

Understanding DNR Orders



Do not resuscitate (DNR) orders tell hospital staff not to do potentially life-restoring measures, such as CPR, if you or your loved one's heart and lungs stop working. It allows a natural death. And it prevents healthcare staff from artificially reviving a person and placing them on life support. In many states, a DNR order also applies to staff outside the hospital. This includes in nursing homes and emergency medical services. A DNR order must be written by a healthcare provider. Or in some cases, certain other healthcare workers write it. This can only be done with the person's or family's consent. An advance medical directive is a form that lets a person plan ahead for the care they'd want if they no longer can express their wishes. If a person has not written an advance medical directive, their family will decide on a DNR with the help of the healthcare team.

The person can cancel a DNR order at any time. The healthcare team can answer questions about the DNR form. Have copies of a DNR form readily available so that your wishes can be faithfully followed.

Writing a DNR order

When might a DNR order be written? When the person's health condition is such that CPR and other resuscitation methods are not desired. This is true in the case of cardiac arrest. This could be because the chance of successful resuscitation is very low. Or it could be because the care plan now focuses on comfort measures instead of life-sustaining measures. Coma and terminal illness are instances when a DNR order might be used.

Irreversible coma

A person does not respond to sight, sound, or touch in a coma. The heart and lungs could be working, but brain function is damaged due to trauma or disease.

Terminal illness

In the last stages of heart disease, AIDS, cancer, and other illnesses, some people don't want to prolong their suffering. A person or their family may agree to a DNR order if recovery isn't likely and quality of life is poor or getting worse.

DNR orders and hospice care

A hospice program can offer care during the final weeks of life. Hospice programs provide dignity, pain control, and comfort care in the home or at special facilities. Hospice does not provide aggressive treatment. In fact, a DNR order will likely be discussed before a person is admitted to hospice. A social worker or case manager may be able to help you arrange for hospice support.

Documenting end-of-life wishes

A person with a serious, life-limiting illness may wish to document their treatment wishes in addition to DNR orders. This is called a POST form or by different names. It depends on the state. It's meant to provide a portable medical order to help guide healthcare providers on the specific medical treatments a person wants during a medical emergency. It's meant to complement a DNR order, not replace it. Your healthcare provider can tell you more and help you complete the forms. The form may be called one of these:

- MOLST (medical orders for life-sustaining treatment)
- POLST (physician orders for life-sustaining treatment)
- MOST (medical orders for scope of treatment)
- POST (physician orders for scope of treatment)

- TPOPP (transportable physician orders for patient preferences)

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