Franciscan ALLIANCE

MISHAWAKA, INDIANA

CORPORATE POLICY

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**SUBJECT: Inpatient Code Status Orderable & Patient Treatment Preferences**

**POLICY:** Franciscan Alliance, in keeping with the values and principles contained with the Ethical and Religious Directives for Catholic Health Care Services (ERD), and the philosophy of the Sisters of St. Francis, establishes a policy to determine and to document a patient's desired code status and end of life treatment preferences while that patient is in the care of a Franciscan Alliance facility.

**DEFINITIONS:**

- Admission: For the purposes of this document, the term admission to the hospital denotes any time a patient presents to a Franciscan Alliance hospital or outpatient facility for care. This includes patients with the following service statuses: Inpatient, Observation Patient or Outpatient.

- Code Blue: The patient is assessed to have no pulse and/or absent respirations. Calling a Code Blue activates the Code Team Members to begin performing advanced life support treatment such as Advanced Cardiac Life Support (ACLS), medication administration, endotracheal intubation and mechanical ventilation via an endotracheal tube or tracheotomy, electrical cardioversion or defibrillation.

- CPR: Cardiopulmonary Resuscitation (CPR) shall include American Hospital Association (AHA) standards for chest compression and ventilation.

- Full Code: Upon admission, all patients are automatically considered a Full Code unless an order for Do Not Resuscitate (DNR) is entered into the Electronic Medical Record (EMR) by an attending physician. If a patient is considered to be

a Full Code status, all appropriate CPR measures as defined under Code Blue above will be initiated in the event of cardiac and/or pulmonary arrest.

- DNR/No Code/Allow Natural Death: A code status order for Do Not Resuscitate (DNR) means only that if a patient with a DNR order is found without a pulse and respirations, no Code Blue will be called and no resuscitation effort will be initiated. A DNR order in and of itself has no effect on any patient treatment options while the patient is alive.

- Patient: The word "patient" in this policy shall mean the person himself or the proper substitute decision maker. The "proper substitute decision maker" is determined according to applicable state law. This policy applies to all patients presenting for care at Franciscan Alliance facilities. The use of male gender when referring to a patient implies both male and female patients.

- Patient Treatment Preferences (PTP): Are those specific life prolonging medical interventions which the patient has decided to accept as part of his care or to decline, not wishing specific interventions listed in the PTP section of the EMR to be initiated. Those patient treatment preference questions listed in the PTP section of the EMR include (each question will be answered in the EMR by checking a "Yes" or "No" box):

    **1.** Comfort Measures Only?

    **2.** Endotracheal Intubation?

    **3.** Mechanical Ventilation?

    **4.** BIPAP?

    **5.** Arrhythmia Treatment?

    **6.** Cardioversion?

    **7.** Pressor Drugs?

    **8.** Transfer to Intensive Care Unit (ICU)?

    **9.** Dialysis?

    **10.** Blood Product Administration?

    **11.** Enteral Nutrition?

    **12.** Parenteral Nutrition?

- Advance Directives: Is a written document signed by the patient stating their wishes regarding decisions they have made for their health care which can include:

    **1.** Appointment of a Health Care Representative – a written document by which an individual delegates to another person the authority to make health care decisions for that individual in the event of his incapacity to express treatment choices.

    1. Living Will – a written statement in which a person can stipulate the kind of life-prolonging medical treatment or procedures that he or she would want to be withheld or withdrawn if terminally ill and unable to make medical decisions.

    2. Life-Prolonging Declaration – a written statement concerning the use of life-prolonging procedures. It is generally used when an individual wants the use of procedures to extend and prolong life artificially, even if that means prolonging the dying process.

    3. Out of Hospital Do Not Resuscitate Declaration and Order – a declaration made by a person after the person's attending physician has certified that the person has a terminal condition or medical condition such that, if the person suffers cardiac or pulmonary failure, resuscitation would be unsuccessful or within a short period of time the person would experience repeated cardiac or pulmonary failure resulting in death. It is an order by the person's physician not to initiate or continued CPR in any setting outside of an acute care hospital.

    4. Power of Attorney – in cases of incapacitation of a person, this document is used to grant another person the legal power to act for the person completing this document in the ways listed. Health care decision power has to be specifically stated.

    5. Illinois Department of Public Health (IDPH) Uniform Do-Not-Resuscitate (DNR) Advance Directive – is an official IDPH document which can be completed in or outside of a hospital setting. This document requires the signature of the patient or his legal representative, a witness and a physician. Once in place, this DNR Advance Directive must be adhered to by health care providers unless replaced by a more recent DNR declaration.

