utmb Health

Institutional Handbook of Operating Procedures Policy 09.15.07	
Section: Clinical Policies	Responsible Vice President: Executive Vice President, UTMB Health System
Subject: End of Life	Responsible Entity: Ethics Committee

I. Title

Do Not Resuscitate (DNR) Orders in the Operating Room and Peri-Operative Period

II. Policy

The health care team must review existing DNR orders (at UTMB the resuscitation intervention orders or code orders), or other treatment limiting documents, prior to any procedures requiring anesthetic care with the patient or the patient's representative DNR orders are not automatically suspended during the peri- operative period. This is required to preserve the right of the patient to understand and choose among treatment and resuscitation options in order to make an informed consent.

III. Procedures

The attending physician or surgeon must discuss with the patient or the patient's representative, any proposed changes to the patient's existing DNR order, advance directive, or any other treatment limiting option for the peri-operative period. This discussion should focus on those aspects of resuscitation or other treatment intervention that is specifically proscribed in the advance directive. Other points of discussion might include:

- Increased likelihood of successful resuscitation in the operating room
- Frequent requirement for intubation and assisted ventilation during the operative and post-operative period
- Period of time that the modifications to the DNR or advance directive will be effective
  - Until the patient is cleared from PACU (at which time a new DNR order must be written to reflect the patient's pre-surgery wishes, unless the patient desires to change those wishes)
  - Until the patient leaves the ICU (However, all DNR orders for these patients must be periodically reviewed to reflect the patient or patient's representative's wishes.)
  - The attending physician must document the discussion and any agreed upon suspension of specific instructions. Where possible, the attending physician, surgeon, and anesthesiologist should be in concurrence on these issues. If the patient's request for limitations of care conflict with generally accepted medical or ethical standards of care, the attending physician should consult with the Chief of Staff, or the Ethics Consultation Service. If any one of the physicians feels the patient's wishes are incompatible with their own moral views, they may decline to participate in the care of the patient; in this case the physician should delegate their responsibilities to another appropriate physician.

IV. Relevant Federal and State Statutes

Federal Patient Self-Determination Act of 1990 (PSDA)
Texas Advance Directives Act

V. Related UTMB Policies and Procedures

IHOP - 09.15.05 - Patients Initiating Advance Directives

IHOP - 09.15.06 - Making and Documenting Treatment Decisions including Withholding or Withdrawing Life-Sustaining Treatment
IHOP - 09.15.08 - Out-of-Hospital Do Not Resuscitate (OOHDNR) Orders

VI. Additional References

American Society of Anesthesiologists - Ethical Guidelines for the Anesthesia Care of Patients with Do-Not-Resuscitate orders or Other Directives that Limit Treatment

VII. Dates Approved or Amended

Originated: 9/19/2016	
Reviewed with Changes	*Reviewed without Changes*
	08/30/2019

VIII. Contact Information

Ethics Committee
(409) 747-1230