

DNR DOCUMENTATION SHEET #6
ADULT PATIENT WITHOUT CAPACITY AND
WITHOUT A HEALTH CARE AGENT OR SURROGATE*

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 an ADULT patient without CAPACITY who has no HEALTH CARE AGENT or SURROGATE. Words that appear 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 determine that the patient lacks CAPACITY.

Determination of Capacity

I have examined the patient and have determined to a reasonable degree of medical certainty that he/she lacks the ability to understand and appreciate the nature and consequences of a DNR ORDER, including the benefits and disadvantages, and to reach an informed decision. In my opinion, the cause and nature of the patient's incapacity are: _____
and its extent and probable duration are: _____

Date

Print Name of RESPONSIBLE PHYSICIAN

Signature of RESPONSIBLE PHYSICIAN

Step Two

A CONCURRING PHYSICIAN*** must agree with determination that the patient lacks CAPACITY.

* If the patient has previously consented to a DNR ORDER, use Documentation Sheet #3.

** Under these circumstances, until September 1, 1992, a NON-HOSPITAL DNR ORDER may only be written during a patient's hospitalization, to take effect after hospitalization.

*** If the patient's incapacity is due to a DEVELOPMENTAL DISABILITY or MENTAL ILLNESS, the concurring opinion must be provided by a physician with specialized training. See DNR Policy, section IIF.

CONCURRING PHYSICIAN's Statement

I have personally examined the patient and have determined to a reasonable degree of medical certainty that he/she lacks the ability to understand and appreciate the nature and consequences of a DNR Order, including the benefits and disadvantages, and to reach an informed decision. In my opinion, the cause and nature of the incapacity are: _____
and its extent and probable duration are: _____

Date

Print Name of CONCURRING PHYSICIAN

Signature of CONCURRING PHYSICIAN

Step Three

The RESPONSIBLE PHYSICIAN must determine that there is no HEALTH CARE AGENT or SURROGATE from the following list* available to make a decision on behalf of the patient.

- a. a HEALTH CARE AGENT;
- b. an INDIVIDUAL DESIGNATED BY THE PATIENT;
- c. a court appointed committee or guardian of the patient;
- d. the spouse;
- e. a son or daughter, aged 18 or older;
- f. a parent;
- g. a brother or sister, aged 18 or older; or
- h. a CLOSE FRIEND.

Determination of Lack of Surrogate/Health Care Agent

I have determined that there is no surrogate or health care agent available to consent for the patient.

Date

Print Name of RESPONSIBLE PHYSICIAN

Signature of RESPONSIBLE PHYSICIAN

* If there is a qualified HEALTH CARE AGENT or SURROGATE, use Documentation Sheet #4 or #5, respectively.

Step Four

If there is any indication of the patient's ability to understand the RESPONSIBLE PHYSICIAN must notify the patient of the determination of lack of CAPACITY and provide the patient with a copy of the Department of Health's Statement of Rights.

Notice to Patient of Lack of Capacity

I have provided notice of the determination of the patient's lack of capacity to the patient, if there is any indication of patient's ability to understand such notice.

(check one)

- _____ a. There is no indication of the patient's ability to comprehend such notice and I am therefore not providing notice to patient, or

_____ b. I have given the patient notice of the determination.

Date

Print Name of RESPONSIBLE PHYSICIAN

Signature of RESPONSIBLE PHYSICIAN

Step Five

The RESPONSIBLE PHYSICIAN must make a determination that CPR would be MEDICALLY FUTILE. A CONCURRING PHYSICIAN must agree with the determination.

Determination of Medical Futility

I have personally examined the patient and have determined, to a reasonable degree of medical certainty, that CPR would be medically futile (except for the period during a surgical procedure and during the period of recovery from a surgical procedure).

Date

Print Name of RESPONSIBLE PHYSICIAN

Signature of RESPONSIBLE PHYSICIAN

Date

Print Name of CONCURRING PHYSICIAN

Signature of CONCURRING PHYSICIAN

If the RESPONSIBLE PHYSICIAN determines that CPR would not be MEDICALLY FUTILE but that a DNR ORDER should nonetheless be written, the Legal Department should be consulted.

Step Six

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 Seven

The RESPONSIBLE PHYSICIAN may now issue the DNR Order. [A NON-HOSPITAL DNR ORDER must be documented on the New York State form, a copy of which is attached.]

REMINDER: The DNR ORDER must be reviewed every seven days, or sooner if there is an improvement in the patient's condition, or for alternate 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.]