

IN-HOSPITAL DO-NOT-RESUSCITATE (DNR) ORDER

Tex. Health and Safety Code §166 (reviewed 8/1/2019)

This document becomes effective immediately on the date and time of execution, and is for health care professionals acting in a hospital setting as long as the patient remains as an in-patient admitted to the issuing facility. It remains in effect until the patient is pronounced dead by authorized medical authority, no longer an in-patient of the facility, or the document is revoked. Comfort care will be given as needed.

Patient's Full Legal Name: _____ Date of Birth: _____

Male: _____ Female: _____

Covenant Health System ("CHS") Facility: _____

Attending Physician: _____

Basis for Attending Physician to issue a DO NOT RESUSCITATE Order (choose one):*

____ Competent patient's written instruction (see SECTION A)

____ Competent patient's oral instruction (see SECTION B)

____ Patient's written directive (see SECTION C)

____ Patient's legal guardian, agent or medical power of attorney
(see SECTION D)

____ Qualified adult's treatment decision (see SECTION E)

____ Minor patient's adult spouse, parents, or legal guardian (see
SECTION F)

____ Attending physician's medical judgment (see SECTION G)

All sections must also complete "Attending Physician's Statement" below

-SECTION A-

Declaration by Competent Patient (written):

I am competent and at least 18 years of age. I direct that cardiopulmonary resuscitation (CPR) not be attempted if my circulatory or respiratory function ceases.

Patient's Signature: _____

Date: _____

Attending Physician Signs "Attending Physician's Statement"

-SECTION B-

Declaration by Competent Patient (oral/non-written):

The qualified patient has stated that he or she does not want cardiopulmonary resuscitation (CPR) attempted if the patient's circulatory or respiratory function ceases. Patient has communicated his or her desires in the presence of two witnesses.

Witness #1:

Witness #1 Signature: _____

Witness #1 Name: _____

Date: _____

Witness #2:

I, acknowledge that I am not the patient's attending physician, nor am I an employee of a CHS facility in which the declarant is a patient if the employee is providing direct patient care to the declarant or is an officer, director, partner, or business office employee of the CHS facility or of any parent organization of the CHS facility.

Witness #2 Signature: _____

Witness #2 Name: _____

Date: _____

Attending Physician Signs "Attending Physician's Statement"
below

-SECTION C-

Declaration According to a Patient's Directive to Physician:

____ I have reviewed the patient's written directive, which appears to have been validly executed in Texas; or

____ I have reviewed the patient's advance directive which appears to have been validly executed in a state other than Texas.

Based upon the known desires as presented to me in form of the patient's current written directive to physician, I direct that cardiopulmonary resuscitation (CPR) is not to be attempted if the patient's circulatory or respiratory function ceases.

I understand if the Texas directive to physician or the out-of-state advanced directive identified here is revoked, that grounds for the DNR order will not be sufficient and the attending physician must write a new DNR order if medically appropriate to the patient's treatment plan.

Attending Physician Signature: _____

Attending Physician Name: _____

Date: _____

Attending Physician Signs "Attending Physician's Statement"

-SECTION D-

Declaration by Patient's legal guardian or agent according to Medical Power of Attorney (MPOA):

I am the (check one): ____ legal guardian; ____ agent identified in the patient's MPOA, and am acting in accordance with the MPOA.

Based upon the known desires of the person, or a determination of the best interest of the person, I direct that cardiopulmonary resuscitation (CPR) is not to be attempted if the patient's circulatory or respiratory function ceases.

Guardian/Agent's Signature: _____

Guardian/Agent's Name: _____

Date: _____

Attending Physician Signs "Attending Physician's Statement"

COVENANT HEALTH SYSTEM

LUBBOCK, TEXAS

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-SECTION E-

Declaration by Incompetent Patient's Qualified Adult's Treatment Decision:

I am the patient's (according to priority, check one): ____ spouse, ____ adult child, ____ parent, ____ or nearest living relative according to Health and Safety Code §166. To my knowledge, the patient has not executed a written advance directive or issued a non-written directive, nor, does the patient have a legal guardian or an agent under a medical power of attorney. I sign below based upon my knowledge of what the patient would desire.

Based upon the known desires of the person, or a determination of the best interest of the person, I direct that cardiopulmonary resuscitation (CPR) is not to be attempted if the patient's circulatory or respiratory function ceases.

Qualified Adult's Signature: _____

Qualified Adult's Name: _____

Date: _____

Attending Physician Signs "Attending Physician's Statement"

-SECTION F-

Declaration by Minor Patient's Adult Spouse, Parents, or Legal Guardian:

I am the minor's (check one): ____ adult spouse, ____ parent (authorized to make medical decisions on behalf of the minor), or ____ legal guardian. The attending physician has diagnosed the minor as suffering from a terminal or irreversible condition.

