

DO NOT RESUSCITATE

Legal Requirements

Texas Health and Safety Code 166

University Health System

Ethics Services

August 2018

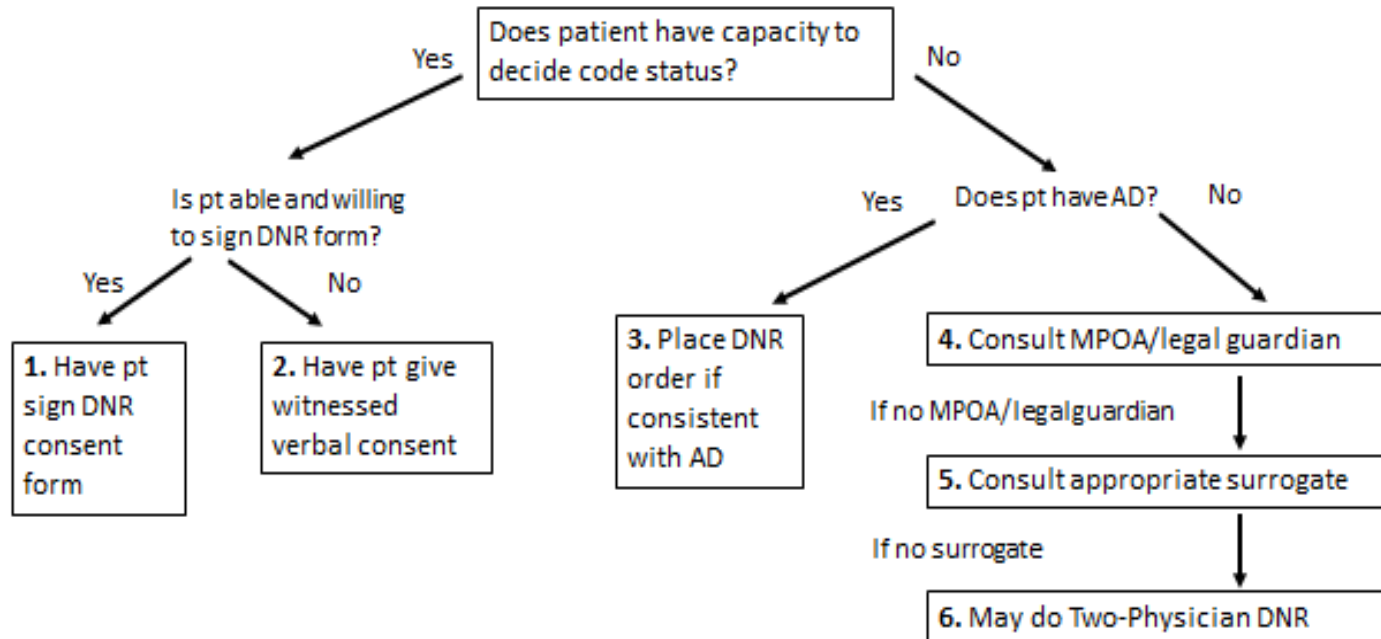
Definition of 'DNR' Under the Texas Advance Directive Act

An order instructing a health care professional not to attempt cardiopulmonary resuscitation on a patient whose circulatory or respiratory function ceases.



CPR

Valid DNR Order Workflow



AD= Advance Directive

MPOA = Medical Power of Attorney

Who May Enter a DNR ORDER

- Only the **Attending Physician** - a physician selected by or assigned to a patient who has *primary responsibility* for the patient's treatment and care

Valid DNR For a Patient With Capacity

Consent can be **WRITTEN** *or* **VERBAL**

Written Consent:

- is signed by the patient.
- does not require witnesses.
- is signed and dated by the Attending Physician.

Valid DNR For a Patient With Capacity

Verbal Consent:

- Requires 2 witnesses.
- Any competent adult can be a witness (includes attending physician and house staff)
- Only one witness can be an employee providing direct care (e.g. PA, NP, RN, RT) or a facility officer, director, or business office employee.
- Must document **full names** of both witnesses

Valid DNR For a Patient *Without Capacity*

- Must be consistent with Directive to Physician and/or Out of Hospital DNR.
- If there is no Advance Directive (AD), determine legal surrogate decision maker (HSC 166.039).
- Must document full name and relationship of surrogate decision maker.
- Witnesses are not required for surrogate decision making. Surrogate does not have to sign consent.

LEGAL Priority of Decision Makers

1. Patient with capacity (default)
2. Legal guardian or MPOA (***must have paperwork***)
3. The patient's spouse
4. The patient's reasonably available adult children
5. The patient's parents
6. The patient's nearest relative

*Note: #2-6 = Surrogate Decision Makers.

If Patient Lacks Capacity, Directive, or Surrogate

- Must document attempts to locate surrogate
- DNR must be medically appropriate
- Ordered by Attending Physician
- Order must have concurrence by a non-treating MD
- If next of kin is contacted or if they arrive at the hospital, must be notified that a DNR order is in place

Imminent Death DNR

- Must not contradict previously competent patient's directions
- Death is imminent (anticipated in minutes to hours) even with the use of CPR
- Order is medically appropriate
- Must inform the patient's surrogate decision maker

Revocation of DNR

The *only* persons with legal authority to revoke DNR:

- The patient if he/she has capacity
- The patient's Legal Guardian
- The patient's MPOA
- The Attending Physician if original order was 2 physician DNR
- **OTHER SURROGATES ARE EXCLUDED** (166.205) even if the surrogate consented to the DNR

Legal Compliance

Lack of compliance may result in criminal or civil penalties and potential review by licensure board.

Questions?

Contact Ethics Services Department

(210) 743-0751 or (210) 743-0798

Ethics.services@uhs-sa.com

References

University Health System Policy 9.07.03 “Inpatient Do Not Resuscitate”
<http://www.uhspolicies.com/Browse.asp?CategoryID=962>

Texas Health and Safety Code, Chapter 166: Advance Directives, Subchapter E: HEALTH CARE FACILITIES DO-NOT-RESUSCITATE ORDERS.
(<http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.166.htm>)

UHS Ethics Services Department Website, (<http://intranet/Services/ethics-committee/Pages/DNR-Information.aspx>)

Contact information: Ethics.Services@uhs-sa.com