 Department of Health Government of Nunavut		<b>NURSING POLICY, PROCEDURE AND PROTOCOLS</b>	
		<b>Community Health Nursing</b>	
<b>TITLE:</b>		<b>SECTION:</b>	<b>POLICY NUMBER:</b>
<b>Do Not Resuscitate Order</b>		Nursing Practice	07-017-00
<b>EFFECTIVE DATE:</b>	<b>REVIEW DUE:</b>	<b>REPLACES NUMBER:</b>	<b>NUMBER OF PAGES:</b>
February 10, 2018	February 2021		2
<b>APPLIES TO:</b>			
Community Health Nurses			

#### **POLICY 1:**

**A Do Not Resuscitate (DNR) order must be ordered by a physician and clearly documented in the client's health record. In the event a physician is not present in the community to document the DNR order in the client's record, a telephone order may be given. The telephone order must be verified by two staff members, one of whom shall be a Registered Nurse.**

**The attending physician shall discuss the issue of DNR with the client (if capable) or if the client is not capable, with the substitute decision maker/power of attorney (POA). The physician or delegate must make a reasonable attempt to identify a person capable of making decisions on behalf of the client.**

**The outcome of the discussions with the client / substitute decision maker/ power of attorney leading up to the DNR order shall be recorded on the client's health record. This should include:**

- **Client's prognosis, including likelihood of reversing the illness, and agreement on prognosis among consulting physicians;**
- **Discussions of treatment plan and options with the client or substitute decision maker, as well as others on the health care team;**
- **Views of the client, or substitute decision maker, concerned with client's comfort**
- **Signature of the client / substitute decision maker/ POA on the *Nunavut Care Level Planning* form.**

#### **POLICY 2:**

**Where a previously arranged instruction from the client exists, either as an advanced directive, living will, or written DNR order from another institution, they should be respected, providing the physician is satisfied that:**

- **The document is valid;**
- **The elapsed time since the document was drafted is (in the physician's judgment) reasonable,**
- **The client's condition has not undergone enough change to warrant a new decision,**
- **The client's wishes have not changed.**

#### **POLICY 3:**

**A capable client or substitute decision maker may request that a voluntary DNR order be rescinded at any time. Provided that CPR is medically supportable, such a request must be followed by a written order and an accompanying progress note explaining the change.**

#### DEFINITIONS:

**Capability:** All adults are presumed to be capable of making health care decisions until there is clear evidence that the adult is incapable of making a clear decision. Capability and incapability is assessed on the Adult's understanding:

- Of the information being given to him/her
- That the information applies to his/her own situation.

#### DEFINITIONS:

**Do Not Resuscitate:** means the practitioner will not initiate basic or advanced cardiopulmonary resuscitation such as:

- Chest compression;
- Defibrillation;
- Artificial ventilation;
- Insertion of an oropharyngeal or nasopharyngeal airway;
- Endotracheal intubation;
- Transcutaneous pacing;
- Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents, and opioid antagonists.

#### RELATED POLICIES, GUIDELINES AND LEGISLATION:

Policy 07-016-00                      Advance Directive  
Template 07-016-01                Nunavut Care Level Planning Form

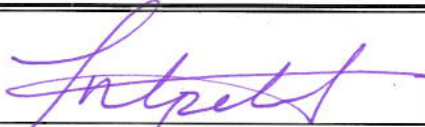

#### REFERENCES:

Canadian Nurses Association (2008). *Code of Ethics for Registered Nurses*. Ottawa, ON.

Canadian Nurses Association (2008). *Position Statement: Providing nursing care at the end of life*. Ottawa, ON.

Canadian Nurses Association (1998). *Advance Directives: The Nurse's Role. Ethics in Practice*.

GUARDIANSHIP AND TRUSTEESHIP (S.N.W.T. 1994, c.29, as as duplicated for Nunavut by s.29 of the *Nunavut Act*, S.C. 1993, c.28)

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