

DNR DOCUMENTATION SHEET #1
ADULT PATIENT WITH CAPACITY

Directions: This Documentation Sheet sets forth in consecutive order the steps that must be followed before writing a DNR ORDER [or NON-HOSPITAL DNR ORDER] for an ADULT patient with CAPACITY. Words that appear in the directions in all capital letters are defined in the DNR Policy. When completed, this Sheet must be placed in the patient's medical record.

Step One

The RESPONSIBLE PHYSICIAN must provide the patient with information regarding CPR and a DNR ORDER.

RESPONSIBLE PHYSICIAN's Statement

I have provided to the patient information about his/her diagnosis and prognosis, the range of available resuscitation measures, the reasonably foreseeable risks and benefits of cardiopulmonary resuscitation for him/her, and the consequences of a DNR ORDER.

Date

Print Name of RESPONSIBLE PHYSICIAN

Signature of RESPONSIBLE PHYSICIAN

Step Two

The patient must give oral or written consent to a DNR ORDER at or about the time the DNR ORDER is to be written. Oral consent must be given during hospitalization in the presence of two WITNESSES, one of whom must be on the medical staff of the Hospital. [In the case of a NON-HOSPITAL DNR ORDER, the physician WITNESS must be the RESPONSIBLE PHYSICIAN.]

Witness' Statement

The patient has expressed orally in my presence the decision to consent to a DNR ORDER, subject to the following conditions or limitations (if any):

1. Consent not applicable during a surgical procedure or during recovery period after a surgical procedure (indicate if not applicable).
2. _____
3. _____

Date

Print Name of Witness

Signature of Witness

Title/Relationship to Patient

Date

Print Name of RESPONSIBLE PHYSICIAN

Signature of RESPONSIBLE PHYSICIAN

Instead of the oral consent, the patient may choose to consent in writing to the DNR ORDER. Written consent must be signed by the patient and two WITNESSES. A copy of the written consent must be placed in the medical record. [In the case of a NON-HOSPITAL DNR ORDER, written consent must be on the Form developed by the State of New York attached to this Documentation.]

Step Three

The RESPONSIBLE PHYSICIAN must promptly do one of the following.

- A. issue the DNR ORDER, or issue the ORDER at such time as any conditions specified in the patient's decision are met; or
- B. make his/her objections to the DNR ORDER and the reasons known to the patient and either transfer the patient to another RESPONSIBLE PHYSICIAN or refer the matter to the DISPUTE MEDIATION SYSTEM.

Indicate action taken: (check one)

- DNR ORDER issued
- Patient transferred to another RESPONSIBLE PHYSICIAN
- Referred to DISPUTE MEDIATION

REMINDER: The DNR ORDER must be reviewed every seven days, or sooner if there is an improvement in the patient's condition, or for alternative level of care patients, each time the patient is examined by a physician, but at least every sixty days, and the review must be documented in the medical record. [A NON-HOSPITAL DNR ORDER must be reviewed each time the RESPONSIBLE PHYSICIAN examines the patient (but need not be reviewed more than once every seven days) but at least every ninety days and the review must be documented in the medical record.]