

Q. CAN THE ATTENDING PHYSICIAN DIRECT THE ENTRY OF A DNR ORDER BY TELEPHONE?

A. Yes.

Q. DO ADVANCED AGE AND INFIRMITY ALONE JUSTIFY A DNR ORDER?

A. No.

Q. CAN A DNR ORDER WRITTEN IN A HOSPITAL OR NURSING HOME APPLY TO A HOME CARE SETTING?

A. A hospital DNR order does not cover DNR decisions for patients at home. The patient or surrogate must specifically consent to a non-hospital DNR order if the patient is to be cared for at home or in other community setting.

Q. CAN A NON-HOSPITAL DNR ORDER APPLY IN AN OUTPATIENT CLINIC OF A HOSPITAL?

A. Yes.

**If you have any further questions, please call our Patient Advocate
518-483-3000 Ext. 301**

**“Quality health care with dignity
and compassion to those we serve”**

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HOSPITAL & NON-HOSPITAL DNR ORDERS

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UNDERSTANDING THE BASICS
OF DNR ORDERS

WHAT IS A DNR ORDER?

Under the law, a DNR order is “an order not to perform CPR in the event a patient suffers cardiac or respiratory arrest.” CPR means measures to restore cardiac function or to support ventilation in the event of a cardiac or respiratory arrest. Examples listed in Health Department regulations include: rescue breathing, chest compressions, medications, and electrical defibrillation. The definition of CPR excludes “measures to improve ventilation and cardiac functions in the absence of an arrest.” Thus, a patient who is experiencing a cardiac rhythm irregularity or respiratory distress can be given cardiac or respiratory support, even if there is a DNR order.

Q. WHEN ARE DNR ORDERS USED?

A. DNR (Do Not Resuscitate) orders can be used when a person stops breathing and/or their heart stops beating. There are specific DNR orders for the following settings:

- Hospitals
- Nursing Homes
- At Home and in Other Community Settings
- Mental Hygiene Facilities Operated or Licensed by the Office of Mental Health, and
- Specific Residential Developmental Centers Operated by the Office of Mental Retardation and Developmental Disabilities

Q. DOES THE DNR LAW REQUIRE HEALTH CARE PROFESSIONALS TO PERFORM CPR ON EVERY PATIENT WHO ARRESTS AND WHO DOES NOT HAVE A DNR ORDER?

A. No. Although there is a presumption that every patient who does not have a DNR order consents to CPR, that consent DOES NOT create any new duty to provide CPR. The obligation to perform CPR is defined by evolving standards of care, professional guidelines, and when applicable, Health Department regulations.

Thus, in an emergency, when the DNR law's requirements cannot be fully satisfied and the physician justifiably concludes resuscitation would be futile, resuscitation may be withheld.

Under the law, futility means “CPR will be unsuccessful in restoring cardiac and respiratory function or that the patient will experience repeated arrest in a short time period before death occurs.” Questions you may have regarding this should be discussed with your physician.

Q. WHAT IS THE DIFFERENCE BETWEEN A “NON-HOSPITAL” AND “HOSPITAL” DNR ORDER?

A. When passed in 1987, the DNR law only applied to DNR orders in health care facilities – hospital DNR orders. In 1991, the New York State Legislature amended the DNR law to include DNR outside health care facilities – non-hospital DNR orders. A non-hospital DNR order may be issued when a patient is at home or in another community setting. The non-hospital DNR can also be issued when a patient is in a health care facility to be honored when the patient is transferred home, however, hospital DNR order cannot be transferred to the home setting.

Q. DOES CONSENT TO A DNR ORDER AFFECT OTHER CARE AND TREATMENT?

A. No. Consent to a DNR order by or for a patient is NOT consent to forgo other treatment; it is a decision about CPR. However, nothing in the DNR law prohibits decisions to withhold or withdraw other life-sustaining treatments. Indeed, it is often advantageous to discuss CPR with patients or family members as part of a comprehensive discussion about the course of treatment.

Q. DOES A DNR ORDER IN LONG-TERM CARE MEAN THAT A RESIDENT SHOULD NOT BE TRANSFERRED TO RECEIVE CPR?

A. Yes. Under Health Department Regulations, CPR is defined to include “the transfer of a patient to another facility if solely for the purpose of providing cardiopulmonary resuscitation.” Hence, long-term care residents who have a DNR order should not be transferred to receive CPR. However, the DNR order does not affect decisions to transfer residents to receive other treatments.

Q. MUST A DNR ORDER BE IN WRITING?

A. Yes. A DNR order must be in writing in the patient's chart, although the writing may be an entry indicating that the attending physician issued the order over the telephone.

Non-hospital DNR orders must be issued on a standard Department of Health form. The form must be kept with the patient at home or in other community settings.

Q. DOES THE LAW REQUIRE HEALTH CARE PROFESSIONALS TO FILL OUT PARTICULAR FORMS?

A. The law requires physicians to write certain information in the patient's chart. Many facilities have developed forms to facilitate compliance with the law, but forms are not required by the law. The law requires physicians to issue the non-hospital DNR order on a standard Department of Health form.

Q. WHAT IS AN ATTENDING PHYSICIAN UNDER THE LAW?

A. The attending physician is the physician selected or assigned to a patient who has primary responsibility for the treatment and care of the patient. When more than one physician shares this responsibility, any such physician can be considered the attending physician.

Q. CAN A PHYSICIAN WRITE A PARTIAL HOSPITAL DNR ORDER, SUCH AS AN ORDER NOT TO INTUBATE THE PATIENT IN THE EVENT OF ARREST?

A. Yes, with consent from the patient, agent or surrogate.

Q. CAN A PHYSICIAN WRITE A HOSPITAL DNR ORDER THAT DOES NOT APPLY IN CERTAIN SETTINGS, SUCH AS THE OPERATING ROOM?

A. Yes, if the patient, agent or surrogate consents. Prior to an operation, PHYSICIANS should discuss CPR with the patient, agent or surrogate for any patient who has a DNR order and determine if they wish to consent to suspend the order during surgery.