



The Mount Sinai Hospital
One Gustave L. Levy Place
New York, NY 10029-6574

DNR DOCUMENTATION SHEET #4
ADULT PATIENT WITHOUT CAPACITY AND WITH A HEALTH CARE AGENT

PATIENT NAME: _____

Unit # _____

Directions: This Documentation Sheet sets forth in consecutive order the steps that must be taken prior to writing a DNR ORDER [or NON-HOSPITAL DNR ORDER] for a patient who has appointed a HEALTH CARE AGENT by means of a health care proxy under the Health Care Agents and Proxies Law and who has been found to lack the capacity to make health care decisions pursuant to that law (see Health Care Proxy Documentation Sheet). When completed, this documentation sheet must be placed in the patient's medical record.

The term "DNR ORDER" means an order not to attempt cardiopulmonary resuscitation (CPR) in the event of a cardiac or respiratory arrest.

Step One

The RESPONSIBLE PHYSICIAN must determine and document in the patient's medical record that the patient lacks capacity to make health care decisions, and must also document that certain people have been given notice of the determination of incapacity. Several steps are involved in the determination of incapacity, and physicians are advised to use the Hospital's Health Care Proxy Documentation Sheet (available at nursing stations) for this purpose and to consult the Hospital's policy on Health Care Agents and Proxies.

Step Two

The RESPONSIBLE PHYSICIAN must provide the patient's HEALTH CARE AGENT with information regarding CPR and DNR ORDERS.

RESPONSIBLE PHYSICIAN's Statement

I have provided the above-named patient's health care agent with information about the patient's diagnosis and prognosis, the range of available resuscitation measures, the reasonably foreseeable risks and benefits to the patient of cardiopulmonary resuscitation, and the consequences of a DNR order.

Date

Print Name of RESPONSIBLE PHYSICIAN

Signature of RESPONSIBLE PHYSICIAN

Step Three

The patient's HEALTH CARE AGENT 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 (aged 18 or older), one of whom must be on the medical staff at the Hospital.

Witness' Statement: Oral Consent to DNR Order

The patient's health care agent 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

Date Print Name of Physician Witness Signature of Physician Witness

Instead of oral consent, the patient's health care agent may choose to consent in writing to a DNR ORDER on the form attached hereto. The written consent must be placed in the patient's medical record.

Alternatively:
Written Consent By HEALTH CARE AGENT To DNR ORDER

1. I hereby authorize Dr. _____ to issue a DNR ORDER on the patient _____ I understand this means that cardiopulmonary resuscitation will be withheld in the event the patient's heart stops beating or the patient stops breathing, unless that occurs during a surgical procedure or during the recovery period after a surgical procedure.
2. Dr. _____ has explained to me the patient's diagnosis and prognosis, the range of available resuscitation measures, the reasonably foreseeable risks and benefits of cardiopulmonary resuscitation, and the consequences of an order not to resuscitate the patient.
3. I am making this decision based on: (check one)
 a. the patient's known wishes; or
 b. the patient's best interests, since the patient's wishes are unknown and cannot be ascertained.
4. I am the patient's Health Care Agent.
5. I confirm that I have read and fully understand the above and that all blank spaces have been completed prior to my signing.

Date Print Name Signature

Step Four

If there is any indication of ability to comprehend, and the RESPONSIBLE PHYSICIAN has not determined that the patient would suffer immediate and severe injury from a discussion of CPR, notice of the decision must be provided to a patient.

Notice to Patient of DNR Order

Check one of the following:

- a. There is no indication of the patient's ability to comprehend such notice, and I am therefore not providing notice of the decision; or
- b. I have determined that the patient would suffer immediate and severe injury from a discussion of CPR, and I am therefore not providing notice of the decision; or
- c. I have given the patient notice of the DNR ORDER.

Date

Print Name of RESPONSIBLE PHYSICIAN

Signature of RESPONSIBLE PHYSICIAN

IF THE PATIENT OBJECTS, A DNR ORDER MUST NOT BE ISSUED

Step Five

The RESPONSIBLE PHYSICIAN must promptly do one of the following:

- a. issue a DNR ORDER, or issue a DNR ORDER at such time as any conditions specified in the HEALTH CARE AGENT's decision are met; or
- b. make his/her objections to a DNR ORDER and the reasons therefore known to the HEALTH CARE AGENT, and thereafter either transfer the patient to another RESPONSIBLE physician or refer the matter to the Hospital's DISPUTE MEDIATION SYSTEM.

Indicate action taken: (check one)

- DNR order issued
- Patient referred 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, and the review must be documented by means of a progress note in the patient's 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.]