

Section 9	Clinical Policies	09/09/97 -Originated
Subject 9.15	End of Life Issues	07/18/13 -Reviewed w/ changes -Reviewed w/ changes
Policy 9.15.8	Out-of-Hospital Do Not Resuscitate (OOHDNR) Orders	08/15/13 –Effective
		Ethics Committee -Author

Out-of-Hospital Do-Not-Resuscitate (OOHDNR) Orders

Definitions

See [IHOP Policy 9.15.5 Advance Directives](#).

Policy

An Out-of-Hospital Do-Not-Resuscitate (OOHDNR) order documents the instructions of a patient or the patient’s legally authorized representative and directs health care professionals acting in an out-of-hospital setting not to initiate or continue the following life-sustaining treatments and other life-sustaining treatment specified by the Texas Board of Health:

1. cardiopulmonary resuscitation (CPR)
2. endotracheal intubation or other advanced airway management;
3. artificial ventilation;
4. defibrillation; and
5. transcutaneous cardiac pacing.

An OOHDNR form is valid in an out-of-hospital setting, which means a location in which health care professionals are called for assistance, including long-term care facilities, inpatient hospice facilities, private homes, hospital outpatient or emergency departments, physician offices, and vehicles during transport.

OOHDNR orders validly executed in another state or jurisdiction shall be given the same effect as OOHDNR orders validly executed in Texas, and shall be honored in accordance Texas law.

DNR identification devices (bracelet or necklace approved by the Texas Board of Health) will be honored as conclusive evidence of the execution or issuance of a valid OOHDNR order.

Exceptions

UTMB will not withdraw or withhold life-sustaining treatment from a pregnant patient.

Outpatients who are having a procedure requiring moderate or deep sedation in any ambulatory setting:

At the time a procedure is scheduled, patients will be asked about the existence of any advance directive. If a patient has an existing OOHDNR document or an existing medical condition (terminal or irreversible condition) in which an advance directive refusing life-sustaining treatment (LST) would apply, the physician must discuss with the patient the risks and benefits of accepting LST during the planned procedure. If a patient

UTMB HANDBOOK OF OPERATING PROCEDURES

Section 9	Clinical Policies	09/09/97 -Originated
Subject 9.15	End of Life Issues	10/17/08 -Reviewed w/ changes -Reviewed w/ changes
Policy 9.15.8	Out-of-Hospital Do-Not-Resuscitate (OOHDNR) Orders	Ethics Committee -Author

Exemptions, continued

at the Victory Lakes Ambulatory Surgery Center wishes to refuse LST during their procedure, the procedure will be scheduled to be performed at the UTMB Galveston hospital where such requests can be better accommodated in collaboration between patient and provider. Patients agreeing to rescind their advance directive for their procedure at the Victory Lakes Ambulatory Surgery Center will sign a consent form indicating their understanding and acceptance of this policy. In all other ambulatory settings where moderate or deep sedation is performed, the physician and patient must agree to any proposed changes to the patient's existing advance directive and the procedure physician must document the discussion in the medical record.

Execution or Issuance of an OOHDNR Order

Nursing and Care Management staff may assist patients with obtaining an OOHDNR form, which is also available along with further information from the [Texas Department of State Health Services](#) and from the [Nursing Service home page](#).

Competent Adult Patients

A competent adult may execute a written OOHDNR order at any time in the presence of two witnesses. Both witnesses must be competent adults, and at least one witness must qualify under the additional restrictions listed in this [definition of witnesses](#). Both witnesses and the attending physician must sign the OOHDNR order.

A competent adult may also issue an OOHDNR order by non-written communication in the presence of the attending physician and two witnesses. Both witnesses must be competent adults, and at least one witness must qualify under the additional restrictions listed in the definition of witnesses above. The attending physician and witnesses shall sign the OOHDNR order in place of the form, and the attending physician shall note the existence of the OOHDNR order and the names of the two witnesses in the patient's medical record.

Incompetent Adult Patients

If a patient is incompetent but previously executed or issued a directive, the attending physician may rely on the directive as the patient's instructions to issue an OOHDNR order, and shall place a copy of the directive in the patient's medical record.

