POLICY TITLE: **Advanced Directives**	IDENTIFICATION NUMBER: **RI116L**

POLICY LEVEL:	Division	**ORIGINATION/EFFECTIVE DATE**	12/2/2024
FACILITY:	Louisiana RISE Community Hospital Sites	**REVIEW CYCLE:**	Two Years
DEPARTMENT(S):	All departments	**LAST REVIEW DATE:**	4/9/2026
		LAST REVISION DATE:	4/9/2026
REVISION:	A		

POLICY STATEMENT

RISE Community Hospital honors each patient's right to make decisions about end-of-life care, including but not limited to withholding resuscitative services and forgoing or withdrawing life- sustaining ventilator treatment.

PURPOSE

To provide an atmosphere of respect, caring and preservation of dignity related to a patient's medical care decision making, and to ensure that each patient's ability and right to participate in the self determination of care is maximized and respected and not compromised because of admission for care while at the RISE Community Hospital.

Additionally, to assure compliance with the Patient Self-Determination Act (PSDA) in such a manner as to expand the patient, staff and community knowledge base regarding advance directives and the process by which patient participation in medical decision making is carried out at each facility.

SCOPE

- Applies to all patients who can make decisions regarding their own end-of-life care.
- Applies to all physicians, nurses, and other health care practitioners who care for patients described above.
- Applies to all advance directives and their contents, including but not limited to the following:
    - Withholding of cardiopulmonary resuscitation (CPR)
    - Withholding or withdrawing life-sustaining ventilator treatment
    - Withholding or withdrawing nutrition
    - Withholding surgeries or other procedures that are intended to address life-threatening conditions
    - Withholding or withdrawing kidney dialysis

DEFINITIONS

- Adult – a person 18 years of age or older or a person under 18 years of age who has had the disabilities of minority removed by a court for general purposes (i.e., has been legally emancipated by a court) or who is: legally married; serving in the armed forces; or at least 16 years old and living away from home and managing his/her own financial affairs.
- Advance directive – A document or documentation allowing a person to give directions about future health care or to designate another person(s) to make health care decisions if the individual loses decision-making capacity. Advance directives may include living wills, durable powers of attorney, do-not-resuscitate (DNR) orders, right-to-die documents, or similar documents listed in the Patient Self-Determination Act that express the person's preferences.
- Decision-making capacity – the ability to understand and appreciate the nature and consequences of a decision regarding medical treatment and the ability to reach an informed decision in this matter.
- Cardiopulmonary resuscitation (CPR) – Measures to restore cardiac function or support ventilation in the event of a cardiac or respiratory arrest
- Developmental disability – A disability attributable to mental retardation, cerebral palsy, epilepsy

neurological impairment, autism, or similar condition

- Do-not-resuscitate (DNR) order – An order issued by a physician and written in the patient's medical record stating that no attempts shall be made to resuscitate the patient if he or she suffers cardiac or respiratory arrest. It may cover all CPR measures or may be limited to specific procedures or equipment, depending on the scope of the consent.
- Emancipated minor – Minor who is a married person or a pregnant woman or has been legally adjudicated by a court to have demonstrated the ability to manage his or her own affairs and live wholly or partially independent of parents or guardians.
- Medically futile – Circumstances in which CPR will be unsuccessful in restoring cardiac and respiratory function or in which the patient will experience repeated arrest in a short time period before death occurs.
- Mental illness – An affliction manifested by a disorder or disturbance in behavior, feeling, thinking, or judgment so that the person requires care, treatment, and rehabilitation. Excludes dementia such as Alzheimer's disease or related dementia.
- Minor – an individual under the age of 18 who has not had the disabilities of minor removed by a court for general purposes (i.e., has not been legally emancipated by a court) or who is not: legally married; serving in the armed forces; or at least 16 years old and living away from home and managing his/her own financial affairs.
- Surrogate decision maker – an individual with decision-making capacity who is identified as the person who has authority to consent to medical treatment on behalf of an incapacitated patient in need of medical treatment
- Terminal condition – An illness or injury from which there is no recovery and that reasonably can be expected to cause death within one year.
- Therapeutic privilege – The withholding of information by a physician of information that could pose a serious threat to a patient.

RESPONSIBILITIES

- The Compliance and Risk Management Committee is responsible for maintaining this policy.
- All staff members are responsible for complying with this policy and its procedures.

