



WHAT IS A DNR ORDER?

A DNR order is a physician's order not to attempt cardiopulmonary resuscitation (CPR) in a patient who has suffered cardiopulmonary arrest. That is, a DNR order is a medical order entered in the patient's chart instructing providers not to attempt to restore effective circulation if the patient does not have a pulse.

WHAT INTERVENTIONS ARE INCLUDED IN CPR?

In the non-medical setting, cardiopulmonary resuscitation is typically limited to chest compressions and mouth-to-mouth breathing. In medical settings, CPR may also include advanced airway management, defibrillation, cardiac assistive medications, and invasive procedures such as pericardiocentesis. Note that some of these interventions are used for other purposes besides CPR. Once the patient has a stable pulse, the "CPR" episode is over.

WHEN MAY A DNR ORDER BE WRITTEN?

A DNR order may be written when:

- A patient who has decision-making capacity clearly indicates that he or she does not want CPR in the event of an arrest;

or

- The authorized surrogate of a patient who lacks decision-making capacity indicates that CPR should be withheld in the event the patient suffers an arrest.

DNR orders should be discussed with the patient (and/or surrogate) in the context of a broad discussion of the goals of care. Other family members should be included in the discussion if the patient wishes.

A DNR order *may not be written* when the patient or authorized surrogate indicates that he or she wants resuscitation to be attempted.

MAY A DNR ORDER EVER BE WRITTEN WHEN A PATIENT LACKS DECISION-MAKING CAPACITY AND THERE IS NO SURROGATE?

Yes, a DNR order may be written for a patient who lacks decision-making capacity and who has no surrogate *if*:

- there is no one available or willing to act as the patient's surrogate, *and*
- in the professional judgment of the treating staff a DNR order is appropriate—i.e.,

the likelihood of successful resuscitation is negligible and potential risk of trauma to the patient is significant, *and*

- concurrence with the entry of the DNR order by the medical center Director and/or Chief of Staff and Regional Counsel is documented.

WHO MAY WRITE A DNR ORDER?

A DNR order is written by the attending physician responsible for the care of the patient.

When facility policy allows for it, DNR orders may be written by residents. *The authority of residents to write a DNR order is limited to those times when the attending physician is not readily available.* The resident must first:

- obtain consent from the patient or the patient's authorized surrogate, *and*
- discuss the order with the attending physician responsible for the patient's care, *and*
- obtain the attending physician's concurrence, *and*
- document the conversation with the attending physician in the patient's medical record.

The attending physician must countersign the progress note documenting the conversation *and* rewrite the DNR order at the earliest opportunity (in all cases within 24 hours).

SHOULD OTHER LIFE-SUSTAINING TREATMENTS BE PROVIDED WHEN A PATIENT HAS A DNR ORDER?

Yes. DNR orders apply *only* to resuscitative efforts in the event the patient suffers a cardiopulmonary arrest. *A DNR order does not mean "do not treat."*

All other life-sustaining treatments that are medically indicated—for example, dialysis, mechanical ventilation, etc.—may be accepted or refused by the patient or the patient's authorized surrogate. Unless the patient or surrogate has otherwise expressed a preference to forgo specific life-sustaining interventions, VA policy mandates that "all other indicated, medically appropriate treatments should be provided."

DNR (Do-Not-Resuscitate) ORDERS

MAY CPR BE PROVIDED TO A PATIENT WHO WISHES TO FORGO MECHANICAL VENTILATION?

Yes, a patient who is “DNI” (“do not intubate”) may still be given CPR.

In the acute care setting, CPR includes (temporary) advanced airway management as part of emergency care to restore circulation and breathing. This should be distinguished from the use of mechanical ventilation to prolong life when a patient no longer has adequate respiration due to respiratory failure outside the setting of cardiac arrest.

When a patient who has indicated that he or she does not want mechanical ventilation suffers an arrest (that is not clearly secondary to respiratory failure) and spontaneous respiration cannot be restored with CPR, *advanced airway management should be discontinued at the conclusion of the code* in accordance with the patient’s expressed preferences, even if circulation has been restored.

Physicians should clarify the difference between mechanical ventilation as a life-prolonging intervention and advanced airway management during CPR for the patient and/or surrogate as part of a broader conversation about goals of care and treatment preferences.

HOW DO DNR ORDERS RELATE TO ADVANCE DIRECTIVES?

DNR orders and advance directives differ in several important ways:

- *A DNR order is a medical order written by physicians*—An advance directive is a document authored by a patient.
- *A DNR applies immediately*—An advance directive applies *only after* the criteria specified in the advance directive are met—for example, loss of decision-making capacity, terminal and irreversible illness, persistent vegetative state, etc.

Resources

VHA Handbook 1004.3, [Do Not Resuscitate \(DNR\) Protocols within the Department of Veterans Affairs \(VA\)](#).

VHA Handbook 1004.1, [Informed Consent for Treatments and Procedures](#).

VHA Handbook 1004.2, [Advance Health Care Planning \(Advance Directives\)](#)

University of Washington School of Medicine, [Ethics in Medicine – Do Not Resuscitate Orders](#).

Weissman D, von Gunten C. [DNR Orders in the Hospital—Part 1](#) (September 2000).

Weissman D, von Gunten C. [DNR Orders in the Hospital—Part 2](#) (September 2000).

VHA National Ethics Committee, [DNR Orders and Medical Futility](#) (December 2000).

- *A DNR order is a clear, unequivocal instruction to practitioners not to initiate CPR*—An advance directive requires interpretation. Providers should confer with the patient’s authorized surrogate to determine how the wishes expressed in the directive should be carried out.

- *DNR orders refer only to withholding resuscitative efforts during an arrest*—Advance directives may be used to express goals of care and preferences regarding any life-sustaining treatment, either to request that treatment be provided (if medically indicated) or to request that treatment be withheld.

*Providers should **not** assume that because a patient has an advance directive he or she wishes to forgo resuscitative efforts.*

MAY PROVIDERS EVER WITHHOLD CPR WHEN A PATIENT DOES NOT HAVE A DNR ORDER?

Yes, in certain circumstances. When called to the bedside of a patient thought to have suffered a cardiopulmonary arrest, the responsible practitioner must make a clinical judgment whether to initiate or continue CPR based on the patient’s condition and response. If the practitioner determines that resuscitative efforts would be (or are) ineffective he or she may withhold or discontinue CPR even in the absence of a DNR order. Health care professionals have no ethical or legal obligation to provide treatment that offers no clinical benefit.

WHAT SHOULD PRACTITIONERS DO WHEN FAMILY MEMBERS DISAGREE WITH A DNR ORDER?

Under VA policy, DNR orders may only be written with the patient’s or authorized surrogate’s agreement. When there is disagreement, practitioners should make all reasonable efforts to resolve the conflict with the patient or surrogate. In difficult cases it may be appropriate to request an ethics consultation.