 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100	
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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:

1. 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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APPROVAL:

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Verified by:	RICHARD S. MONTILJAO, RN OIC Policy Development		7/7/2022
	SHALAINE SOCORO L. DURAN, RN Nurse Manager for Operations		7/8/2022
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Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor		7/8/2022
Recommending Approval:	MARIA LIZA C. PERAREN, RN, MAN Nursing Division Officer		7/8/2022
	FREDERIC IVAN L. TING, MD OIC- Total Quality Division		7/8/22
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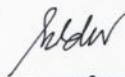


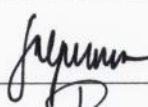
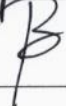
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KEY TASKS	PERSON RESPONSIBLE
1. Carries out the DNAR order and fills out the patient's data in the Do Not Attempt Resuscitation Consent Form	Nurse-on-duty, Senior Nurse/Head Nurse /Nursing Student Supervised by the RCI Clinical Instructor
2. Affixes their signature as witness in the space provided.	
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	Patient/Surrogate Decision Maker
5. Affixes their signature as witness in the space provided.	
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	Medical Doctors
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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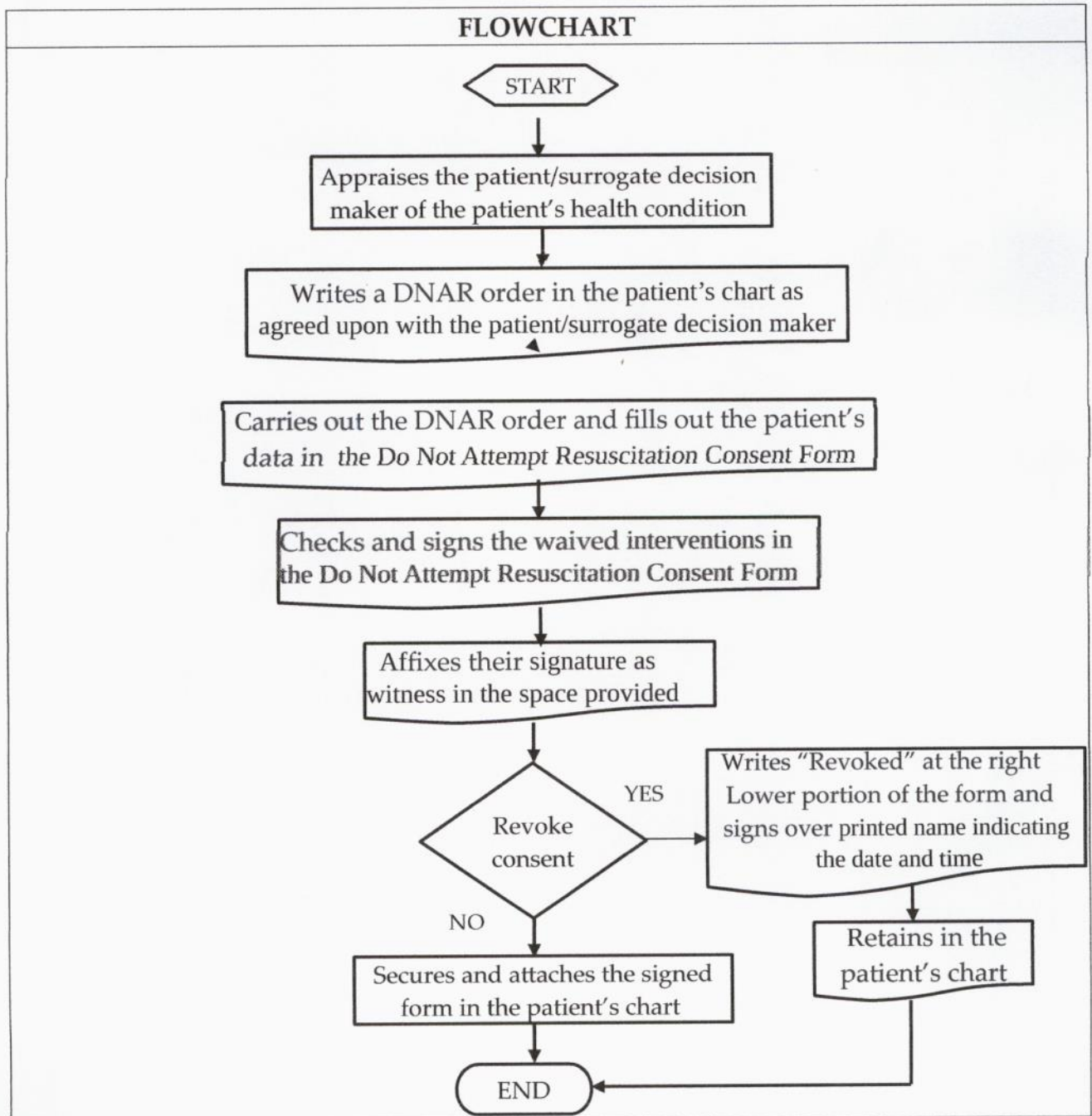



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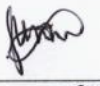
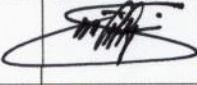
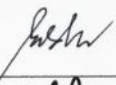


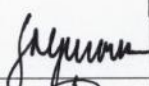
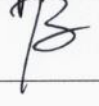
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FLOWCHART



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