PROCEDURES

Admissions Process

Appropriate staff members do the following as part of the admissions process:

1. Determine whether the patient has an advance directive.
2. If the patient indicates he or she has an advance directive, do the following:
    a. Request a copy of the advance directive from the patient.
    b. Follow up with the patient regarding the request for a copy of the advance directive. Do this within a reasonable time frame, prior to the patient's discharge.
    c. Document follow-up efforts to obtain a copy of the patient's advance directive in the medical record. Include the following details:
        i. Description of the follow-up activities that were performed (for example, "contacted by telephone the patient's primary care physician, under patient authorization and at patient's request, to request a copy of the advance directive")
        ii. Date and time the follow-up activities were performed
        iii. Results of the follow-up activities (for example, "patient's primary care physician sent a copy of the advance directive following telephone call")
3. If the patient does not have an advance directive, provide information on advance directives to the patient. This includes the following:
    a. Description of the patient's right to accept or refuse medical or surgical treatment, even if the treatment is life-sustaining
    b. Information about laws and regulations regarding advance directives
    c. Description of how advance directives are used by health care practitioners and the organization
4. Refer the patient to his or her primary care provider for answers to any questions about existing or potential advance directives.
5. Document information regarding advance directives in the medical record.

General Procedures for Advance Directives

All staff members do the following:
1. Review every patient's medical record for documentation on advance directives, if any.
2. Approach every patient as if he or she consents to life-sustaining care, treatment, and services, unless there is an existing advance directive that indicates the patient has alternative wishes.
3. Respect the patient's wishes about foregoing or withdrawing life-sustaining care, treatment, and services, as expressed in an advance directive. Life-sustaining care, treatment, and services includes but is not limited to the following:
    a. CPR
    b. Ventilation support
    c. Artificial nutrition provision (for example, feeding tubes)
    d. Surgeries or other procedures that are intended to address life-threatening conditions
    e. Kidney dialysis
4. Respect the patient's wishes regarding organ and/or tissue donation, as expressed in the advance directives.
5. Refuse to sign or witness the advanced directive documents of any patient.

For Adult and Emancipated Minor Patients with Capacity

All staff members do the following:
1. Approach all adults and emancipated minors as if they have capacity to decide regarding CPR.
2. Obtain consent for the DNR order directly from the adult or emancipated minor patient with capacity, unless a Therapeutic Exception provision applies, as described in this policy.
3. Obtain consent from the adult or emancipated minor patient with capacity at or near the time the order is issued.
4. Ensure that verbal consent to a DNR order by an adult or emancipated minor with capacity is expressed in the presence of two witnesses. These witnesses must be at least 18 years old.
    a. If the verbal consent occurs during RISE Community Hospital Systems/RISE Community Hospital Emergency Rooms visit, one witness must be a physician affiliated with the organization.
5. Ensure that any written consent to a DNR order is dated and signed in the presence of at least two witnesses. These witnesses must be of legal majority age as defined by the State.

The attending physician does the following when informed of a patient's decision not to be resuscitated:
1. Promptly issues the DNR order.
2. Informs staff responsible for the patient's care about the order.

For Adult or Emancipated Minor Patients with a Therapeutic Exception

If the attending physician determines an adult or emancipated minor patient would suffer immediate and severe injury from CPR, he or she may do the following:
1. Write a DNR order only after doing all the following:
    a. Examining the patient and documenting the examination in the medical record
    b. Determining the wishes of the patient to the extent possible without subjecting the patient to the risk of immediate and severe injury
    c. Obtaining the consent of an available surrogate, unless the order is entered based on the patient's previous consent
    d. Documenting the reasons for invoking therapeutic privilege
2. Reassess, on a regular basis, the patient's risk of injury from CPR, and discuss this risk with the patient.
3. Consult the patient regarding CPR as soon as the medical basis for not consulting the patient no longer exists.

For Adult or Emancipated Minor Patients Lacking Capacity

The attending physician does the following:
1. Approaches the patient as if he or she has decision-making capacity unless there is a reasonable degree of medical certainty that says otherwise.
2. Documents the decision and reasons to consider a patient to be lacking capacity in the medical record.

This should include the following elements:
   a. Nature of the patient's incapacity
   b. Cause of the patient's incapacity
   c. Extent of the patient's incapacity
   d. Probable duration of the patient's incapacity

The attending physician does the following once incapacity has been determined and concurred with:
1. Promptly notifies the following individuals:
   a. The patient if there is any indication the patient can comprehend the notice
   b. A surrogate, in order of priority listed on the Surrogate List
2. Provides the patient with a copy of the Patient Rights statement.