Based upon the known desires of the person or a determination of the best interests of the person, I direct that cardiopulmonary resuscitation (CPR) is not to be attempted if the patient's circulatory or respiratory function ceases.

Authorized Adult's Signature: _____

Authorized Adult's Name: _____

Date: _____

Attending Physician Signs "Attending Physician's Statement"

-SECTION G-

Declaration by Attending Physician:

To the best of my knowledge the patient is incompetent and is without a legal guardian, agent or proxy. The patient has not conveyed directions against a DNR order at a time when the patient was competent and, in my reasonable medical judgment as the patient's attending physician:

- i. the patient's death is imminent, regardless of the provision of cardiopulmonary resuscitation; and
- ii. the DNR order is medically appropriate.

I direct that cardiopulmonary resuscitation (CPR) is not to be attempted if the patient's circulatory or respiratory function ceases.

Attending Physician Name: _____ Attending Physician Signature: _____ Date: _____

Attending Physician Also Signs "Attending Physician's Statement" below.

For section "Additional Notice", see below.

DEFINITIONS

Agent – An adult to whom authority to make treatment or health care decisions is delegated by a principal under a MPOA.

Attending physician- A physician, selected by or assigned to a person, with primary responsibility for the person's treatment and care and is licensed by the Texas Medical Board, or is properly credentialed and holds a commission in the uniformed services of the United States and is serving on active duty in this state. [HSC§166.002(12)]. He or she is a physician identified with applicable Covenant Health facility as the patient's attending physician.

Cardiopulmonary resuscitation (CPR)- any medical intervention used to restore circulatory or respiratory function that has ceased.

CHS Staff- the patient's physician, physician assistant, nurse, or other person acting on behalf of a Covenant Health ("CH") hospital or health care facility.

Competent- possessing the ability, based on reasonable medical judgment, to understand and appreciate the nature and consequences of a treatment decision, including the significant benefits and harms of and reasonable alternatives to a proposed treatment decision.

Directive- an instruction made under Tex. Health & Safety Code, 166.032, 166.034, or 166.035 to administer, withhold, or withdraw life-sustaining treatment in the event of a terminal or irreversible condition.

Do-Not-Resuscitate (DNR)- an order instructing a health care professional not to attempt cardiopulmonary resuscitation on a patient whose circulatory or respiratory function ceases.

Health care or treatment decision- consent, refusal to consent, or withdrawal of consent to health care, treatment, service, or a procedure to maintain, diagnose, or treat an individual's physical or mental condition, including such a decision on behalf of a minor.

Incompetent – lacking the ability, based on reasonable medical judgment, to understand and appreciate the nature and consequences of a health care or treatment decision, including significant benefits and harms of and reasonable alternatives to a proposed health care or treatment decision.

Irreversible condition- a condition, injury, or illness: (1) that may be treated, but is never cured or eliminated; (2) that leaves a person unable to care for or make decisions for the person's own self; and (3) that, without life-sustaining treatment provided in accordance with the prevailing standard of medical care, is fatal.

Qualified adult- If the patient does not have a legal guardian or an agent under a medical power of attorney, the attending physician and one person, if available, from one of the following categories, in the following priority, may make a treatment decision that may include a decision to withhold or withdraw life-sustaining treatment:

- (1) the patient's spouse;
- (2) the patient's reasonably available adult children;
- (3) the patient's parents; or
- (4) the patient's nearest living relative.

Qualified patient - means a patient with a terminal or irreversible condition that has been diagnosed and certified in writing by the attending physician.

"Terminal condition"- an incurable condition caused by injury, disease, or illness that according to reasonable medical judgment will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care.

Witness- a competent adult over 18 years of age, who observes the patient signing an Advanced Directive or DNR, other than a notary public.

-ATTENDING PHYSICIAN'S STATEMENT-

STATEMENT: I am the Attending Physician of the above-mentioned patient at the named CHS facility. I acknowledge the following:

