

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Do Not Resuscitate (DNR) Orders

Policy Number: 507.04.89

Effective Date: 02/01/2022

Page Number: 1 of 9

Authority:
Commissioner

Originating Division:
Health Services Division
(Physical Health)

Access Listing:
Level I: All Access

I. Introduction and Summary:

Offenders who are candidates for non-resuscitation will have the right to request physicians and other health care personnel to refrain from Cardiopulmonary Resuscitation or other life-sustaining measures through either a "Do Not Resuscitate" order or another Advance Directive. This policy is applicable to all facilities that house State offenders including Private, and County Prisons.

II. Authority:

- A. O.C.G.A.: §§31-39-1 through 31-39-9, and §§31-32-131-32-12;
- B. Georgia Department of Corrections (GDC) Standard Operating Procedure (SOP): 507.04.87 Advance Directives; and
- C. NCCHC 2018 Adult Standard: P-F-07.

III. Definitions:

- A. **Adult** - Any person who is eighteen (18) years of age or older, is the Parent of a child, or has married.
- B. **Advance Directive** - A document in which a Patient states choice for medical treatment or designates who will make treatment choices if the Patient loses Decision-Making Capacity (e.g., Living Will, Durable Power of Attorney for Health Care, Do Not Resuscitate Orders).
- C. **Attending Physician** - The physician who is selected by or assigned to a Patient in a Health Care Facility and who has the primary responsibility for the treatment and care of the Patient. Where more than one (1) physician shares such responsibility, any such physician may act as the Attending Physician.
- D. **Authorized Person** - Any person listed below in descending order of priority as listed:

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1. Any agent under a durable power of attorney for health care or Advance Directive;
 2. A spouse;
 3. A legal guardian;
 4. A son or daughter eighteen (18) years of age or older;
 5. A Parent; or
 6. A brother or sister eighteen (18) years of age or older.
- E. **Candidate for Non-resuscitation** - A Patient who, as determined to a reasonable degree of medical certainty by the Attending Physician with the concurrence of another physician, meets any one of the following criteria:
1. Has a medical condition which can reasonably be expected to result in the imminent death of the Patient;
 2. Is in a non-cognitive state with no reasonable possibility of regaining cognitive functions; or
 3. Is a person for whom CPR would be medically futile in that CPR would be unlikely to restore cardiac and respiratory function or will only restore cardiac or respiratory function for a brief period of time so that the Patient will experience repeated need for CPR over a short period of time or that CPR would otherwise medical futile.
- F. **Cardiopulmonary Resuscitation (CPR)** - Only those measures used to restore or support cardiac or respiratory function in the event of a cardiac or respiratory arrest.

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- G. **Decision-Making Capacity** - The ability to understand and appreciate the nature and consequences of options and choices available regarding health care decisions, including the benefits and disadvantages of such choices, and to reach an informed decision regarding available choices.
- H. **Health Care Facility** - A facility that is licensed as a hospital or nursing home or GDC Facility providing 24-hour skilled nursing care.
- I. **Minor** - Any person who is not an Adult.
- J. **Order Not to Resuscitate (DNR)** - An order not to attempt CPR in the event a Patient suffers cardiac or respiratory arrest, or both.
- K. **Parent** - A person who has custody of a Minor, or person with legal authority to act on behalf of Minor or is the Parent of an Adult without Decision-Making Capacity.
- L. **Patient** - A person who is receiving treatment from, or is a resident of, a Health Care Facility.
- M. **Reasonably Available** - That a person to be contacted can be contacted with diligent efforts by an Attending Physician, another person acting on behalf of the Attending Physician or the Health Care Facility within a reasonable period of time as determined by the Attending Physician.
- N. **Responsible Health Authority** - An individual who may or may not be a physician who is designated to ensure the provision of appropriate health care for Offenders. When this authority is other than a physician, medical judgments rest with a designated licensed physician.

IV. Statement of Policy and Applicable Procedures:

A. Patients with Decision-Making Capacity:

1. Every Patient will be presumed to consent to the administration of CPR in the

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event of cardiac or respiratory arrest unless there is consent or authorization for the issuance of an Order Not to Resuscitate.

2. Every Patient will be presumed to have the capacity to make a decision regarding CPR, unless documented otherwise in the Patient's health record. If Decision-Making Capacity is in question, the determination will be made by the Attending Physician. A mental health evaluation will be conducted to determine capacity.
3. An Attending Physician who determines that a Patient has a medical condition which renders the Patient a Candidate for Non-resuscitation will document this finding in the health record. The Attending Physician will discuss with the Patient the medical options available to determine the Patient's wishes regarding resuscitative measures.
4. Patients may consent verbally or in writing to an Order Not to Resuscitate (See Health Records Manual). Every attempt will be made to obtain consent in writing in the form of an Advance Directive such as Living Will or Durable Power of Attorney for Health Care (SOP 507.04.87, Advance Directives). If there is an Advance Directive, a copy will be placed in the health record. If the Patient is unable to write, consent will be documented in the health record by the Attending Physician with a witness present. The Attending Physician will write an order stating "Do Not Resuscitate (DNR)" in the physician orders.
5. Once the DNR order has been written, the nurse who transcribes the order will place a DNR sticker on the front cover of the health record and will place an orange bracelet on the Patient's wrist.
6. A Patient may, at any time, revoke consent to an Order Not to Resuscitate by making a written or verbal declaration to a physician or member of the nursing staff at the Health Care Facility where the Patient is being treated. This includes any other act demonstrating intent to revoke consent for non-resuscitation.

