


STATE OF OHIO



DEPARTMENT OF REHABILITATION  
AND CORRECTION

SUBJECT: <b>Do-Not-Resuscitate Policy</b>	PAGE <u>1</u> OF <u>5</u>
	NUMBER: 68-MED-16
RULE/CODE REFERENCE: ORC 2133.03; OAC 3701-62	SUPERSEDES: 68-MED-16 dated 10/24/02
RELATED ACA STANDARDS:	EFFECTIVE DATE: July 8, 2013
	APPROVED: 

**I. AUTHORITY**

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

**II. PURPOSE**

The purpose of this policy is to provide guidelines consistent with Ohio Revised Code 2133.03 and Ohio Administrative Code 3701-62 for the provision of Do-Not-Resuscitate (DNR) orders.

**III. APPLICABILITY**

This policy is applicable to all persons employed by or under contract with the Ohio Department of Rehabilitation and Correction (DRC) and to all inmates confined to institutions within the Department.

**IV. DEFINITIONS**

**Advance Directives** - Documents that explain what an individual wants done when he/she is unable to communicate due to illness or injury. Examples include the Living Will and the Durable Powers of Attorney for Health Care.

**Advanced Level Provider (ALP)** - A medical professional who is approved to practice as a Physician, an Advanced Practice Nurse under Ohio Revised Code section 4723.43, or a Physician's Assistant under Ohio Revised Code section 4730.

**Comfort Care** - Any measure taken to diminish pain or discomfort but not to postpone death.

**Do Not Resuscitate - Comfort Care (DNR-CC) Order** - The DNR protocol is activated when a DNR order is issued or when a declaration (State of Ohio living will) that includes a directive that the patient not receive CPR becomes effective under section 2133.03 of the Revised Code.

**Do Not Resuscitate - Comfort Care Arrest (DNR-CCA) Order** - The DNR protocol is activated when the patient experiences cardiac or respiratory arrest.

**Life Sustaining Treatment** - Any health care including artificially or technologically supplied nutrition and hydration that will serve mainly to prolong the process of dying.

**Medically Futile** - A circumstance where survival is highly unlikely and there is no hope for recovery and when further treatment will not lead to recovery or long term improvement.

**Permanently Unconscious State** - An irreversible condition in which a patient is permanently unaware of him/herself and his/her surroundings. Two physicians must examine the patient and agree that the total and irreversible loss of higher brain function has left the patient unable to feel pain or suffering.

**Resuscitation** - The use of any or all of the following: tracheal intubation, manual or mechanical assisted ventilation, external cardiac massage or electric defibrillation, in order to restore life in the event of a cardiac or respiratory arrest.

**Terminal Condition** - An irreversible, incurable, and untreatable condition caused by disease, illness or injury which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by the attending physician and one other physician that both of the following apply:

- There can be no recovery, and
- Death is likely to occur within 6 months if life-sustaining treatment is not administered.

## V. POLICY

It shall be the policy of the Ohio Department of Rehabilitation and Correction to allow Do-Not-Resuscitate (DNR) orders to be written as outlined in ORC 2133.03 when resuscitation would be futile or an adult patient with capacity to make own medical decisions with a terminal condition requests the order and death is likely to occur within a short time.

## VI. PROCEDURES

- A. A DNR-CC or DNR-CCA order may be considered in the following circumstances:
1. An attempt to resuscitate the patient would be medically futile.
  2. The patient presents a valid copy of an advance directive (Living Will, a Do Not Resuscitate (DNR) Identification form (DRC5350), or Durable Powers of Attorney for Health Care.
  3. An adult patient with capacity to make own medical decisions having a terminal condition or other incapacitating chronic illness/medical condition agrees to a DNR-CC order or a DNR-CCA order.
- B. Upon admission to the Franklin Medical Center (FMC), Frazier Health Center (FHC) or any other DRC designated medical facility, the patient shall be asked if he/she has filled out an

Advance Directive. Patients with a terminal illness or other incapacitating chronic illness or medical condition may also be counseled about a DNR-CC order and a DNR-CCA order.

