



Do Not Resuscitate Orders

Patients have the right to participate in their healthcare and treatment to the fullest extent possible. Do Not Resuscitate (DNR) orders express the wishes of the patient or the patient's legal representative, and are documented and followed so long as they are consistent with legal requirements and PeaceHealth Southwest policy.

A competent adult patient's oral or written directive to his/her physician, or a completed Physician's Order for Life Sustaining Treatment (POLST) form stating not to attempt resuscitation, shall be honored. An incompetent patient's right to refuse resuscitation may be exercised through the POLST form or by the patient's legally authorized representative(s) in accordance with federal and state laws regarding the rights of incompetent persons. Further clarification of resuscitative status, medical interventions, use of antibiotics, artificially administered fluids and nutrition shall be addressed on the Physician's Order for Life Sustaining Treatment (POLST) form.

Cardiopulmonary Resuscitation (CPR) shall be initiated whenever cardiac and/or respiratory arrest is recognized unless otherwise ordered by the patient's physician. A Do Not Resuscitate (DNR) order is needed when CPR is *not* to be initiated.

Prior to issuing a DNR order, the attending physician advises the patient, or legally authorized representative(s) of the seriousness of the diagnosis, prognosis, discuss the implications of CPR, and document the discussion and decision in the medical record.

The patient's wishes with regard to Do Not Resuscitate orders shall be paramount. However, if/when family members disagree, decision makers may be assisted in coming to consensus regarding appropriate resuscitative efforts by consultation with legal, medical, and spiritual representatives, as well as the patient's immediate family and/or significant others, to clarify the patient's clinical status and prognosis, address moral and spiritual concerns, and describe long term implication of immediate decisions.

The patient, or the patient's legally authorized representative(s) may change their mind at any time about resuscitation status by indicating that they do wish medical intervention to occur.