Consent by a Surrogate

All staff members do the following:
1. Refrain from seeking consent of a surrogate when the adult or emancipated minor patient had consented to a DNR order prior to losing capacity.
2. Identify an appropriate surrogate when the patient lacks capacity and no agent has been appointed by the court.
3. Consider the following individuals to be empowered to act as surrogates, in this order:
   a. Judicially appointed committee or guardian of the patient, if applicable
   b. Spouse
   c. Son or daughter of legal age of majority as defined by the State
   d. Parent
   e. Brother or sister of legal age of majority as defined by the State
   f. Close friend
4. Ensure the surrogate candidate is reasonably available, willing, and competent to render a DNR decision on behalf of the patient.
5. Document the name of the surrogate in the patient's medical record.
6. Inform the surrogate that he or she has the same rights as the patient regarding access to medical records and medical information.

The attending physician does the following:
1. Determines that, to a reasonable degree of medical certainty, *any one* of the following conditions exists:
   a. The patient has a terminal condition.
   b. The patient is permanently unconscious.
   c. Resuscitation would be medically futile.
   d. Resuscitation would impose an extraordinary burden on the patient considering the patient's condition and the expected outcome of resuscitation.
2. Allows the surrogate to consent to a DNR order in one of the following ways:
   a. Written consent: Must be signed and dated in the presence of one witness who is of legal age of majority as defined by the State, who must also sign the document.
   b. Verbal consent: Must be expressed in the presence of two witnesses of legal age of majority as defined by the State, one of whom must be a physician affiliated with the organization.
3. Documents the surrogate's consent in the patient's medical record.
4. Promptly issues the DNR order and informs staff responsible for the patient's care about the order.
5. Promptly notifies the patient of the surrogate's decision, if there is any indication the patient can comprehend the notice and if there is no determination of Therapeutic Exception as described in this policy.
   a. If the patient objects, a DNR order shall not be issued.

For Adult and Emancipated Minor Patients Without Capacity and Without Surrogate

The attending physician does the following when an appropriate surrogate cannot be identified:
1. Confers with a second physician who has personally examined the patient.
2. May issue a DNR order in the following situations:
   a. The patient has not expressed a contrary decision regarding CPR/DNR.
   b. The physician determines, in writing, that CPR would, to a reasonable degree of medical certainty, be medically futile.

For Minor Patients

The attending physician does the following:

1. Consults with the custodial parent or guardian to determine if the minor has the capacity to decide regarding resuscitation.
2. Determines that, to a reasonable degree of medical certainty, *any one* of the following conditions exists:
    a. The minor patient has a terminal condition.
    b. The minor patient is permanently unconscious.
    c. Resuscitation would be medically futile.
    d. Resuscitation would impose an extraordinary burden on the minor patient considering the patient's condition and the expected outcome of resuscitation.
3. Obtains consent of the following individuals before issuing the order:
    a. Custodial parent or guardian .
    b. The minor patient if it is determined he or she has capacity.
4. Allows the parent or guardian to consent to a DNR order in one of the following ways:
    a. Written consent: Must be signed and dated in the presence of one witness who is of legal age of majority as defined by the State, who must also sign the document.
    b. Verbal consent: Must be expressed in the presence of two witnesses who are of legal age of majority as defined by the State, one of whom must be a physician affiliated with the organization.
5. Documents the parent or guardian's consent in the patient's medical record.
6. Makes reasonable efforts to determine if another or noncustodial parent has been informed of the DNR decision.
7. Makes diligent efforts to notify the other or noncustodial parent of the DNR decision prior to issuing the order, if said parent has maintained substantial and continuous contact with the minor.
8. Submits the matter to dispute mediation, if the other or noncustodial parent objects to issuing the DNR order.

Revocation of Consent to DNR Order

All staff members do the following:

1. Allow a patient to revoke consent to a DNR order at any time by one of the following methods:
    a. Verbal or written declaration to a physician or member of the nursing staff
    b. Any act evidencing intent to revoke consent.
2. Allow a surrogate or parent or guardian to revoke consent to a DNR order at any time by one of the following methods:
    a. Written revocation: Must be signed and dated.
    b. Verbal revocation: Must be expressed to the attending physician in the presence of a witness who is of legal age of majority as defined by the State.

The attending physician does the following when notified of a revocation:

1. Immediately cancels the DNR order.
2. Notes the revocation in the patient's medical record.
3. Notifies staff responsible for the minor patient's care about the revocation and cancellation of the order.

Any nurse notified of a revocation immediately notifies a physician.

