



**UPDATED OHIO DO NOT RESUSCITATE
REGULATIONS (OAC 3701-62)
EFFECTIVE SEPTEMBER 1, 2019**

A presentation for nurses prepared by
the Ohio Nurses Association
with the Bioethics Network of Ohio

OVERVIEW

These slides are intended primarily for licensed practical nurses and registered nurses in the State of Ohio. Advanced Practice Registered Nurses should pursue education designed for providers.

The regulations in the Ohio Administrative Code (OAC) related to Do Not Resuscitate (DNR) orders have been updated as part of the State of Ohio's routine process for reviewing regulation.

The OAC's regulations (at OAC 3701-62) specify and amplify the statutes that establish Ohio's Living Will and DNR paradigms (Ohio Revised Code 2133)

The updated regulations are effective **September 1, 2019**.

Based on the updated regulations effective 9/1/2019, these slides review:

1. How the State of Ohio's DNR regulations apply in different settings,
2. The three code statuses available to out-patients in the State of Ohio,
3. The revised DNR form,
4. Valid forms of DNR identification, and
5. Priority among patients' preferences, DNR orders, Living Wills, and Health Care Powers of Attorney

1. HOW THE STATE OF OHIO'S DNR REGULATIONS APPLY: OUT-PATIENT VERSUS IN-PATIENT

Out-patient: The State of Ohio's DNR framework unequivocally applies to persons who are not currently receiving in-patient medical care, that is, out-patients. This includes persons receiving care from emergency medical services (EMS).

In-patient: Hospitals and residential healthcare sites throughout Ohio honor the State of Ohio's DNR framework. Furthermore, many hospitals and residential healthcare sites have institution-specific policies related to DNR orders that may offer code status options beyond what the State of Ohio recognizes for out-patients. Because of this variation from institution to institution, when questions arise about what options are available to current in-patients, nurses should consult their own institution's policies, administrators, ethics committee/service, or lawyers.

Any patient who is DNR and is being discharged or transferred from one institution to another must have a correctly-completed State of Ohio-approved DNR form.

Healthcare institutions should confirm the current code status of patients who are newly admitted.

2. THE THREE CODE STATUSES AVAILABLE TO OUT-PATIENTS IN THE STATE OF OHIO

- 1. Full Code:** In case of cardiac arrest, healthcare personnel will attempt CPR and more generally will provide any and all medically-indicated life-sustaining interventions, even if these serve primarily to prolong the process of dying. In the absence of a valid DNR order and DNR identification, a person is Full Code by default.
- 2. Do Not Resuscitate – Comfort Care – Arrest (DNR-CC-A):** Prior to cardiac arrest, DNR-CC-A patients should be treated identically to patients who are Full Code. In case of cardiac arrest, DNR-CC-A patients should be treated consistent with the DNR protocol (next slide).
- 3. Do Not Resuscitate – Comfort Care (DNR-CC):** From the time that the DNR order is issued, DNR-CC patients should be treated consistent with the DNR protocol (next slide).

OAC defines “cardiac arrest” as “the loss of discernable audible and palpable pulse, with or without the loss of cardiac action/rhythm if on a cardiac monitor, or the sudden abrupt loss of heart function.” (OAC 3701-62-01)

2. CODE STATUS: DNR PROTOCOL

When the DNR protocol is effective for a patient (see previous slide for effective conditions):

Providers Will:

- Conduct an initial assessment
- Perform Basic Medical Care
- Clear airway of obstruction or suction
- If necessary for comfort or to relieve distress, may administer oxygen, CPAP or BiPAP
- If necessary, may obtain IV access for hydration or pain medication to relieve discomfort, but not to prolong death
- If possible, may contact other appropriate health care providers (hospice, home health, physician, APRN, or PA)

Providers Will Not:

- Perform CPR
- Administer resuscitation medications with the intent of restarting the heart or breathing
- Insert an airway adjunct
- Defibrillate, cardiovert, or initiate pacing
- Initiate continuous cardiac monitoring

SPECIAL ATTENTION

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Though ambiguous before 9/1/2019, CPAP, BiPAP, and IV access for hydration and pain medication are now explicitly permissible for comfort even when the DNR protocol is effective.

2. CODE STATUS: DISPELLING A TOO-COMMON MISCONCEPTION

“Do Not Resuscitate” does *not* mean “do not treat.”

Individuals may be DNR and may simultaneously request, and should then receive, appropriate medical care for treatable medical conditions such as

- Urinary tract infections
- Airway obstruction
- Bone fractures
- Influenza
- Bleeding
- Dehydration
- Uncontrolled pain

Patients can even continue to pursue burdensome interventions for terminal diseases, such as chemotherapy for stage IV cancers, and simultaneously be DNR.

The DNR protocol covers exactly what it explicitly includes, and nothing more.

3. THE REVISED DNR FORM

A physician, advanced practice registered nurse, or physician assistant may complete a State of Ohio DNR for the patient.

Nurses (other than APRNs) cannot complete DNR orders for patients.

Patients cannot complete DNR orders for themselves.

The form *cannot* be customized: apart from what the form permits, no medical orders, directions, or instructions may be written on the form.

The revised form is 1, single-sided page.

ACTION: Final **DNR** **AMENDED** **Appendix 3701-62-04** **DATE: 04/22/2019 11:46 AM**
DNR-ORDER-FORM

A printed copy of this order form or other authorized DNR identification must accompany the patient during transports and transfers between facilities.

Patient Name:	Patient Birth Date:
Optional Patient or Authorized Representatives Signature	
Printed name of Physician, APRN, or PA*	Date
REQUIRED Signature of Physician, APRN, or PA	Phone
REQUIRED for APRN or PA: Name of the supervising physician (PA) or collaborating physician (APRN) for this patient and the physician's NPI, DEA, or Ohio medical license number.	

