIMITATIONS OF OTHER THERAPIES (Specify) _____

e.g. "no ICU, no surgery, no antibiotics", etc.
- ___ 4. This patient has executed an Advance Directive (Refer to MCL Policy 0024 - Advance Directives at the Medical Center of Louisiana for more information)
- ___ 5. Other: (Specify) _____

IV. MEDICAL AND/OR ETHICAL CONTRAINDICATORS (This section must be completed)

The medical and/or ethical contraindication to life sustaining therapies in this patient are:

The indication(s) for limiting or withdrawing therapy shall be documented in the patient's medical record and appropriate orders shall be written on the physician's order sheet.

V. **DISCUSSION DOCUMENTATION** - Participants present, date(s) of discussion and content including medical or ethical contraindication(s) to therapy shall be noted in the patient's medical record. Document discussion content with patient and/or family in the patient's medical record.

I have discussed the medical situation and above options with:

Patient _____ Date(s) _____
print name

&/or Family _____ Date(s) _____
print name - specify relationship

Other _____ Date(s) _____
specify relationship

VI. **PHYSICIAN'S SIGNATURES**

House staff physician's signature _____ Physician I.D. No. _____ Date _____

Name of attending staff physician with whom discussion occurred _____ Date discussion occurred _____

Attending staff physician's signature _____ Physician I.D. No. _____ Date _____

The attending staff physician's documentation of concurrence shall be placed in the patient's medical record by either a brief note or co-signing the house staff physician's notes. To be considered valid, the physician's documentation within the medical record and the DNR and Limitation of Life Sustaining Therapies Worksheet must be signed by attending staff physician within 24 hours.

VII. **REVIEW AND UPDATE**

The DNR order shall be periodically reviewed in light of clinical events. Other members of the health care team are encouraged to promptly notify the physician should they become aware of a possible need for alteration to the existing care plan. This update/review shall be documented in the patient's medical record and on the physician's order sheet.

VIII. **MEDICAL STATES THAT ARE RELATIVE CONTRAINDICATIONS TO LIFE SUSTAINING THERAPIES**

Life sustaining medical therapies are not indicated if one or more of the following circumstances is present unless those therapies alleviate pain or suffering or support personal dignity.

Under the following clinical circumstances, life sustaining therapies are usually considered futile:

- A. The patient is imminently and irreversibly dying.
- B. The presence of a permanently unconscious state such as coma or the persistent vegetative state.
- C. The therapy is virtually futile in terms of survival and under the circumstances is associated with significant burden to the patient [e.g. complex or painful therapy being used on a patient who will probably die despite therapy in the judgement of the attending staff physician(s)].

If a non-pregnant patient meets brain death criteria or the criteria to be a potential donor after cardiac death, life sustaining therapies shall be discontinued within 24 hours of the determination of organ procurement is not a consideration.

IX. **ETHICAL CONTRAINDICATIONS TO LIFE SUSTAINING THERAPIES**

- A. Refusal of therapy by a competent patient. (The pregnant patient may be an exception under certain circumstances). **The right to refuse therapy may be modified in the pregnant patient because of the presence of fetus.**
- B. Non-benefit to the patient - a medical contraindication exists and the therapy does not alleviate pain or suffering or support personal dignity.