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Section 1 – Purpose

The South Carolina Department of Disabilities and Special Needs (DDSN) recognizes that while cardiopulmonary resuscitation (CPR) may prevent sudden, unexpected death, it may be appropriate for a responsible physician, in certain limited circumstances to issue an order not to attempt CPR of a consumer commonly referred to as Do Not Resuscitate (DNR) Orders. Decisions about CPR and DNR Orders concern all human beings and are not unique to individuals with intellectual disability.

This guideline complies with the Emergency Medical Services Do Not Resuscitate Order Act, S.C. Code Ann. §44-78-10 (Supp. 2012). It attempts to clarify and establish the rights and obligations of physicians, consumers, their families, and the department regarding CPR and the issuance and obeyance of orders not to resuscitate. This guideline does not address unexpected, emergency cases of cardiopulmonary failure, where CPR administration is considered the preferred course of treatment. See Section 5, for definitions.

DNR Orders only preclude resuscitative efforts in the event of cardiopulmonary arrest and should not influence other therapeutic interventions that may be appropriate for the consumer, including nutrition, hydration, palliative care, pain relief, or other ongoing treatments.

Section 2 - Guideline

Efforts should be made to resuscitate consumers who suffer cardiac or respiratory arrest except when there is a legally valid DNR Order.

Section 3 – Reasons for Considering a DNR Order

A) CPR is routinely performed on consumers who suffer cardiac or respiratory arrest. Resuscitation is presumed to be the preferred course of treatment and specific consent is not required to provide CPR to a consumer in distress. Two exceptions to the presumption favoring CPR are:

1. Situations where the consumer has expressed a preference to withhold CPR when the consumer is capable of consenting to a DNR Order (reference DDSN Directive 535-07-DD: Obtaining Consent for Minors and Adults)

   Or

2. If the consumer is incapable of consenting to a DNR Order and has been diagnosed with a terminal condition by the attending physician, and the surrogate consent giver has requested a DNR Order following consultation with the attending physician and the consumer's Interdisciplinary team. However, no DNR Order will be written for consumers for whom the Regional Center Facility Administrator serves as the surrogate consent giver unless approved by DDSN's State Director.

Section 4 – General Procedure for DNR Order

A) Determining the consumer's capability to consent, holding discussions with the consumer, next-of-kin or surrogate and helping them to decide may require time that is not available in an emergency. Therefore, a DNR decision should be made under conditions that permit consultation and reasoned decision-making. **Resuscitation should be presumed as the preferred course if no prior decision has been made to forego resuscitation.**

B) The DNR Order is the responsibility of the attending physician. Only physicians employed by or contracting with a Regional Center may write a DNR Order for consumers residing in DDSN Regional Centers.

C) All Physician DNR Orders are issued using the DDSN Do Not Resuscitate Order form (see Attachment A). The physician may not issue verbal DNR Orders. The DNR Order form must be completed in full, dated, and signed and will be printed on blue paper. This signed DNR Order form will be stored in the consumer's medical chart. The presence of a DNR Order should be conspicuously noted on the exterior of the consumer's medical chart.

D) The maximum duration for a DNR Order is 90 days. If warranted, the DNR Order may be reordered.

E) Review of DNR Orders will be accomplished by the responsible physician when there is a significant change in the consumer's condition and/or diagnosis.

F) All DNR's will be reviewed by the consumer's Interdisciplinary Team prior to implementation and annually thereafter. Any disputes regarding the implementation of a DNR Order should also be reviewed by the Human Rights Committee prior to its implementation.

G) All DNR's will be reviewed by the local Human Rights Committee for consistency with the procedural requirements of this directive at least annually.

H) Physicians will promptly inform others who are responsible for the consumer's care, particularly the nursing staff, about the decision not to resuscitate. All who are responsible for the consumer's care should understand the order and its implications. The presence of a DNR Order should be conspicuously noted on the exterior of the consumer's medical chart.

I) If a consumer is admitted or transferred from another facility within DDSN with a DNR Order, the receiving physician will confer with the consumer, if able to give consent, or the surrogate of a consumer unable to give consent, and determine whether they concur with the continuation of the DNR Order. The DNR Order may only be continued if it meets the criteria noted in Section 3-A of this Directive.

