Patient’s Rights
Domain 2, Identify expected outcomes and develop an individualized plan of care

You are reviewing the chart for your next patient, who is scheduled for a total hip arthroplasty. You notice that the patient has a “Do Not Resuscitate” (DNR) sticker on the front of her chart. Your anesthesiologist notes you looking at the sticker and says, “That doesn’t apply to patients while they’re in surgery.” What is your response? What evidence-based rationale are you using for your answer?

Response:
A component of an advanced directive, a Do-Not-Resuscitate (DNR) order is written by the doctor and refers to withholding cardiopulmonary resuscitation based on the patient or medical power of attorney’s request. Typically these orders were written for elderly patients with a terminal disease, although the practice is becoming more common for terminally ill children (Burd et al, 2006), as well as for the general population.

In the past, a DNR order was automatically suspended when the patient entered the operating room. Driven by patient rights advocates and ethics related to autonomy, the Joint Commission specifically calls out the rights of patients to make their own decisions related to their health care. It now requires “policies in place on advanced directives in accordance with law” (TJC, 2014, RI.01.05.01). Many hospitals provide written information to the patient during the admission process which includes the extent to which the hospital is able to honor an advanced directive and resources for the patient in making this decision. As health care providers, we are required to be aware of whether or not a patient has an advanced directive and to honor the patient’s right to formulate, review, or revise that advanced directive (TJC, 2014).

Perioperative nurses should be familiar with their facility’s policy and procedure related to DNR status and surgical procedures. Professional organizations including AORN (2014), the American College of Surgeons, and the American Society of Anesthesiologists recommend “required reconsideration” of DNR status with the surgeon, anesthesia care provider, the patient, and the patient’s family that includes discussion about the procedure, the likelihood of resuscitation during the procedure, the type of resuscitation methods that might be used, and the anticipated outcomes should resuscitation be required. The patient needs to be aware that many of the interventions required for resuscitative efforts (e.g. intubation, vasoactive drug administration) may be considered a routine part of the surgery and have nothing to do with emergency treatment. Lankarani-Fard, et al (2011) developed a card game in which the patient was able to identify and rank in importance end-of life issues in a non-confrontational setting. The results were then used to develop a plan of care that realistically reflected the patient’s wishes. A sample consent form (Guarisco, 2004) provides a template for open discussion and documentation of a patient’s specific wishes with regards to DNR, ranging from suspension of DNR orders to continuation of DNR orders, limited resuscitation with procedure-directed orders, or limited resuscitation with goal-directed orders. The decision should be documented, communicated, and honored by other members of the health care team.

References and resources:


