ADVANCE DIRECTIVES, DO NOT RESUSCITATE, AND DEATH IN THE OR

I. PURPOSE: To provide guidance on advance directives, do-not-resuscitate, and death in the OR, to the Department of Perioperative staff.

II. SCOPE: All medical personnel assigned to the Department of Perioperative.

III. REFERENCES:

American Society of Anesthesiologists. (2013). Ethical guidelines for the anesthesia care of patients with do-not-resuscitate orders and other directives that limit treatment.

Ewanchuk, M., & Brindley, P. G. (2006). Perioperative do-not-resuscitate orders: Doing 'nothing' when 'something' can be done. *Critical Care, 10*(4), 219-222.

Lo, B. (2006, September). DNR in the OR and afterwards.

Sulmasy, D. P., He, M. K., McAuley, R., & Ury, W. A. (2008). Beliefs and attitudes of nurses and physicians about do not resuscitate orders and who should speak to patients and families about them. *Critical Care Medicine, 36*(6), 1817-1822.

The Association of periOperative Registered Nurse (2014). AORN position statement: perioperative care of patients with do-not-resuscitate or allow-natural-death orders.

The American Society of periAnesthesia Nurses (ASPAN) (2014). Position statement on the perianesthesia patient with a do-not-resuscitate advance directive.

Torke, A. M., Sachs, G. A., Helft, P. R., Petronio, S., Purnell, C., …Callahan (2011). Timing of do-not-resuscitate orders for hospitalized older adults who require a surrogate decision-maker. JAGS,59, 1326-1311.

IV. DEFINITIONS

1. "Adult." A person is 18 years or older and emancipated minors. Minors who are or have been married are deemed adults for the purpose of consenting to medical care.

2. "Advance Directive." A written document defining a patient's wishes, should the patient become incapable of participating in medical decisions. These include a Durable Power of Attorney for Health Care and a Living Will, or Declaration of a Desire for Natural Death.

3. "Do-Not-Resuscitate Order." A written order suspending the otherwise automatic initiation of cardiopulmonary resuscitation, that is, any means used to support ventilatory and/or circulatory function until spontaneously resumed or until artificial means are established or until the patient is pronounced

dead. Resuscitative measures that may be suspended by a DNR order include cardiopulmonary resuscitation, defibrillation, and administration of medications to enhance cardiopulmonary function.

Advanced Directives

A. Responsibilities

1. Surgeon

    a. The surgeon shall review an advance directive contained in the patient's chart and discuss its content with the patient and/or the patient's healthcare representative.
    b. The surgeon must document a summary of all discussion with the patient or significant others concerning the patient's advance directive.
    c. The surgeon will incorporate the executed Advanced Directive in treatment plan.
    d. The surgeon shall ensure a patient has adequate information to make decisions, and the patient wishes are honored as much as possible.

1. OR Nurse

    a. The OR nurse shall assess and document the existence of a patient's advance directive on the initial assessment record for all patients.
    b. Assistance will be provided to the patient if he/she wants to create an advance directive and inquire whether the patient wants it as is.
    c. The nurse will communicate pertinent information to the surgeon and pertinent care providers as it relates to the patient's plan of care and known wishes.
    d. If a copy of the advance directive is not available for record, nursing will document the substance of the advance directive and/or report the name of proxy in the directive (only if patient can articulate and agree to provide the information verbally) on the initial assessment section of the advance directive.
    e. Nursing will encourage patients/family to bring the advance directives as soon as feasible.

B. Procedures

1. Adult patients will be asked if they have an advance directive at their point of entry to the hospital.

2. Patients with existing advance directives will be asked to provide copy of their advance directives, which will be placed in their medical record.

3. A patient may revoke his/her advance directive at any time either in writing or verbally; it must be documented in the patients' medical record.

4. Staff is encouraged to identify, discuss, and question ethical dilemmas (care at the end of life, organ donation, DNR, etc.) with department staff, family and patient. If the ethical concerns cannot be resolved with the discussion, the Institutional Bioethics Committee is available for consultation to review and provide guidance and recommendations.

Do-Not -Resuscitate

A. Responsibilities

1. OR nurse:

    a. Nurses have a responsibility to uphold the right of patients.

    b. Place the clear identification methods (standardized wrist bands) for the patient who has the do-not resuscitate or allow-natural-death orders

    c. Do not use acronyms and abbreviations (e.g., DNR, DNAR, OR AND) to minimize the risk of miscommunication.