If a patient is incompetent but previously executed or issued an advance directive designating a proxy or agent, the proxy or agent may make any decisions required (consistent with the authority granted to them by the patient's directive), including signing the OOHDNR order in lieu of the patient.

UTMB HANDBOOK OF OPERATING PROCEDURES

Section 9	Clinical Policies	09/09/97 -Originated
Subject 9.15	End of Life Issues	10/17/08 -Reviewed w/ changes -Reviewed w/ changes
Policy 9.15.8	Out-of-Hospital Do-Not-Resuscitate (OOHDNR) Orders	Ethics Committee -Author

Execution or Issuance of an OOHDNR Order, continued

If a patient has not executed or issued an OOHDNR and is incompetent or otherwise mentally or physically incapable of communication, the attending physician and the patient’s legal guardian, proxy, or agent may execute an OOHDNR order on behalf of the patient. If the patient does not have a legal guardian, proxy, or agent, the attending physician and at least one qualified relative may execute an OOHDNR order on behalf of the patient. OOHDNR orders executed in this manner must be based on knowledge of what the patient would desire, if known, and must be executed in the presence of two witnesses (one of whom must also qualify under the additional restrictions listed in the definition of witnesses above). If a qualified relative is not available, an OOHDNR must be concurred in by another physician who is not involved in the treatment of the patient or who is a representative of a UTMB ethics or medical committee. A qualified relative wishing to challenge an OOHDNR order executed as provided above may do so by applying for temporary guardianship of the patient.

Minor Patients

The following persons may execute an OOHDNR order on behalf of a minor who has been diagnosed by a physician as suffering from a terminal or irreversible condition: (1) the minor’s parents; (2) the minor’s legal guardian; or (3) the minor’s managing conservator.

Procedure

An OOHDNR order is effective on its execution until revoked. If there is a conflict between orders completed at different times, the most recent decision or document controls.

If a patient arrests in an out-of-hospital setting, responding health care professionals are required by law to initiate resuscitative efforts unless there is evidence of an OOHDNR order (e.g., an original or copy of the OOHDNR order, or a DNR identification device).

If an attending physician refuses to execute or comply with an OOHDNR order, the attending physician shall inform the patient (or their legal guardian, qualified relative, or agent, as applicable) and, if the patient or their representative so directs, make a reasonable effort to transfer the patient to another physician who is willing to execute or comply with an OOHDNR order.

Revocation

The desire of a competent person, including a competent minor, supersedes the effect of any OOHDNR order when the desire is communicated to responding health care professionals.

A patient may revoke an OOHDNR order at any time, without regard to

UTMB HANDBOOK OF OPERATING PROCEDURES

Section 9	Clinical Policies	09/09/97 -Originated
Subject 9.15	End of Life Issues	10/17/08 -Reviewed w/ changes
Policy 9.15.8	Out-of-Hospital Do-Not-Resuscitate (OOHDNR) Orders	-Reviewed w/ changes Ethics Committee -Author

**Revocation,
continued**

the patient's mental state or competency.

An OOHDNR may be revoked by:

1. The patient communicating their intent to revoke the order;
2. The patient or someone in the patient's presence and at the patient's direction destroying the order form and removing the DNR identification device, if any;
3. A person who identifies himself or herself as the patient's legal guardian, qualified relative, or agent who executed the OOHDNR order, or another person in their presence and at their direction destroying the order form and removing the DNR identification device, if any; or
4. A person who identifies himself or herself as the patient's legal guardian, qualified relative, or agent who executed the OOHDNR order orally stating their intent to revoke the order.

Upon revocation of an OOHDNR order, the responding health care professional shall record the time, date, and place of the revocation. The attending physician shall also record in the patient's medical record the time, date, and place of the revocation and, if different, the time, date, and place that the physician received notice of revocation. The attending physician shall also enter the word "VOID" on each page of the copy of the order in the patient's medical record.

**Ethics
Consultation
Service**

If a conflict arises regarding a patient's preferences, the Ethics Consultation Service is available to discuss possible solutions and alternatives.

References

[Texas Health and Safety Code Chapter 166](#) (Texas Advance Directives Act)

- [IHOP Policy 9.15.5 Advance Directives](#)
[IHOP Policy 9.15.6 Making and Documenting Treatment Decisions including Withholding or Withdrawing Life-Sustaining Treatment](#)
1.
-