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7. Any health care personnel who become aware that the Patient wishes to revoke consent to DNR will immediately notify the Attending Physician.
8. Any physician who is informed or provided evidence of revocation of consent will immediately document this in the health record and discontinue the Do Not Resuscitate Order. The physician or designee will inform all other health care professionals responsible for the Patient's care.
9. The DNR sticker will be removed from the health record cover and the orange bracelet will be removed from the Patient's arm.

B. Patients Without Decision-Making Capacity:

1. For Patients who are candidates for non-resuscitation and who lack Decision-Making Capacity, an Authorized Person may consent verbally or in writing to an order to withhold CPR for the Patient (See Health Records Manual). The Authorized Person will be selected from the following list in descending order of priority:
 - a. Any agent under a durable power of attorney for health care or Advance Directive;
 - b. A spouse;
 - c. A legal guardian;
 - d. A son or daughter eighteen (18) years of age or older;
 - e. A Parent; or
 - f. A brother or sister eighteen (18) years of age or older.
2. Before consenting to an Order Not to Resuscitate, the Authorized Person must be informed of the Patient's condition, inability to make a decision and that

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consent is being sought not to resuscitate the Patient, provided that the consent is based on good faith that the Patient would have wished non-resuscitation under the present circumstances.

3. If the Attending Physician with concurrence of a second physician determines that none of the persons specified above is Reasonably Available or competent to make a decision regarding an Order Not to Resuscitate, the Attending Physician may issue an Order Not to Resuscitate for a Patient provided that:
 - a. Both physicians document in writing in the Patient's health record that such Patient is a Candidate for Non-resuscitation; and
 - b. An ethics committee or similar panel as designated by the Statewide Medical Director concurs that the Patient is a Candidate for Non-resuscitation.
4. If the DNR Order was obtained from an Authorized Person and the Patient regains Decision-Making Capacity, the Attending Physician will immediately determine if the Patient consents to the DNR order and if not, discontinue the DNR Order. The nature of the Patient's consent (verbal or written) to the DNR order will be documented in the Patient's health record. The Attending Physician or designee will notify the Patient and health care staff responsible for the Patient's care.

C. Minor Patients:

1. If the Patient is a Minor and a Candidate for Non-resuscitation, any Parent may consent to a DNR order. If the Attending Physician believes the Minor is able to understand the nature and effect of an Order Not to Resuscitate, the Minor must consent to the order.
2. If no Parent is Reasonably Available or competent to make a decision not to resuscitate, the Attending Physician may issue a DNR order provided:

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- a. The Attending Physician documents in the Patient's health record that the Patient is a Candidate for Non-resuscitation; and
 - b. An ethics committee or similar panel as designated by the Statewide Medical Director concurs that the Patient is a Candidate for Non-resuscitation.
3. Any Parent or Authorized Person may at any time revoke consent to the DNR order by notifying a physician or member of the nursing staff at the Health Care Facility, verbally or in writing, in the presence of a witness eighteen (18) years of age or older.
 4. Any physician informed of or provided notice of revocation of consent to DNR orders will immediately document this in the health record, discontinue the order and notify the health care staff responsible for the Patient's care.

D. Revocation of a Do Not Resuscitate Order (DNR):

1. If the Attending Physician at any time determines that an Order Not to Resuscitate issued at the request of the Patient is no longer appropriate because the Patient's condition has improved, the Attending Physician will immediately notify the Patient/Authorized Person.
2. If the Patient/Authorized Person declines to revoke consent to the DNR order but the Attending Physician determines the Patient is no longer a Candidate for Non-resuscitation, the Attending Physician will discontinue the DNR order and document the determination in the health record that the Patient is no longer a Candidate for Non-resuscitation.
3. The Attending Physician or designee will notify the Patient/Authorized Person and Health Care Facility staff responsible for the Patient's care of the cancellation.

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E. Duties of Health Care Providers When DNR Orders Are in Effect:

1. Once an order to withhold CPR is entered in the health record, all health care personnel responsible for the Patient's care will be notified by the Attending Physician or designee.
2. The nurse who transcribes the DNR order will place a DNR sticker on the outside of the health record and an orange bracelet on the Patient's arm.
3. Nurses and other professional staff are expected to honor the order to withhold CPR.
4. While the DNR order is in effect, the health care team will continue to maintain the Patient's comfort, hygiene, and dignity.

F. Duties of the Responsible Health Authority:

1. The Do Not Resuscitate Order (See Health Records Manual) will be the only document used. No facility will develop, modify, or alter the DNR document for use in GDC facilities.
2. The Responsible Health Authority will ensure that contracts with Community Health Care Facilities will require the submission of a copy of any DNR Order, Advance Directive, or revocation of an Advance Directive which is executed by the offender while in the Community Health Care Facility to the GDC.

G. Refusal of a Health Care Provider to Comply with a DNR Order:

1. If a licensed health care provider is assigned to care for a Patient with a DNR order and is unwilling to carry out the order, the provider will notify the supervisor and make arrangements to have the Patient transferred to another provider's care who will be willing to implement the DNR order.

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2. No physician, health care professional, or person employed by the Health Care Facility will have acted unprofessionally for providing CPR to a Patient for whom a DNR order has been written provided that the individual:
 - a. Reasonably and in good faith was unaware of the issuance of the DNR order; or
 - b. Reasonably and in good faith believed that consent to the Order Not to Resuscitate had been revoked or canceled.

H. Offenders Sent to Outside Medical Facility:

1. A copy of the signed DNR will be sent to the outside medical facility with the offender.
2. If the offenders condition deteriorates while at an outside medical facility, that facility will follow their process for DNR.
3. GDC will provide and facilitate identifying next of kin and their contact information to the outside medical facility as needed.

V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.