- C. In the event of a DNR-CC order, the attending physician/ALP shall discuss with the patient the nature of the medical problem, the nature of comfort care measures that may be provided, and document this discussion in the medical record.
- D. In the event a DNR-CCA order is appropriate, the attending physician/ALP shall discuss with the patient the nature of the medical problem, the nature of on-going therapeutic interventions that may be necessary or appropriate, the nature of any resuscitative measures that may be necessary or appropriate, the possible outcome, and document this discussion in the medical record.
- E. When a determination of physiological medical futility is made it shall be documented in the medical record by the attending physician/ALP.
1. This determination shall be supported by the written, documented second opinion of another physician/ALP who has personally examined the patient and is not involved with the patient's care.
  2. Orders shall then be written to reflect the therapeutic measures to be provided.
- F. Any patient requesting DNR-CC or DNR-CCA status shall be evaluated by an ALP to discuss the appropriateness of such an order.
1. Refer to section VI-A of this policy for appropriateness specifics.
  2. Patients shall be informed that life saving measures shall be implemented until a determination can be made by health care staff that a DNR-CC or DNR-CCA order is in place.
- G. Identification of patients with a DNR-CC status
- A DNR-Comfort Care status is confirmed when the patient has one of the following:
1. A completed Do Not Resuscitate (DNR) Identification form (DRC5350) indicating patient has either DNR-CC or DNR-CCA status;
  2. A completed State of Ohio Living Will form (attached) that states that the patient does not want CPR (in the case of a patient who has been determined by two doctors to be in a terminal or permanently unconscious state).
- H. If the attending physician has any question about a patient's capacity for informed consent for a DNR-CC or a DNR-CCA order, a psychiatrist shall examine the patient and document an assessment in the patient's medical chart.

- I. DNR Protocol
1. DNR-CC and DNR-CCA orders only preclude resuscitative measures and shall not influence other therapeutic interventions that are appropriate for the care of the patient.
  2. Actions that may take place include, but are not limited to:
    - a. Oxygen administration
    - b. Suction the airway, allow Heimlich maneuver
    - c. Splint or immobilize
    - d. Control of bleeding
    - e. Provision of pain medication
    - f. Provision of emotional support
    - g. Contact other appropriate health care providers including hospice or the attending physician.
  3. The following actions would **NOT** be done:
    - a. Chest compressions
    - b. Insertion of an artificial airway
    - c. Administration of resuscitative drugs
    - d. Defibrillation or cardioversion
    - e. Provision of respiratory assistance (other than listed above)
    - f. Initiation of a resuscitative IV
    - g. Initiation of cardiac monitoring
- J. DNR-CC or DNR-CCA orders may be written by the attending physician in accordance with the following guidelines:
1. The patient has a terminal or futile condition or is in a permanently unconscious state and has signed a Living Will or Durable Powers of Attorney for Health Care (DPOA/HC) authorizing a DNR order; or
  2. The patient lacks capacity and the Managing Officer has determined a DNR-CC or DNR-CCA order is appropriate per section B of Department Policy 68-MED-24, Consent to & Refusal of Medical Treatment; or
  3. The patient has the capacity to make an informed decision and agrees with the DNR-CC or DNR-CCA order
- K. A DNR-CC or DNR-CCA order shall **NOT** be written when:
- a. The patient does not agree with a DNR or DNR-CCA order and has capacity to make this decision; or
  - b. The patient lacks capacity and the Managing Officer has determined a DNR-CC or DNR-CCA order is not appropriate per 68-MED-24, Consent to & Refusal of Medical Treatment.

- L. A properly executed DNR Comfort Care protocol form or Living Will form completed at OSU Medical Center may be accepted for those patients transferred from OSU to an DRC facility.
  - 1. The DNR-CC or DNR-CCA order shall be reviewed with the patient to determine if the order will remain current and is consistent with the patient's desire and his/her medical condition.
  - 2. The DNR-CC or DNR-CCA order shall be documented in the ALP order section of the patient's medical record.
- M. A DNR-CC/DNR-CCA order shall remain valid until discontinued by an ALP. The order shall be reviewed at chronic care visits at parent institutions and 30 day visits at FMC to ensure the order remains current and consistent with the patient's desire and his/her medical condition.
- N. If a DNR-CC/DNR-CCA order is rescinded or modified, changes must be documented and communicated to the patient and the staff treating the patient.
- O. Completed Do-Not-Resuscitate Comfort Care Identification forms shall be placed on the front (inside) cover of the patient medical record or contained within the patient's electronic medical record.
- P. The DNR-CC or DNR-CCA order shall be documented in the ALP order section of the patient's medical record.
- Q. Health Care Administrators are responsible for tracking those patients with DNR-CC and DNR-CCA orders at their respective institution. When DRC implements an electronic health record, DNR-CC and DNR-CCA orders shall be tracked electronically.
- R. Due to the nature of DRC staff acting as first responders, life saving measures shall be implemented until a determination can be made by health care staff that a DNR-CC or DNR-CCA order is in place.
- S. The above procedure shall be communicated to all patients upon request for a DNR-CC or DNR-CCA.