There is no time limitation on the duration of written advance directives. An Advance Directive may be cancelled by the patient at any time.

**PROCEDURE**:

- All patients admitted to a Franciscan Alliance hospital will be considered to have Full Code Status and will be treated as a Full Code until an alternative DNR status is ordered and/or alternative PTP are recorded by an attending physician in the EMR.

- Only physicians with full patient care privileges at the Franciscan Alliance hospital of admission may place a Full Code or Do Not Resuscitate order. A Registered Nurse or other caregiver who is credentialed and licensed to accept telephone orders from physicians may enter this order as a telephone order to be co-signed by the physician at a later time.

- Only physicians with full patient care privileges at the Franciscan Alliance hospital of admission may enter Patient Treatment Preferences (PTP) into the EMR. Documentation of the PTP into the EMR is a physician only activity. This may not be done via telephone orders. While multiple caregivers, for example, nursing, spiritual care, palliative care, may discuss PTP with the patient during the patient's hospital stay, the final responsibility for the patient's understanding of his choices for PTP and the documentation of the same in the EMR rests with the physician.

- Within 72 hours of admission to the hospital, the admitting or an attending physician should have a thorough discussion with the patient and/or the patient's legal representative to determine the patient's current desires for Code Status and Patient Treatment Preferences. This discussion should be documented in the physician's progress notes and the patient's decisions should be entered into the EMR.

    - In Indiana, upon admission to the hospital, Code Status and PTP must be entered new each time the patient is admitted to the hospital. Advance Directives and Out of Hospital DNR documentation may be used by a licensed nurse to initiate a DNR Code Status order discussion with the physician, but only a physician can place a DNR order.

    - In Illinois, upon admission to the hospital, the IDPH Uniform Do-Not-Resuscitate (DNR) Advance Directive (if the patient presents this on admission) may serve as the basis to document the patient's Code Status for that hospitalization. If the patient's IDPH DNR Advance Directive is archived in the EMR from a prior admission, this may be used to initiate a DNR order for the current admission if it is verbally confirmed by the patient or patient's representative. Any DNR order originating in this manner must be co-signed by a physician. The IDPH DNR Advance Directive may be superseded by a current discussion between patient and physician with changes documented in the current EMR.

- It is recommended that a discussion of Code Status and PTP take place at the following times:

- Upon admission to the hospital
- When the patient is transferred from one care setting or care level to another
- If the patient is a DNR status and an operative procedure requiring moderate to deep sedation or general anesthesia is contemplated
- If there is a substantial change in patient health status
- If the patient makes known that his treatment preferences have changed
- If it is determined that the patient has a terminal or irreversible illness
- If the patient has a low likelihood of surviving resuscitation
- If the patient is at high risk for cardiac or pulmonary arrest
- If the patient has poor functional status (Congestive Heart Failure [CHF], Chronic Obstructive Pulmonary Disease [COPD], or advanced dementia) due to an irreversible condition

- If, at the time of admission, the physician fails to complete the Code Status order and/or the Patient Treatment Preferences (PTP), these areas of the EMR will remain empty of content. When accessed by a healthcare provider, the record will clearly show that these areas have not yet been completed. The patient will be considered to have Full Code status and all PTP interventions will be initiated until the EMR reflects the patient's wishes for DNR status or for limited PTP interventions. If the physician fails to completed Code Status and PTP on admission, a Best Practice Alert will appear when the physician opens the patient's EMR to remind the physician to complete both of these areas.

- The DNR order and PTP will be addressed prior to the patient having a surgical, diagnostic or therapeutic procedure under conscious (moderate) sedation, deep sedation, general anesthesia and spinal or major regional anesthesia. The primary/procedural physician, surgeon or anesthesiologist will meet with the patient, obtain informed consent and document the discussion in the EMR. The procedural Code Status and PTP will remain in effect from the time the sedation or anesthesia is initiated until the time the patient meets post procedural transfer/discharge criteria.

- During the decision making process, a patient's valid Advance Directives will be taken into consideration in accordance with hospital policy, state and federal law.

- A decision to order DNR status for a patient or to limit end of life treatment interventions can be made only by the patient himself, or, in the event of the patient's incapacity to make such

a declaration, by the patient's legal representative in accordance with Indiana or Illinois state law.

- If a conflict regarding a code status occurs, hospital policy will determine the course of action necessary to achieve resolution of the conflict. Conflict resolution must occur before a DNR code status or limited PTP are entered into the patient's EMR.

Sister Corita Last, OSF
Secretary, Board of Trustees

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