CHECK ONLY ONE BOX BELOW

DNR Comfort Care – Arrest: Providers will treat patient as any other without a DNR order until the point of cardiac or respiratory arrest at which point all interventions will cease and the DNR Comfort Care protocol will be implemented.

DNR Comfort Care: The following DNR protocol is effective immediately.

DNR PROTOCOL

<u>Providers Will:</u>	<u>Providers Will Not:</u>
<ul style="list-style-type: none">• Conduct an initial assessment• Perform Basic Medical Care• Clear airway of obstruction or suction• If necessary for comfort or to relieve distress, may administer oxygen, CPAP or BiPAP• If necessary, may obtain IV access for hydration or pain medication to relieve discomfort, but not to prolong death• If possible, may contact other appropriate health care providers (hospice, home health, physician, APRN, or PA)	<ul style="list-style-type: none">• Perform CPR• Administer resuscitation medications with the intent of restarting the heart or breathing• Insert an airway adjunct• Defibrillate, cardiovert, or initiate pacing• Initiate continuous cardiac monitoring

Physicians, emergency medical services personnel, and persons acting under the direction of or with the authorization of a physician, APRN or PA who participate in the withholding or withdrawal of CPR from the person possessing the DNR identification are provided **immunities under section 2133.22 of the Revised Code**. This DNR order is effective until revoked and may not be altered. Any medical orders, instructions, or information, other than those required elements of the form itself, that are written on this order form are not transportable and are not provided protections or immunities.

* A DNR order may be issued by an Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA) when authorized by section 2133.211 of the Ohio Revised Code. Form HEA 1930 Revised 09/01/2019

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3. DNR FORM: COMMON ERRORS

Many Ohio healthcare institutions allow patients to elect to be “Do Not Resuscitate – Comfort Care – Arrest” with the further instruction that the patient is “Do Not Intubate.” (That is, the patient should be treated exactly as if they were Full Code, except that the patient should not receive CPR in case of cardiac arrest and should not be intubated.) It is **incorrect** to discharge a patient with a State of Ohio DNR Form with the “DNR-CC-A” box checked and a handwritten instruction “+DNI” or similar.

Some providers, in an effort to conform the DNR protocol to patients’ preferences, will scratch out or add instructions in the section detailing the DNR protocol. This also is **incorrect**.

The State of Ohio DNR form is not customizable in any way: only (1) the fields identifying the patient and the provider and (2) exactly one of the DNR-CC-A and DNR-CC checkboxes can be completed.

4. VALID FORMS OF DNR IDENTIFICATION

The State of Ohio recognizes several different forms of valid DNR identification. All but Living Wills include the State of Ohio DNR logo at right.

The valid forms of DNR identification are:



1. State of Ohio DNR form
2. Hospital-type bracelet with printed insert with Ohio DNR logo and patient's name
3. Necklace with the State of Ohio DNR logo and the patient's name
4. Bracelet with the State of Ohio DNR logo and the patient's name
5. State of Ohio DNR wallet card
6. In some instances, a Living Will (though prior forms of identification minimize ambiguity)

PDFs showing forms of identification 1-5 can be viewed or downloaded at codes.ohio.gov/oac/3701-62-04v2

5. REVOKING A DNR

Fundamentally, patients' most recent expression of their informed preferences for their own healthcare should guide healthcare professionals.

Although DNRs are orders that only physicians, APRNs, and physicians assistants can write, patients who are able to make informed health care choices can *revoke* their own DNR order at any time by

- A. Telling their health care providers verbally that the patient is revoking the DNR
OR
- B. Destroying the DNR order form issued by the physician, APRN, or physician assistant to which the patient initially consented
OR
- C. Permanently removing their form(s) of valid DNR identification

5. CONFLICTS AMONG DOCUMENTS

OAC 3701-62-10 specifies the priority among DNR orders, Living Wills, and Health Care Powers of Attorney. Again, patients' most recent expression of their informed preferences for their own healthcare should guide.

If a patient personally gives informed consent to a DNR order and subsequently loses the ability to make informed health care choices, the patient's agent for health care can only change the patient's DNR if the patient's authorized health care provider finds that the patient's condition is significantly different from when the patient consented to the DNR.

A patient's preferences as recorded in a Living Will that is operative – a determination that only physicians can make – should have priority over the instructions of an agent for healthcare.

If the patient has multiple Living Wills that are operative and they conflict, or if the patient has a Living Will that is operative and conflicts with a DNR to which the patient consented, then healthcare providers should follow the most recent document.

A patient's agent for healthcare can withdraw consent to a DNR order if the agent or one of the patient's family members consented to the DNR order initially.

SOME WAYS NURSES CAN ADVOCATE FOR THEIR PATIENTS WHO ARE DNR

When nurses are doing intake for newly-admitted in-patients, be sure to ask about the patient's code status and that the institution's code status orders reflect the patient's informed preferences.

When patients who are DNR are requesting treatment, pursue that request and remind other healthcare professionals that "do not resuscitate" does *not* mean "do not treat."

When nurses are getting a patient who is DNR ready for discharge, make sure that the patient goes out with a completed, valid State of Ohio DNR form that is not customized in any way.

Nurses in all environments can encourage patients to make their DNR status as transparent as possible by

1. Keeping copies of their State of Ohio DNR form in prominent places EMS would likely check (for example, the refrigerator, the nightstand).
2. Utilizing forms of DNR identification in addition to the State of Ohio DNR form, such as a bracelet or necklace with their name and the Ohio DNR logo.
3. Talking with all their providers, their agent(s) for healthcare, and their family members about their code status.