I. PURPOSE
The purpose of this policy is to provide guidelines and procedures for the decision to initiate, terminate or withhold cardiopulmonary resuscitative measures. In order to optimize patient care, code orders are written for the following purposes:

- To resuscitate patients according to their wishes and in keeping with best medical practice as determined in discussion with their physicians.
- To give clear instructions to nursing staff that will assist them in carrying out the above goal.
- To clearly indicate when a code should not be called and to document with a Do Not Resuscitate (DNR) order.

II. SCOPE
This policy applies to all IU Health North Hospital inpatients, staff, and physicians.

III. DEFINITIONS

**Do Not Resuscitate (DNR):** a DNR order refers to the withholding of the following treatments in the event of a cardiac and/or respiratory arrest:

- Endotracheal intubation and initiation of ventilatory support;
- Chest compressions;
- Electrical countershock;
- External cardiac pacing; and,
- Bolus administration of either inotropes, vasopressors or antiarrhythmics

In general, these five therapies should either be given or withheld.

**Surrogate Decision Maker:** a person who is authorized in accordance with appropriate state law, or authorized as a health care representative to consent to making health care decisions, including participation in the determination of cardiopulmonary resuscitative measures.

**Attending Physician Designee:** a member of the medical staff, other than the attending physician, who has knowledge of the patient.
IV. POLICY STATEMENTS

A. A DNR order initiates a decision to withhold resuscitative measures in the event of a cardiac and/or respiratory arrest; these measures include:
   - Endotracheal intubation and initiation of ventilatory support;
   - Chest compressions;
   - Electrical countershock;
   - External cardiac pacing; and,
   - Bolus administration of either inotropes, vasopressors or antiarrhythmics
   A code will not be called for any patient with a DNR order.

B. A code will be called for all patients who suffer cardiac and/or respiratory arrest and who do not have a DNR order. Decisions to limit therapy once a code is in progress are often appropriate, and must be guided by the attending and/or ordering physician in charge of the code team.

C. In some circumstances, and for patients without a DNR order, it may be appropriate to provide some but not all therapies for a cardiac and/or respiratory arrest. To guide clear communication in this situation.
   - a code must always be called;
   - documentation detailing which therapies should and should not be provided will be ordered and prominently recorded to guide the nurse until the code team arrives, and to facilitate rapid communication with the code team.

D. A DNR order is compatible with maximum therapy, including ICU care, in the absence of cardiac and/or respiratory arrest. A patient may be receiving vigorous support in all therapeutic modalities and justifiably have a DNR order.

E. A physician involved in the care of the patient must write the DNR order:
   - After consultation with the patient or the appropriate surrogate decision maker;
   - When there is agreement between the physician and the patient or surrogate decision maker that the burdens of the potential resuscitation outweigh the anticipated benefits.

V. PROCEDURE(s)

A. In the event of a cardiac arrest, a code will be called unless a DNR order is written.
B. The physician in charge of the code will determine any decisions to limit and/or terminate resuscitative measures once the code is in progress. The decisions should be made in the best interest of the patient based on medical judgment.

C. Efforts to reach a decision about resuscitation should be considered in advance of an acute episode, either a cardiac or respiratory arrest, in cases where this is likely to occur. Discussion of code status should be done in all cases where written advance directives are a part of the medical record.

D. If the patient is competent, the patient shall make the decision regarding code status with information and assistance from the attending or his/her designee.

E. If the patient is not competent, the physician or his/her designee shall consult with the surrogate decision maker to determine the code status.

F. Documentation:
   1. A DNR order must be a written order, dated and signed by the attending physician or attending physician designee, following discussion with the patient or surrogate decision maker(s).
   2. Additionally, a written statement shall be entered into the progress notes indicating the rationale for the decision, as well as the details of the discussion with the patient, family or the patient’s surrogate decision maker(s).
   3. A registered nurse may take a telephone DNR order from the attending physician or attending physician designee. This order will require witness and co-signature by another RN. The attending physician or attending physician designee will verify the telephone order in accordance with the IU Health North Hospital RVVO policy.
   4. DNR orders shall be reviewed in an appropriate and timely manner, as the patient status changes. DNR orders shall be rewritten each time a patient is admitted.

G. Conflict Resolution:
   1. A conflict exists when:
      - The attending physician or his designee and the patient, family or surrogate decision maker do not agree on the withholding of cardiopulmonary resuscitative measures.
      - Surrogate decision makers disagree among themselves as to what treatments are in the best interest of incompetent patients.
   2. In the event of a conflict:
      - Any of the involved parties may seek consultation from the IU Health North Hospital Ethics Committee, and/or assistance from
the IU Health North Hospital legal counsel. The Ethics committee is also a resource for consideration of the issue when other members of the health care team have concerns about the patient’s code status.

- If, after consultation with the Ethics committee, the patient or the patient surrogates do not agree on the DNR recommendation, the attending physician may transfer care of the patient to another physician who is willing to abide by the patient or surrogate request. If transfer is not possible, the physician will notify the Chief Executive, Nursing and Medical Officers, Risk Management, and the IU Health North Hospital legal counsel. Counsel will provide guidance on applicable legal issues and authorities.

VI. EXCEPTIONS
Anesthesia Care: Since the administration of anesthesia necessarily involves some practices and other procedures that might be viewed as “resuscitation” in other settings, DNR orders are generally suspended in anesthetizing locations. However, prior to procedures requiring anesthetic care, any existing directives to limit the use of resuscitative procedures should, when possible, be reviewed with the patient or designated surrogate. As a result of this review, the status of these directives should be clarified or modified based on the preferences of the patient and documented in the medical record.

VII. RESPONSIBILITY
Medical Staff

VIII. APPROVAL BODY
Medical Staff

IX. APPROVAL SIGNATURES

_____________________________  _______________________
Paul Calkins, MD     Date
Interim CMO Surgical Services

_____________________________  _______________________
Jonathan R. Goble, MHA, MBA, FACHE  Date
President and CEO