Review of DNR Orders

The attending physician does the following:

1. Reviews DNR orders according to the following time frames:
    a. For acute-level inpatients: at least every 7 days
    b. For outpatients: each time the attending physician examines the patient, not more frequently than once every 7 days
2. Determines whether the DNR order is still appropriate.
3. Immediately notifies the person who consented to the DNR order if the patient's condition has improved to the point where the DNR is no longer appropriate.
4. Obtains revocation of consent from the person who consented to the DNR, if the DNR is no longer appropriate.

5. Performs one of the following actions if revocation is not granted despite the DNR being no longer appropriate:
    a. Transfers the patient to another physician.
    b. Submits the matter to dispute mediation.

The attending physician does the following when consent was provided by a surrogate or parent, or guardian and any physician determines the DNR is no longer appropriate:
1. Immediately records the determination in the patient's medical record.
2. Immediately cancels the DNR order.
3. Notifies the person who consented to the order's cancellation.
4. Notifies staff responsible for the patient's care about the cancellation of the order.

Any physician does the following when consent was provided by a surrogate and the patient subsequently gains capacity:
1. Immediately cancels the DNR order.
2. Notifies the surrogate of the order's cancellation.
3. Notifies the responsible nurse of the cancellation.

<u>For Terminally Ill Patients</u>

The attending physician does the following:
1. May write a DNR order that remains in effect over a series of discharges and readmissions *only* if the following circumstances are met:
    a. The patient or surrogate consents to such an order.
    b. The attending physician notes in the original DNR order that the order will cover future RISE Community Hospital Systems visits.
2. Refrains from issuing a new DNR order only if the attending physician's admitting notes at readmission clearly state the following:
    a. A DNR order was in effect during the patient's previous admission.
    b. The patient or surrogate understood and agreed that the DNR order would continue through future RISE Community Hospital visit.
    c. The patient's condition has not improved, and the patient is still terminal.

<u>DNR Dispute Mediation and Judicial Review</u>

Dispute mediation and judicial review of DNR orders will be conducted according to the organization's separate policy on these matters.

<u>Removal of Ventilator Support</u>

The attending physician or pulmonologist does the following:
1. Confirms a DNR order is in place before removing ventilator support.
2. Makes an appropriate entry in the progress note that says the following:
    a. Ventilator will be withdrawn.
    b. Mechanical ventilation will not be reinstituted.
3. Includes the following in the medical record, as appropriate:
    a. Documentation of the conversation with the patient about ventilator removal if the patient has capacity
    b. Documentation of the patient's advance directive that addresses ventilator removal, if the patient does not have capacity
    c. Documentation of consent for ventilator removal from a surrogate or parent or guardian, if the patient does not have capacity or is a minor
4. May remove ventilator support for a patient without capacity, without a written or verbal advance directive, and without a surrogate or parent or guardian, *only* if one of the following conditions are met:
    a. The patient has a terminal condition.
    b. The patient has global irreversible brain damage.
    c. Continuation of ventilator support would be medically futile.
    d. Ventilator support would impose an extraordinary burden on the patient considering the patient's medical condition by the expected outcome of continued mechanical ventilation.

5. Remains in close communication with the surrogate or parent or guardian consenting to ventilator removal on behalf of the patient.
6. Is physically present during ventilator withdrawal.
    a. EITHER
        i. Maintains the endotracheal tube in place if the patient has copious secretions and comfort may depend on frequent airway suctioning.
        ii. Provides humidified oxygen with a T-piece.
    b. OR
        i. Removes the endotracheal tube if the patient has scant secretions.
        ii. Provides humidified oxygen via facemask or nasal cannula.
    c. OR
        i. Places patient with a tracheostomy on a tracheostomy collar.
        ii. Provides humidified oxygen via tracheostomy collar.
7. Provides continuously respectful comfort care.
8. Considers instituting comfort care orders for the patient.
9. Uses appropriate medications to address labored respirations, if necessary.

REFERENCES

Joint Commission Standards.

APPROVAL

POLICY OWNER	Matt Alewine, RN, MSN Chief Nursing Officer
COMMITTEE	Patient Care & Safety Committee
MEDICAL EXECUTIVE COMMITTEE	Dr. Jessica Hetherington MD Chief Medical Officer
GOVERNING BODY	RISEONE Governing Body

REVISION	**CHANGES**	**DEPARTMENT APPROVAL**	**COMMITTEE APPROVAL**	**MEC APPROVAL**	**GB APPROVAL**
New	Initial Release	12/2/2024	12/2/2024	12/2/2024	12/2/2024
A	Standard review cycle.	5/12/2026	5/12/2026	5/13/2026	5/13/2026