J) A DNR Order does not affect other treatment decisions. Specific attention should be paid to making respectful, responsive, competent care available for consumers who choose to forego life-sustaining procedures. Therefore, orders for supportive and palliative care should be written separately. All efforts to provide comfort and relief from pain will be provided.

K) DNR Orders issued by DDSN physicians are only applicable while the consumer is physically present at the Regional Center. A separate DNR Order must be signed by the attending physician to cover transport to a hospital by EMS (http://www.scdhec.gov/administration/library/d-3462.pdf). This form should also be filed in the consumer's medical chart. Regional Center medical personnel will also show a copy of the completed EMS DNR Order to EMS personnel prior to transport to a hospital.

L) Typically a hospital will require its own physicians to issue a DNR Order. Hospital physicians should consult with the consumer if competent to give consent, or the family prior to issuing a DNR Order. When the Facility Administrator is the surrogate consent giver for a consumer, the Facility Administrator will not authorize the hospital to issue a DNR order for consumers who do not have a current DNR Order in place at the Regional

Center unless the consumer has been diagnosed by a hospital physician as being terminally ill and the DDSN State Director or designee has approved.

Section 5 – Definitions

1. Resuscitation - Artificial stimulation of the cardiopulmonary systems of the human body through either electronical, mechanical or manual means, including, but not limited to CPR.

2. Do-Not-Resuscitate (DNR) Order - A written order by the responsible physician to suspend the otherwise automatic initiation of cardiopulmonary resuscitation using the DDSN Do Not Resuscitate Order Form (Attachment A). The DNR Order does not preclude: maintaining an adequate airway by suctioning the mouth, nose, pharynx and trachea or the Heimlich maneuver, and other indicated medical and surgical therapy including but not limited to antibiotics, nasogastric or other type of tube feedings, parenteral hydration and feeding, blood products, and cardio-active substances.

3. Palliative Care – Medical care designed to provide comfort and to alleviate pain and suffering to the fullest extent possible. This care is usually provided to a consumer during the last stages of life when no active treatment is being provided. Department prevailing policy is that hydration and nutrition will not be withdrawn.

4. Terminal Condition - A "terminal condition" means an incurable or irreversible condition that within reasonable medical judgment will cause death within a reasonably short period of time. It is the final stage of a medical condition which would normally result in death and in which resuscitative measures would be effective or would only postpone death for a brief period of time and would not be in the consumer's best interest.

5. Cardiopulmonary resuscitation - Refers to the use of artificial respirations to support restoration of functional breathing combined with closed chest massage to support restoration of a functional heartbeat following cardiac arrest.

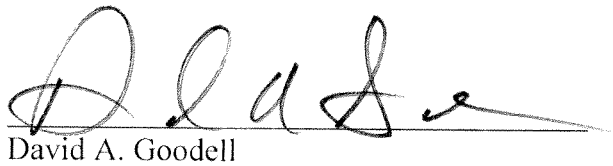
6. Responsible physician - The attending physician or primary care physician.

7. Consumer capable of consenting to DNR - An adult who has the ability to communicate and understand information and has the ability to reason and deliberate about the choices involved. As mentioned above, refer to DDSN Directive 535-07-DD: Obtaining Consent for Minors and Adults.

8. Consumer incapable of consenting to DNR - An adult who is unable to appreciate the nature and implications of his/her condition, or to make reasoned decisions concerning his/her care or to communicate decisions concerning his/her care in an unambiguous manner. This status should be verified by clinical assessment of the consumer's mental and emotional status by two physicians.

9. Surrogate – A person representing the consumer where that consumer is incapable of giving consent. Person as defined in DDSN Directive 537-07-DD: Obtaining Consent for Minors and Adults.

10. Human Rights Committee - The Department has Human Rights Committees at each Regional Center (DDSN Directive 535-02-DD: Human Rights Committee).



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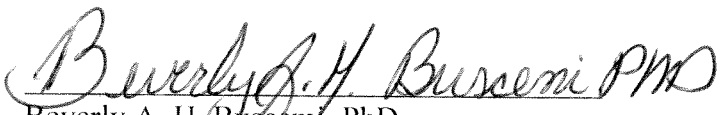

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To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number.

Attachment A - DNR Order Form