**Related Department Forms:**

Do Not Resuscitate (DNR) Identification                      DRC5350

**Attachments:**

Living Will

# State of Ohio Living Will Declaration Notice to Declarant

The purpose of this Living Will Declaration is to document your wish that life-sustaining treatment, including artificially or technologically supplied nutrition and hydration, be withheld or withdrawn if you are unable to make informed medical decisions and are in a terminal condition or in a permanently unconscious state. This Living Will Declaration does not affect the responsibility of health care personnel to provide comfort care to you. Comfort care means any measure taken to diminish pain or discomfort, but not to postpone death.

If you would not choose to limit any or all forms of life-sustaining treatment, including CPR, you have the legal right to so choose and may wish to state your medical treatment preferences in writing in a different document.

Under Ohio law, a Living Will Declaration is applicable only to individuals in a terminal condition or a permanently unconscious state. If you wish to direct medical treatment in other circumstances, you should prepare a Health Care Power of Attorney. If you are in a terminal condition or a permanently unconscious state, this Living Will Declaration controls over a Health Care Power of Attorney.

You should consider completing a new Living Will Declaration if your medical condition changes, or if you later decide to complete a Health Care Power of Attorney. If you have both documents, you should keep copies of both documents together, with your other important papers, and bring copies of both your Living Will and your Health Care Power of Attorney with you whenever you are a patient in a health care facility.

# State of Ohio Living Will Declaration of

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(Print Full Name)

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(Birth Date)

I state that this is my Ohio Living Will Declaration. I am of sound mind and not under or subject to duress, fraud or undue influence. I am a competent adult who understands and accepts the consequences of this action. I voluntarily declare my wish that my dying not be artificially prolonged.

If I am unable to give directions regarding the use of life-sustaining treatment when I am in a terminal condition or a permanently unconscious state, I intend that this Living Will Declaration be honored by my family and physicians as the final expression of my legal right to refuse health care.

**Definitions.** Several legal and medical terms are used in this document. For convenience they are explained below.

**Artificially or technologically supplied nutrition or hydration** means the providing of food and fluids through intravenous or tube “feedings.”

**Cardiopulmonary resuscitation** or **CPR** means treatment to try to restart breathing or heartbeat. CPR may be done by breathing into the mouth, pushing on the chest, putting a tube through the mouth or nose into the throat, administering medication, giving electric shock to the chest, or by other means.

**Declarant** means the person signing this document.

**Do Not Resuscitate** or **DNR Order** means a medical order given by my physician and written in my medical records that cardiopulmonary resuscitation or CPR is not to be administered to me.

**Health care** means any medical (including dental, nursing, psychological, and surgical) procedure, treatment, intervention or other measure used to maintain, diagnose or treat any physical or mental condition.

**Health Care Power of Attorney** means another document that allows me to name an adult person to act as my agent to make health care decisions for me if I become unable to do so.

**Life-sustaining treatment** means any health care, including artificially or technologically supplied nutrition and hydration, that will serve mainly to prolong the process of dying.

**Living Will Declaration** or **Living Will** means this document that lets me specify the health care I want to receive if I become terminally ill or permanently unconscious and cannot make my wishes known.

**Permanently unconscious state** means an irreversible condition in which I am permanently unaware of myself and my surroundings. My physician and one other physician must examine me and agree that the total loss of higher brain function has left me unable to feel pain or suffering.

**Terminal condition** or **terminal illness** means an irreversible, incurable and untreatable condition caused by disease, illness or injury. My physician and one other physician will have examined me and believe that I cannot recover and that death is likely to occur within a relatively short time if I do not receive life-sustaining treatment.

*[Instructions and other information to assist in completing this document are set forth within brackets and in italic type.]*

**Health Care if I Am in a Terminal Condition.** If I am in a terminal condition and unable to make my own health care decisions, I direct that my physician shall:

1. Administer no life-sustaining treatment, including CPR and artificially or technologically supplied nutrition or hydration; and
2. Withdraw such treatment, including CPR, if such treatment has started; and
3. Issue a DNR Order; and
4. Permit me to die naturally and take no action to postpone my death, providing me with only that care necessary to make me comfortable and to relieve my pain.

