CHANGES to DNR/SOTO Order Form

September 15th, 2009

- ✓ **ARMBAND CHANGE: to conform w/ Standardized colors for patient armbands nationwide, we will change color of DNR band & form to purple**
- ✓ **PILOT new DNR/SOTO Order form: to prepare for placing DNR/SOTO Order forms on electronic medical record, we will pilot new paper form house wide from Sept 15th to Jan 15th, 2010.**
- ✓ **REDUCE PAPER WORK: incorporate previous 2 page Documentation form and 1 page DNR/SOTO into single page.**

KEY POINTS:

Do Not Resuscitate—NO *check box.* By signing this order form, DNR status is active.
DNR applies only when patient is found down, i.e., without pulse and not breathing.

Do NOT attempt resuscitation in the event of cardiac and/or pulmonary arrest.

- Place DNR bracelet on adult patients
- Place DNR sticker on front of patient's chart
- DO minimize suffering with medication, wound care, etc.
- DO provide oral and body hygiene; keep warm and dry

Consider Palliative Care or Pediatric Enhanced Care Consult

Scope of Treatment Orders (SOTO) *SOTO section must be completed and is active when patient is deteriorating, (still alive and breathing)*
CHECK BOX 1, 2 or 3 ***MUST*** *BE MARKED;*

If the patient is not in cardiac and/or pulmonary arrest but patient's condition is deteriorating and critical, follow the plan of care: (choose only one of the 3 options)

☐ 1. Continue present treatment orders (full scope of treatment)
☐ 2. Continue present treatment orders with these limitations:
- ☐ DO NOT initiate endotracheal intubation
- ☐ DO NOT initiate CPAP/BiPAP ventilation
- ☐ DO NOT add or increase IV pressor medications
- ☐ DO NOT initiate synchronized cardioversion
- ☐ DO NOT Defibrillate for witnessed events

Additional **PEDIATRIC** limitations:
- ☐ DO NOT initiate bag/valve/mask ventilation
- ☐ DO NOT initiate chest compressions

☐ Other Limitations: _____

☐ 3. Comfort Care Measures ONLY (Use oxygen, suction and manual treatment of airway obstruction as needed.
DO NOT transfer to higher level of care unless comfort needs cannot be met in current location.)

Medical Basis for Orders…. *Medical basis: diagnostic categories from NC Living Will statute, or other diagnosis/ prognosis, e.g., "intractable pain difficult to palliate, death expected but not within relatively short period;" " Patient is frail and elderly, does not want assault of DNR;" "Health care agent says patient would want a DNR order with diagnosis ____."*

Medical Basis for Order (Check all that apply):
- ☐ Incurable or irreversible condition expected to result in death within a relatively short period of time.
- ☐ Permanent unconsciousness.
- ☐ Advanced dementia or other condition resulting in the substantial and irreversible loss of cognition.

Other diagnosis/prognosis _____

Authorization for this order…Check who is providing authorization for this decision, including

patient.

*Note—If not patient, write name and relationship that conforms with the **hierarchy** of decision-makers….Please note the addition of the last in the hierarchy,, "an individual w/ established relationship…."*

CALL RISK MANAGEMENT/ETHICS CONSULT IF QUESTION WITH CONCERNS/DISPUTES

Authorization for this order has been determined by the following (check all that apply):

- ☐ Conforms with patient's living will or health care power of attorney document
- ☐ Conforms with patient's portable DNR order or Medical Order for Scope of Treatment (MOST)
- ☐ Request of patient with current decision-making capacity
- ☐ Request of legally authorized decision-maker(s) **listed below in order of health care decision maker priority.**

  Specify person(s) with full name and relationship to patient

  (full name)_____(relationship to patient)_____

  (contact phone #) _____

  - ☐ Parent or guardian if patient is a minor
  - ☐ Health Care Agent
  - ☐ Legal guardian of the person
  - ☐ Attorney-in-fact w/ power to make health care decisions
  - ☐ Spouse
  - ☐ Majority of reasonably available parents and adult children
  - ☐ Majority of patients reasonably available adult siblings
  - ☐ An individual with an established relationship with the patient who is acting in good faith and can reliably convey the wishes of the patient
  - ☐ Second Physician (needed for emergency if no one available) _____

Risk Management and/or Ethics Consult is encouraged for concerns and/or disputes among decision makers and/or health care team

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Signature(s)…. *a.) DNR/SOTO Orders require the authorization of the Attending physician. b.) If the Attending is not in house, resident may receive telephone order from attending, and then attending will sign as soon as possible when returned to campus. The telephone order is a valid order. c.) RN signature required.*

DATE:	TIME:	Resident Signature: (PER TELEPHONE ORDER FROM ATTENDING)	Resident PRINT:	Resident Computer ID #	Pager #:
DATE:	TIME:	Attending Signature:	Attending PRINT:	Attending Computer ID #	Pager #:
DATE:	TIME:	RN Signature:			

Chart Copy

NORTH CAROLINA BAPTIST HOSPITAL

PHYSICIAN ORDER FORM

PHYSICIANS: All orders should be written generically and using the Metric **System; include the physician's signature, PRINTED name, ID** number, pager number and the date/time. A generically and therapeutically alternative drug as approved by the P & T Committee may be dispensed unless the order is specifically designated "Dispense as Written".
Form Approved by Hospital Forms Committee: 8/09

FAX **TITLE: DO NOT RESUSCITATE (DNR) and Scope of Treatment Order (SOTO)**

DATE	
TIME	**(PLEASE CIRCLE OR CHECK APPROPRIATE ORDERS AND FILL IN BLANKS AS NEEDED)**

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DATE:	TIME:	Attending Signature:	Attending PRINT:	Attending Computer ID #	Pager #:
DATE:	TIME:	RN Signature:			

(8/18/09)