1. I direct health care professionals at this facility not to initiate or continue cardiopulmonary resuscitation (CPR) if the patient's circulatory or respiratory function ceases.
2. I have discussed with the patient, or, the patient's legal guardian, qualified adult or MPOA, the use and effects of an IHDNR; that this IHDNR is only effective during the patient's in-patient stay at this CHS facility; and that this IHDNR order will not apply in long-term care facilities, in-patient hospice facilities, private homes, hospital outpatient or emergency departments, physician's offices, or during transport or transfer.
3. Should I not wish to execute or comply with this order, I will defer to CHS's Resolving Conflicts Between Patient Desires and Physician Treatment Recommendations Policy written in accordance to Texas Health & Safety Code, Chapter 166 after I inform the patient or the patient's legal guardian, qualified adult, or MPOA of the benefits and burdens of cardiopulmonary resuscitation (CPR).
4. Should the patient or, the patient's legal guardian, qualified adult, or MPOA choose a surgical procedure as part of the treatment plan the CHS policy on DNR temporary suspensions will apply.
5. This IHDNR order is not contrary to the known directives of the patient.
6. The patient is ____competent or _____incompetent, according to Tex. Health and Safety Code 166.002.
7. If this IHDNR order has been issued according to an advance directive or MPOA, the legal document(s) have been presented to this CHS facility and efforts to place the document(s) in the patient's medical record have commenced.
8. If incompetent, such has been noted in the patient's medical record prior to execution of this IHDNR order.
9. To the best of my knowledge, the patient is not pregnant.
10. The following notifications have taken place:

For the purposes of SECTION E only...

To the best of my knowledge, patient has not executed or issued a directive, and, the adult signing Section E of this document presented themselves to be a "qualified adult" according to Tex. Health and Safety Code 166. Patient does not have a legal guardian or an agent under a medical power of attorney. Therefore, the following qualified adult has signed this DNR, and in such priority (insert dates and details):

- (1) the patient's spouse: ___yes___no. If no, note: _____
- (2) the patient's reasonably available adult children:
___yes___no. If no, note: _____
- (3) the patient's parents; ___yes___no. If no, reason: _____; or
- (4) the patient's nearest living relative: ___yes___no. If no, who: _____

The CHS employee that has recorded this notification information is _____

For the purposes of SECTION G only...

First Notice:

The patient is incompetent, and therefore the following efforts were made to contact or cause to be contacted one of the following persons and inform of the DNR order's issuance:

- (1) the patient's known agent under a MPOA or legal guardian ☐ yes ☐ no. If no, note: _____
- (2) the patient's spouse: ☐ yes ☐ no. If no, note: _____
- (3) the patient's reasonably available adult children:
☐ yes ☐ no. If no, note: _____ or;
- (4) the patient's parents; ☐ yes ☐ no. If no, reason: _____

The CHS employee that has recorded this notification information is _____

For Second Notice, see "Additional Notice" attached.

Attending Physician Signature: _____

Attending Physician Name: _____

Date: _____

Effective Time:

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-ADDITIONAL NOTICE-

Second Notice for Attending Physician's Medical Judgment (see SECTION G)

The patient _____ (name), had a visitor _____ (name) who arrived at the facility on _____, 20____, and has identified himself or herself as:

1. the patient's _____ medical power of attorney or _____ legal guardian; or
2. _____ the patient does not have a known agent under a medical power of attorney or legal guardian, and therefore, the visitor was one of the following:
_____ the patient's spouse
_____ the patient's reasonably available adult children; or
_____ the patient's parents.

Upon arrival, the visitor notified _____ (name) who is a:

- (1) physician, physician assistant, or nurse providing direct care to the patient; and
- (2) physician, physician assistant, or nurse has actual knowledge of the order.

It was at this time that the visitor was notified that the patient has a DNR order issued at this facility.

CHS Staff's Signature: _____ CHS Staff's Name: _____ Date: _____

Failure to comply with this additional notice does not affect the validity of a DNR order issued.
The physician, physician assistant, or nurse is not required to notify additional persons beyond the first person notified here.

This notice requirement is not required for a DNR that is issued under:
Competent patient's written instruction (see SECTION A)
Competent patient's oral/non-written instruction (see SECTION B)
Patient's directive to physician (see SECTION C)
Patient's legal guardian or agent according to medical power of attorney (see SECTION D)
Qualified adult's treatment decision (see SECTION E)
Minor patient's adult spouse, parents, or legal guardian (see SECTION F)

-REVOCATION-

On or about _____, 20____ this DNR was revoked by:

- _____ patient expressed to _____ (name), a person providing direct care to the patient, of the patient's consent or intent to revoke;
- _____ patient's legal guardian instruction, _____ (guardian's name);
- _____ patient's agent under medical power of attorney, _____ (agent's name);
- _____ patient's attending physician, when DNR issued under Section G, _____ (physician's name);
- _____ the patient was discovered to be pregnant; or
- _____ patient revoked the directive in which this DNR order was issued.

Therefore, attending physician was notified that the DNR was hereby revoked.

Direct Care Physician Name: _____ Direct Care Physician Signature: _____ Date: _____

*Direct Care Physician: a physician providing direct care to a patient for whom a DNR order is issued.