

Frequently Asked Questions for DNR

Q: *What is Out-of-Hospital Do-Not-Resuscitate Order?*

A: An order that allows patients to direct health care professionals in the out-of-hospital setting to withhold or withdraw specific life-sustaining treatments in the event of respiratory or cardiac arrest.

Q: *Who is a health care professional?*

A: The law defines healthcare professionals as physicians, nurses, emergency medical personnel and physician's assistants.

Q: *What are those life-sustaining treatments that are prohibited?*

A: Cardiopulmonary resuscitation (CPR) – Pushing down on the middle of the chest when a heart has stopped beating to help beat the heart, and breathing into the lungs through the mouth to fill the lungs with air for a person that has stopped breathing and whose heart has stopped beating.

Transcutaneous Cardiac Pacing – Pads put on the outside of the chest so an electrical impulse can be sent to the heart to try to regulate certain irregular beats that could be dangerous to a person's life.

Defibrillation – An electric shock put through the chest to try to start their heart beating again when it has stopped.

Advanced Airway Management – When trained people put what looks like a clear tube into a person's mouth, when that person has stopped breathing or is not able to breathe well on their own, to breathe for them.

Artificial Ventilation – When trained people use a football-sized bag and a mask that fits over a person's mouth and nose to push air into the lungs when the patient can't breathe on their own or have stopped breathing

Q: *Does this mean I can't offer any comfort (palliative) measures?*

A: No. Comfort measures are specifically allowed.

Q: *Can a DNR be revoked?*

A: A DNR can be revoked at any time by the patient or the person who acted on behalf of the agent. Revocation can be in the form of communication to responding health care professionals, destruction of the form, or removal of devices.

Q: *Is a copy of the form acceptable?*

A: You can make copies of the form before it's filled out and after it's filled out. Copies should be accepted like the originals.

Q: *What happens if the patient is transported?*

A: A copy of the form or the device must accompany the patient.

Q: *What if EMS begins treatment and is then presented with the form?*

A: After verifying the validity and correctness of the form, EMS should cease using CPR, transcutaneous cardiac pacing, defibrillation, advanced airway management and artificial ventilation on the patient.

Q: *Is the form available in Spanish or other languages?*

A: No, but the instructions for the form are on the website (www.tdh.state.tx.us/hcqs/ems/dnrhome.htm) in Spanish. Since we don't require health professionals to speak or read Spanish, we cannot require them to accept a form that is in Spanish.

Q: *What is an out-of-hospital setting?*

A: The law defines out-of-hospital as a "location in which health care professionals are called for assistance, including long-term care facilities, in-patient hospice facilities, private homes, hospital outpatient or emergency departments, physician's offices and vehicles during transport."

Q: *Why does everyone have to sign twice?*

A: That is what the legislature directed in the statute.

Q: *What happens if the form is not filled out correctly or EMS has doubts about any of the information?*

A: Health professionals can refuse to honor a DNR if they think:

- The patient is pregnant
- There are unnatural or suspicious circumstances surrounding the death.
- The form is not signed twice by all who need to sign it or is filled out incorrectly.

Q: *Does a person who wears a bracelet or necklace (called a device in the rules) have to also carry the form with them?*

A: The rule states that a DNR device shall be honored in lieu of a DNR form.

Q: *Is there a website that explains all this information?*

A: Texas Department of Health's Bureau of Emergency Management has lots of information about DNR, with link to the rules and statutes.

For general information about DNR, a copy of the form, or names of companies that supply the device, go to www.tdh.state.tx.us/hcqs/ems/dnrhome.htm.

For a copy of the statute or the rules, go to www.tdh.state.tx.us/hcqs/ems/ruladopt.htm and scroll down to Rule 157.25. There you will find a link to the statute in the Health and Safety Code, and to TDH's rules.

Q: *How does a competent person who cannot sign his or her name fill out a DNR form under Section A?*

A: In the opinion of TDH attorneys, have the person make some form or mark in Section A for signature. It does not have to be a person's legible name. The physicians and witnesses should be present at time of signing. On a separate sheet of paper, write that the signature in Section A is the person's signature and that they were competent upon signing the Patient Statement section of the form. Have the witnesses sign and date this and attach it to the DNR form.

Q: *What is an outpatient healthcare facility's responsibility specifically in regards to addressing whether or not a person has a DNR?*

A: Health care professionals must honor a valid DNR. There is nothing in the law about a facility having to inform patients about DNR. However, the Texas Department of Human Services, who regulates nursing homes, does have a policy (not a rule or law) about nursing homes providing info about DNR. You might contact them at (512) 438-3529 for more information.

Q: *It says that witness one cannot provide direct patient care. Does that mean that social workers can't sign as witness one?*

A: According to DHS, social workers, chaplains and people who provide nutrition services DO NOT provide direct patient care and therefore can sign as Witness One.

Q: *What if I have more questions?*

A: Call us at (512) 834-6700 or email us at the links on our website.

Updated 07/05

Filling out the Out-of-Hospital Do-Not-Resuscitate Form

1. Fill out patient's full legal name and date of birth. Circle male/female.
2. A: This box is for patients who are competent. The patient signs his/her name, dates the document, and prints or types his/her name.

B: This box is used when the order is being completed by someone acting on behalf of the patient. That person needs to be a legal guardian; have a medical power of attorney for the patient; be a managing conservator for the patient; be a qualified relative*; or parent of the minor child AND they must check one of the boxes on the form. The person acting on behalf of the patient must sign and date the form and then print or type his/her name.

C: This box is used when two physicians are acting on behalf of an incompetent or incapacitated patient with no other relations. One of the two boxes must be checked. Both physicians must sign the form. One of the physicians cannot be involved in the patient's treatment.

3. Two witnesses must sign that they have witnessed the above signatures.
4. The patient's attending physician must sign and date the form and give his/her license number, and print or type his/her name.

Section at the bottom of form:

The statute requires that everyone who signed the form MUST sign the form again in the bottom section.

* **Qualified Relatives:** (1) The patient's spouse; (2) the patient's reasonably available adult children; (3) the patient's parents; or (4) the patient's nearest living relative.

+ **Witnesses:** Two competent adult witnesses must sign the form acknowledging the signature of the patient or the person(s) acting on the patient's behalf (except when signed by two physicians in Section C). Witness One must meet the qualifications listed below. **Witness Two may be any competent adult.** Witness One (the "qualified" witness) may not be:

- (1) person designated to make a treatment decision for the patient;
- (2) related to the patient by blood or marriage;
- (3) entitled to any part of the estate;
- (4) be a person who has a claim against the estate of the patient;
- (5) the attending physician or an employee of the attending physician;
- (6) an employee of a health care facility in which the patient is being cared for, if he or she is involved in providing direct patient care to the patient; or

- (7) an officer, director, partner, or business office employee of a health care facility in which the patient is being cared for or any parent organization of the health care facility.