2. Surgeon/proceduralist and anesthesia care providers:

    a. "Requested reconsideration" of do-not-resuscitate or allow-natural-death orders must be discussed with the patients who undergoing surgeries or other invasive procedures.

    b. Surgeon/porceduralist and anesthesia care providers should have a discussion with the patient or patient's surrogate about the risks, benefits, implications, and potential outcomes of anesthesia and surgery in relations to the do-not-resuscitate or allow-natural-death orders before initiating anesthesia, surgery, or other invasive procedure.

    c. The documentation of the discussion must be completed.

B. Procedures:

1. Patients with a do-not-resuscitate order will be tracked by the hospital with a blue ID band and blue sticker on the chart.

2. If the do-not-resuscitate order has been rescinded the blue ID band and blue sticker on the chart should be removed before entering the OR suite.

3. If staff who providing the care do not agree ethically with the patient's decisions on do-not-resuscitate order will relay concern to the OR Floor Coordinator and/or Clinical Head Nurse for alternate assignment

Death in the Operating Room

A. RESPONSIBILITIES:

1. Surgeon:

    a. The surgeon will call the time of death.

    b. The surgeon will contact the Patient Administrative Department.

    c. Fill out portion of death packet.

2. OR Nurse:

    a. Note time of death with surgeon and anesthesia.

    b. Complete count with tech.

    c. Notify Charge Nurse. (If after hours, circulating nurse will assume duties of charge nurse responsibilities)

    d. Contact the chaplain. (Chaplain is available 24 hours a day. Contact chaplain at xxx xxx xxxx per patient's religion/request.)

    e. Obtain appropriate Death Packet located at the OR front desk. Contact PAD if no packets are available.

    f. Nurse should obtain information from family to fill out death paperwork.

    g. Document Intraoperative Nurse's Note (see procedures for content required)

3. Anesthesia Provider:

    a. Note time of death with or nurse and surgeon.

    b. Document in anesthesia intraoperative report.

    c. Assists with preparation of body for transportation.
        i. Wipe off any blood from body.
        ii. Leave all tubes, lines in place.

4. Surgical technician/scrub person:

    a. Complete count with nurse.

    b. Assists with preparation of body for transportation as directed.

        i. Wipe off any blood from body.
        ii. Leave all tubes, lines in place.

5. OR Charge Nurse (If after hours, circulating nurse will be responsible for the following):

    a. Arrange for transportation of body to morgue.

    b. Inventory personal belongings and valuables and turn over to the family present. If not present, then inventory and secure valuables in a plastic bag (other than clothing) and record on Authorization of Deposit/Withdrawal of Funds/Valuables. Turn in to the Treasurer's Office AOD will assist after duty hours.

    c. Label all forms in the death packet with the patient's name, register number, and social security number (SSN). **Inpatient label should be used on all forms EXCEPT Certificate of Death.**

    d. Inventory clothing and record on Personal Effects/Clothing Record. Give inventoried clothing and personnel effects to PAD.

    e. Ensure Surgeon has signed the Death Tags, and completed their portion of the death packet. Assist OR Nurse in completing contents of death packet.

B. Procedures

1. Disposition of Remains

    a. Leave all tubes, lines in place.

    b. Prepare the body, straighten the limbs, place dentures in mouth (if applicable), bring jaws tightly together and hold for several seconds, and close eyes and hold for several seconds.

    c. If the family desires to view the remains before going to the morgue, call the originating floor ward/ICU to make arrangements to use a private room. If after duty hours, the holding area can be made available (provided there are no other patients in that room).

d. Once the body is ready to transport to the morgue, attach the three death tags one on right wrist, one on right great toe and one on the right upper corner of sheet used to wrap the remains.

e. Notify morgue and obtain special cart to transport remains back to the morgue. Use the trauma elevator to take the remains to the morgue.

2. Death Packets

    a. There are two types of death packets
        i. Hospital Death Packet

        ii. Report of Fetal Death Packet:

        iii. A fetal death (stillborn) is one which shows no evidence of life after complete delivery. ANY FETUS OVER 20 UTEROGESTIONAL WEEKS OR WEIGHING MORE THAN 500 GRAMS MUST HAVE A FETAL REPORT OF DEATH completed and a death packet initiated.

    b. Instructions are in the packets. OR Nurse will obtain information needed from family.

2. Documentation Intraoperative Nurse's Note.

    a. Time and date of death.
    b. Physician pronouncing death.
    c. Who was in the room (surgeons, OR staff, anesthesia, special others).
    d. If family were notified and by whom.
    e. Body care activities done to deceased.
    f. Disposition of deceased.
    g. Disposition of personal effects (if any in OR).