

| Document Code: | DPOTMH-I-P09-S07 |
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| Effective Date: | 06-30-2022 |
| Document Type: | Standard Operating Procedure |
| Page Number: | 1 of 4 |
| Department/Section: | Nursing Service Division |
| Document Title: | DO NOT ATTEMPT RESUSCITATION PROTOCOL |

PURPOSE:

- To establish guidelines for a Do Not Attempt Resuscitation (DNAR) and to permit Attending Physicians to withhold resuscitative measures from patients in accordance with their wishes.
- 2. To clarify the roles of Attending Physicians, Hospital Staff, Family Members and the patient in the decision to withhold resuscitation services.

SCOPE:

Applies to all Nursing Service Division (department/ section/ unit) staff of Dr. Pablo O. Torre memorial hospital, medical doctors, patient/significant others (nearest of kin), Nursing Student supervised by the RCI Clinical Instructor

PERSON RESPONSIBLE:

Medical Doctors, Registered Nurse, Patient/ Significant Others (Nearest of Kin), Nursing Student supervised by the RCI Clinical Instructor

GENERAL GUIDELINES:

- 1 A Do Not Attempt Resuscitation (DNAR) Order
 - 1.1 Shall be requested by the patient, either verbally or in a Living Will, the patient's surrogate or the patient's proxy;
 - 1.2 Shall not be entered based solely on the Attending Physicians' judgment or findings of terminal or medical futility;
- 2 DNAR Orders shall be given only by the Attending Physician/Resident Physician with the informed consent of the patient or the patient's Substitute Decision-maker.
- 3 DNAR order shall be documented in the patient's chart.



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- 4 If a decision is made to revoke the DNAR instruction, the Attending Physician/Resident Physician shall be notified immediately and all copies of the form shall be retained in the patient's chart.
- 5 The DNAR order shall be reassessed as part of the ongoing evaluation of patient's status. In case of any changes the patient/surrogate decision maker must sign the new DNAR Consent Form
- 6 The DNAR order shall be affirmed, modified, or revoked only after a discussion between the Attending Physician and the patient or the surrogate(s) decision maker and the consent of the patient or surrogate.

PROCEDURE:

- 1 Attending Physician appraises the patient/surrogate decision maker of the patient's health condition.
- 2 Attending Physician(s)/Resident Physician writes a DNAR order in the patient's chart as agreed upon with the patient/surrogate decision maker.
- 3 Nurse on duty/Nursing Student supervised by the RCI Clinical Instructor carries out the DNAR order and fills out the patient's data in the Do Not Attempt Resuscitation Consent Form.
- 4 Patient/surrogate decision maker checks and signs the waived interventions in the Do Not Attempt Resuscitation Consent Form.
- 5 Nurse on duty/Nursing Student supervised by the RCI Clinical Instructor, Senior Nurse/Head Nurse and Resident Physician affixes their signature as witness in the space provided.



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- 6 In case the patient/surrogate decision maker decides to withdraw the DNAR agreement:
 - 6.1 The patient/surrogate decision maker writes "Revoked" at the right lower portion of the form and signs over printed name indicating the date and time.
 - 6.2 The revoked DNAR form retains in the patient's chart.
- 7 Nurse on duty/Nursing Student supervised by the RCI Clinical Instructor secures and attaches the signed form in the patient's chart.



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| | KEYTASKS | PERSON RESPONSIBLE |
|----|---|---|
| 1. | Carries out the DNAR order and fills out the patient's data in the Do Not Attempt Resuscitation Consent Form | Nurse-on-duty, Senior |
| 2. | Affixes their signature as witness in the space provided. | Nurse/Head Nurse /Nursing Student Supervised by the RCI Clinical Instructor |
| 3. | Secures and attaches the signed form in the patient's chart | |
| 4. | Checks and signs the waived interventions in the Do Not Attempt Resuscitation Consent Form | |
| 5. | Affixes their signature as witness in the space provided. | Patient/Surrogate Decision Maker |
| 6. | Writes "Revoked" at the right lower portion of the form and signs over printed name indicating the date and time. | |
| 7. | Appraises the patient/surrogate decision maker of the patient's health condition | |
| 8. | Writes a DNAR order in the patient's chart as agreed upon with the patient/surrogate decision maker | |
| 9. | Affixes their signature as witness in the space provided | |



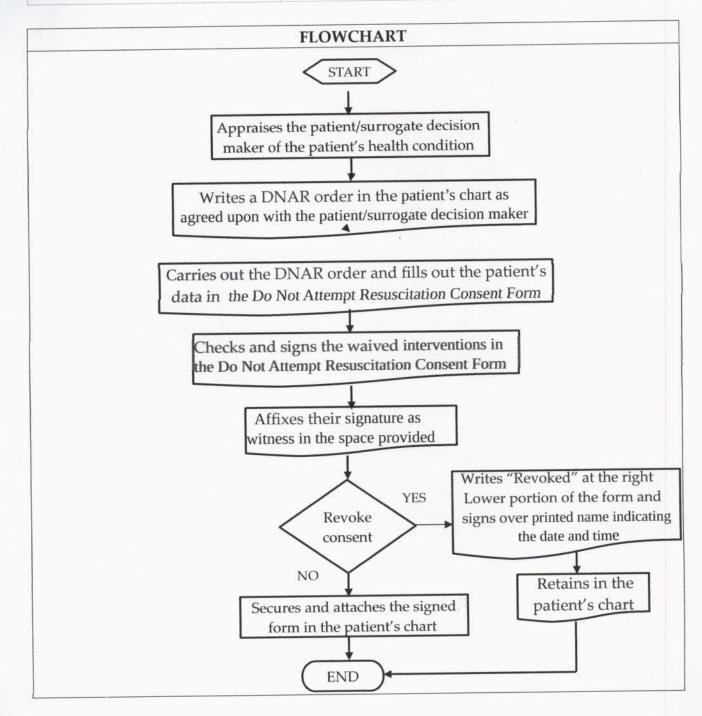
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