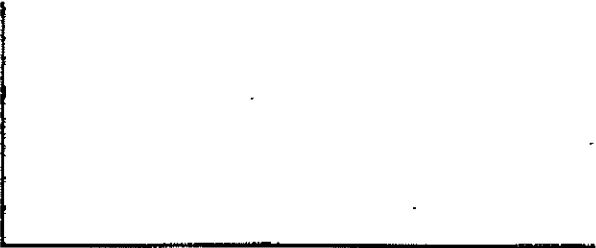




The Mount Sinai Hospital
One Gustave L. Levy Place
New York, NY 10029-6574



DNR DOCUMENTATION SHEET #3
ADULT PATIENT WITHOUT CAPACITY WHO
PREVIOUSLY CONSENTED TO A DNR ORDER

Directions: This Documentation Sheet sets forth, in consecutive order, the steps that must be followed prior to writing a DNR ORDER [or NON-HOSPITAL DNR ORDER] for an ADULT patient without CAPACITY who PREVIOUSLY CONSENTED to a DNR ORDER. 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, disadvantages and alternatives, 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 the determination that the patient lacks CAPACITY.

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

* 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.

Step Three

The RESPONSIBLE PHYSICIAN must determine whether there is a HEALTH CARE AGENT, or if not who is the proper SURROGATE for the purpose of giving notice of incapacity. The HEALTH CARE AGENT or SURROGATE must be selected from the following list in the order of priority listed:

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

_____	_____	_____
Date	Print Name of Health Care Agent or Surrogate	Signature of Health Care Agent or Surrogate

		Relationship to Patient

Step Four

The RESPONSIBLE PHYSICIAN must notify the HEALTH CARE AGENT or SURROGATE of the determination that the patient lacks CAPACITY. In addition, if there is any indication of the patient's ability to understand, notice must be given to the patient, together with a copy of the Department of Health's DNR Statement of Rights.

**Notice to Patient and Health Care Agent
or Surrogate of Lack of Capacity**

- (a) I have provided notice of the determination of the patient's lack of capacity to the HEALTH CARE AGENT or SURROGATE; and
- (b) (check one)
 - ___ 1. There is no indication of the patient's ability to comprehend such notice and I am therefore not providing notice to the patient; or
 - ___ 2. 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 obtain documentation that the patient PREVIOUSLY CONSENTED to a DNR ORDER and attach such documentation to this Documentation Sheet.

The RESPONSIBLE PHYSICIAN must review the PREVIOUS CONSENT and determine that any specified medical conditions described in that document exist.

Determination of Medical Conditions

I have personally examined the patient and have determined to a reasonable degree of medical certainty that the medical conditions described in patient's previous consent to a DNR ORDER exist.

Date

Print Name of
RESPONSIBLE PHYSICIAN

Signature of
RESPONSIBLE PHYSICIAN

Date

Print Name of RESPONSIBLE PHYSICIAN

Signature of RESPONSIBLE PHYSICIAN

Step Six

The RESPONSIBLE PHYSICIAN must promptly do one of the following:

- a. issue the DNR ORDER; or
- b. object to the issuance of the DNR ORDER 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 SYSTEM

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.]