



Do Not Resuscitate Status/Advance Directives/Healthcare Power of Attorney (POA) Status

Aliases

Comfort care

Do Not Resuscitate (DNR)

Patient Care Goals

To acknowledge and maintain the variety of ways that patients can express their wishes about cardiopulmonary resuscitation or end-of-life decision making

Patient Presentation

Inclusion/Exclusion Criteria

1. Patients must have one of the following documents or a valid alternative (such as identification bracelet indicating wishes) immediately available. Note that some specifics can vary widely from state to state:
 - a. Physician Orders for Life Sustaining Treatment (POLST) or Medical Orders for Life Sustaining Treatment (MOLST) – explicitly describes acceptable interventions for the patient in the form of medical orders, must be signed by a physician or other empowered medical clinician to be valid
 - b. Do Not Resuscitate (DNR) order – identifies that CPR and intubation are not to be initiated if the patient is in arrest or peri-arrest. The interventions covered by this order and the details around when to implement them can vary widely
 - c. Advance directives – document that describes acceptable treatments under a variable number of clinical situations including some or all the following: what to do for cardiac arrest, whether artificial nutrition is acceptable, organ donation wishes, dialysis, and other parameters. The directives frequently do not apply to emergent or potentially transient medical conditions
 - d. As specified from state to state, in the absence of formal written directions (MOLST, POLST, DNR, advanced directives), and in the presence of a person with power of attorney for healthcare or healthcare proxy, that person may prescribe limits of treatment
2. One of the documents above is valid when it meets all the following criteria:
 - a. Conforms to the state specifications for color and construction
 - b. Is intact: it has not been cut, broken or shows signs of being repaired
 - c. Displays the patient's name and, if required by state law or regulation, the physician's name
3. If there is question about the validity of the form/instrument, the best course of action is to proceed with the resuscitation until additional information can be obtained to clarify the best course of action
4. If a patient has a valid version of one of the above documents, it will be referred to as a "valid exclusion to resuscitation" for the purposes of this protocol

Patient Management

Assessment

1. If the patient has a valid exclusion to resuscitation, then no CPR or airway management should be attempted, however this does not exclude comfort measures including medications for