

# What is a DNR order?

## Do-not-resuscitate order

A do-not-resuscitate order, or DNR order, is a medical order written by a doctor. It instructs healthcare providers **not** to do cardiopulmonary resuscitation (CPR) if a patient's breathing stops or if the patient's heart stops beating.

DNR orders guide your healthcare providers during an emergency when there is typically no time to discuss what to do. Without a DNR order the default of healthcare providers responding to an emergency is to do everything possible to keep the person alive. A DNR order is specific about CPR. It does not have instructions for other treatments, such as pain medicine, other medicines, or nutrition.

If the patient has a DNR order, they always have the right to change their mind and request CPR, if they have the capacity to make medical decisions for themselves.

The patient may have named someone to speak for themselves, such as a healthcare agent. If so, this person or a legal guardian can agree to a DNR order for the patient.

The doctor writes the order only after talking about it with the patient (if possible), the health care agent, or the patient's family.

## What is Resuscitation?

CPR (cardiopulmonary resuscitation) is the treatment you receive when your blood flow or breathing stops. It may involve:

- Simple efforts such as mouth-to-mouth breathing and pressing on the chest
- Electric shock to restart the heart
- Breathing tubes to open the airway
- Medicines

## Making the Decision When the Patient Cannot

If the patient is unable to make medical decisions for themselves due to illness or injury, a representative for the patient (healthcare agent, next of kin, spouse or family member) may be asked to choose whether CPR should be done for them. If the patient has named a healthcare agent, that person can make the determination about a DNR. If the patient hasn't designated anyone to speak for themselves, it is important to gather those who had discussions with them and know what the patient would want in an emergency, and honor those wishes/conversations.

If you are representing the patient's wishes, keep in mind that this is what they would want and not **your** decision. Rather, you are standing in for the patient, being their voice when they can't use their own.

- If the representative wants the patient to receive CPR, they do not have to do anything.
- If the representative does **not** want CPR, talk with the doctor about a DNR order.
- Talk to the doctor about the pros and cons of CPR.
- Learn more about the patient's medical condition and what to expect in the future.
- A DNR order may be an appropriate part of a rehabilitation plan as well as a palliative care plan.

## What is Life-Sustaining Treatment?

Life-sustaining treatment is any medical intervention, technology, procedure, or medication that forestalls the moment of death, whether or not the treatment affects the underlying life-threatening diseases or biological processes. Examples include mechanical ventilation, dialysis, cardiopulmonary resuscitation (CPR), antibiotics and other medications, transfusions, nutrition, and hydration. Decisions about using forms of life-sustaining treatment, or withholding them, require patients or surrogates to balance carefully the potential burdens against the benefits.

### Withholding vs Withdrawing Life-sustaining Treatment

Life-sustaining treatment is considered withheld when the patient or the patient's health care agent instructs health care providers not to begin a medical treatment, and the expected result is that the patient will not live without it. Life-sustaining treatment is considered withdrawn when a treatment that has been initiated is stopped. Often, the patient or patient's agent, other loved ones, and the attending physician agree on a time-limited trial of life-sustaining treatment, hoping for improvement. If the patient does not improve, the treatment is stopped.

### End of Life Discussions

Issues and questions about end of life may arise while the patient is here at Shepherd Center. Decisions for withdrawing or withholding treatments have many considerations, including, but not limited to: the prognosis and treatment of the patient's medical condition and the previously expressed wishes of the patient. Their wishes may be in the form of an advance directive for healthcare (sometimes called a living will) or even simply discussed in a previous conversation. Each situation is unique. Please talk to your doctor, case manager or the family counselor.

Shepherd Center is committed to being open and non-judgmental about having these tough discussions. There may be a time when the patient's medical condition necessitates bringing up the topic of end of life decisions with you. We want you to be educated about the treatments that the patient is receiving, and we are dedicated to approaching treatment options from a holistic place, considering family and discharge plan.