**Health Care if I Am in a Permanently Unconscious State.** If I am in a permanently unconscious state, I direct that my physician shall:

1. Administer no life-sustaining treatment, including CPR, except for the provision of artificially or technologically supplied nutrition or hydration unless, in the following paragraph, I have authorized its withholding or withdrawal; and
2. Withdraw such treatment, including CPR, if such treatment has started; and
3. Issue a DNR Order; and
4. Permit me to die naturally and take no action to postpone my death, providing me with only that care necessary to make me comfortable and to relieve my pain.



**Special Instructions.** By placing my initials at number 3 below, I want to specifically authorize my physician to withhold or to withdraw artificially or technologically supplied nutrition or hydration if:

1. I am in a permanently unconscious state; and
2. My physician and at least one other physician who has examined me have determined, to a reasonable degree of medical certainty, that artificially or technologically supplied nutrition and hydration will not provide comfort to me or relieve my pain; and
3. I have placed my initials on this line: \_\_\_\_\_

*Notifications.* [Note: You do not need to name anyone. If no one is named, the law requires your attending physician to make a reasonable effort to notify one of the following persons in the order named: your guardian, your spouse, your adult children who are available, your parents, or a majority of your adult siblings who are available.]

In the event my attending physician determines that life-sustaining treatment should be withheld or withdrawn, my physician shall make a reasonable effort to notify one of the persons named below, in the following order of priority:

[Note: If you do not name two contacts, you may wish to cross out the unused lines.]

First Contact:	Second Contact:
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Telephone: _____	Telephone: _____

**No Expiration Date.** This Living Will Declaration will have no expiration date. However, I may revoke it at any time.

**Copies the Same as Original.** Any person may rely on a copy of this document.

**Out of State Application.** I intend that this document be honored in any jurisdiction to the extent allowed by law.

**Health Care Power of Attorney.** I have completed a Health Care Power of Attorney:

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**SIGNATURE**

*[See below for witness or notary requirements.]*

I understand the purpose and effect of this document and sign my name to this Living Will Declaration on \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_, Ohio.

\_\_\_\_\_  
DECLARANT

*[You are responsible for telling members of your family, the agent named in your Health Care Power of Attorney (if you have one), and your physician about this document. You also may wish to tell your religious advisor and your lawyer that you have signed a Living Will Declaration. You may wish to give a copy to each person notified.]*

*[You may choose to file a copy of this Living Will Declaration with your County Recorder for safekeeping.]*

**WITNESSES OR NOTARY ACKNOWLEDGMENT**

*[Choose one.]*

*[This Living Will Declaration will not be valid unless it either is signed by two eligible witnesses who are present when you sign or are present when you acknowledge your signature, **or** it is acknowledged before a Notary Public.]*

*[The following persons **cannot** serve as a witness to this Living Will Declaration: the agent or any successor agent named in your Health Care Power of Attorney; your spouse; your children; anyone else related to you by blood, marriage or adoption; your attending physician; or, if you are in a nursing home, the administrator of the nursing home.]*

**Witnesses.** I attest that the Declarant signed or acknowledged this Living Will Declaration in my presence, and that the Declarant appears to be of sound mind and not under or subject to duress, fraud or undue influence. I further attest that I am not an agent designated in the Declarant's Health Care Power of Attorney, I am not the attending physician of the Declarant, I am not the administrator of a nursing home in which the Declarant is receiving care, and I am an adult not related to the Declarant by blood, marriage or adoption.

\_\_\_\_\_ residing at \_\_\_\_\_  
Signature

\_\_\_\_\_, \_\_\_\_\_  
Print Name

Dated: \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_ residing at \_\_\_\_\_  
Signature

\_\_\_\_\_, \_\_\_\_\_  
Print Name

Dated: \_\_\_\_\_, 20\_\_\_\_\_

**OR**

***Notary Acknowledgment.***

State of Ohio

County of \_\_\_\_\_ ss.

On \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_, known to me or satisfactorily proven to be the person whose name is subscribed to the above Living Will Declaration as the Declarant, and who has acknowledged that (s)he executed the same for the purposes expressed therein. I attest that the Declarant appears to be of sound mind and not under or subject to duress, fraud or undue influence.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_