

# **SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER**

## **POLICY AND PROCEDURE MANUAL**

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### **Policy 156 – Do Not Resuscitate Orders**

#### **I. POLICY**

It is the policy of Southern Highlands Community Mental Health Center to assure all persons receiving behavioral health services have a right to make health care decisions, including the right to refuse cardiopulmonary resuscitation.

#### **II. DISCUSSION**

The WV “Do Not Resuscitate” Act of WV code Chapter 16, Article 30C sets forth guidelines to ensure the right of a person to self-determination, as related to cardiopulmonary resuscitation. Southern Highlands, through this policy, offers guidance to employees in fulfilling the rights of Center consumers to make healthcare decisions for themselves or by surrogate decision makers.

It is understood that CPR has saved the lives of individuals who have experienced sudden death due to trauma, cardiac or respiratory arrest. However, according to the legislative findings and purposes of the “Do Not Resuscitate Act,” present medical data indicates that cardiopulmonary resuscitation rarely leads to prolonged survival in persons with chronic illnesses in which death is expected. In many circumstances, the performance of CPR on persons may cause infliction of unwanted, unnecessary pain and suffering. Individuals with disabilities have a right to make health care decisions based on their own or their surrogate’s desires. By respecting this fundamental right of self-determination the dignity of individuals with a disability is respected. Effective June 6, 2002, the Code of WV incorporated use of “Physician Orders For Scope of Treatment” form (POST) in the WV Do Not Resuscitate Act. This POST form is a standardized “hot pink” form that is easily recognizable and issued by the examining physician.

#### **III. PROCEDURES**

- A. Southern Highlands’ employees shall adhere to the following procedures regarding individual consumer rights in establishing do not resuscitate orders:
  1. Upon intake of individuals seeking services from this Center, the intake worker shall document if the individuals has a legal guardian, Medical

Power of Attorney, Living Will or Do Not Resuscitate Order. This documentation will be flagged in the electronic medical record.

2. If provided by the individual and/or surrogate, a copy of the individual's attending physician's do not resuscitate order (POST form), Living Will, and Medical Power of Attorney will be placed in the consumer's clinical record.
  3. All staff actively involved with the treatment of an individual with a do not resuscitate order shall be informed.
  4. Documentation must be included in the clinical record that any "surrogate decision maker" is over eighteen (18) years old, available for consultation and decisions, is actually willing to make health care decisions on behalf of the individual and has been identified by the attending physician as the person who is to make decisions as outlined in the "Do Not Resuscitate Act."
  5. When a consumer of this facility has completed a Medical Power of Attorney, the person named in this document shall have priority over a surrogate decision maker. Documentation of a Medical Power of Attorney will be maintained in the clinical record.
  6. If a consumer is under the age of sixteen (16), a parent may consent to a do not resuscitate order for the minor child, provided that a second physician who has examined the child concurs with the attending physician that the provision of CPR would be contrary to accepted medical standards. If the consumer is between the ages of sixteen (16) and eighteen (18) and, in the opinion of the attending physician, the minor is of sufficient maturity to understand the effect of a do not resuscitate order, then no such order is valid without the consent of the minor.
  7. If a copy of the do not resuscitate order is not provided, then full measures will be done.
- B. Compliance with a do not resuscitate order will result when the following is presented.
1. A do not resuscitate order completed by a physician on the appropriate form must be on file in the clinical record. If a do not resuscitate order is signed by anyone other than the consumer, the legal documents giving them the authority to sign must be in the clinical record (see attached).

2. Do not resuscitate identification is worn by the individual in the form of a bracelet or necklace inscribed with the consumer's name, date of birth and "WV Do Not Resuscitate."
  3. A do not resuscitate order signed by the attending physician, surrogate decision maker or individual and second physician if under sixteen (16) years of age.
- C. Staff guidance regarding when to apply or not to apply CPR to consumers with do not resuscitate orders.
1. The Do Not Resuscitate Act does not apply to treatment rendered to a person who experiences a cardiac or respiratory arrest as a result of severe trauma (trauma is defined as an injury caused by an outside force). Therefore, staff would implement CPR to a consumer, even if a do not resuscitate order exists, in the event of no pulse or breathing for such things as van accidents, injuries to the head from a fall, etc. Emergency treatment should be administered as a result of acute crisis situations with immediate medical follow-up.
  2. Staff shall not administer CPR to a consumer in cardiac or respiratory arrest (no pulse or breathing) not resulting from trauma when a do not resuscitate order exists.
  3. Emergency medical response personnel, Rescue Squads, will be called for any consumer in cardiac or respiratory arrest for determination of appropriate medical follow-up. See Policy 155 for Medical Emergency Procedures.
- D. Revocation of a do not resuscitate order.
1. At any time, a person living in a health care facility may revoke a previous consent to a do not resuscitate order through a written or oral communication to physician or other professional staff of the facility.
  2. The attending physician who is informed of or provided with a revocation of consent shall immediately cancel the do not resuscitate order if the person is in a health care facility and notify the professional staff of the health care facility responsible for the person's care of the revocation and cancellation.
  3. Only a licensed physician may cancel the issuance of a do not resuscitate order. Southern Highlands will only honor the revocation of a do not

resuscitate order with written notification by the attending physician. Upon receipt of this notification, the case manager will then inform all service providers within the Center. A status note will be completed and placed in the clinical record, and the do not resuscitate flag will be removed.

E. Health Care Facility Transfers

1. If a person with a do not resuscitate order is transferred from one health care facility to another health care facility, the existence of a do not resuscitate order shall be communicated to the receiving facility prior to the transfer and the written do not resuscitate order shall accompany the person.

F. Protection of persons carrying out do not resuscitate orders. According to Chapter 16 of the WV Code, in regard to H.B. 2616:

1. No Center employee shall be subject to criminal prosecution or civil liability for carrying out in good faith a do not resuscitate order.
2. No Center employee shall be subject to criminal prosecution or civil liability for providing CPR to a person for whom a do not resuscitate order has been issued, provided that:
  - a. Reasonably and in good faith was unaware of the issuance of a do not resuscitate order.
  - b. Reasonably and in good faith believed that consent to the order had been revoked or canceled.
3. If a do not resuscitate is initiated in a residential site, supportive/direct care staff are not trained in decision process initiating the do not resuscitate. Support staff will perform life sustaining measures until a qualified medical person discontinues the process.