

KENTUCKY CORRECTIONS Policies and Procedures	Policy Number	Total Pages
	Date Filed	Effective Date
	13.11	4
	June 3, 2005	September 20, 2005
Authority/References KRS 197.020, 196.035, 311.621, 311.623, 311.625, 311.627, 311.629, 311.631, 311.633, 311.635, 311.637, and 311.641	DO NOT RESUSCITATE ORDER	

I. DEFINITIONS:

“Advance directive” is defined in KRS 311.621

“Decisional capacity” is defined in KRS 311.621.

“Designated health care surrogate” means a surrogate as defined in KRS 311.621.

“Do Not Resuscitate Order or DNR Order” means a written order which authorizes medical personnel to withhold cardiopulmonary resuscitation, including artificial respiration and defibrillation, from a particular patient in the event of cardiac or respiratory arrest. Such an order does not authorize the withholding of other medical interventions such as intravenous fluids, oxygen, or other therapies deemed necessary to provide comfort care or to alleviate pain.

“Life-prolonging treatment” is defined in KRS 311.621.

“Permanently unconscious” is defined in KRS 311.621.

II. POLICY and PROCEDURES:

The Department of Corrections shall provide resuscitative measures as deemed medically necessary, except when the inmate has conferred with the inmate’s attending physician and completed a DNR order. The DNR order and advanced directive documents shall be placed in the inmate’s medical record. A DNR order shall be consistent with sound medical practice and shall not in any way be associated with assisting suicide, voluntary euthanasia, or expediting the death of an inmate.

A. Before a DNR order may be written, the following shall be documented:

1. The inmate’s attending physician has determined that the inmate is suffering from a terminal illness or injury and death is inevitable or likely to occur during the course of hospitalization.
2. The inmate’s attending physician shall fully discuss the medical condition with the inmate. A competent inmate shall be encouraged to

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participate in the decision and may voluntarily request and agree that a DNR order be placed in his medical record. The inmate shall be encouraged to discuss this subject with those persons close to him, including family members.

3. Community medical standards shall be used in determining an inmate's competency to voluntarily request or agree that a DNR order be placed in the medical record. If there are concerns regarding an inmate's competency, a consultation from another physician or qualified mental health professional may be requested. The conclusions and recommendations from the consultant physician or qualified mental health professional shall be documented in the inmate's medical record.
4. When the inmate is determined to be incompetent, unconscious, or otherwise unable to participate in the DNR decision, the ensuing guidelines shall be followed:
 - a) The inmate's institutional physician may rely on an advanced directive document. This declaration shall be substantially consistent with the form approved by Kentucky law. The original health care declaration shall be contained in the inmate's medical record at the time the DNR is written.
 - b) Every reasonable effort shall be made to obtain the written concurrence of a designated health care surrogate. If no advanced directive exists, reasonable efforts shall be made to obtain the written concurrence of one or several members of the inmate's immediate family. The inmate's attending physician shall document these efforts in the medical record. Resuscitative services shall not be withheld when a designated health care surrogate or an immediate family member is in disagreement.
5. A DNR order completed in an emergency situation outside a Department of Corrections facility shall not be honored once the emergency situation resolves and the inmate returns to a Department of Corrections facility. If a DNR order is appropriate at that time, a new, non-emergency DNR shall be completed upon return to the Department of Corrections facility.

B. Documentation:

1. Proper documentation of a valid DNR order in the inmate's medical record shall include, but not be limited to:

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- a) The diagnosis;
 - b) The prognosis;
 - c) If available, documentation of informed consent;
 - d) The inmate's expressed wishes (accompanied by written documentation by the patient), when possible. The DNR order shall be legibly written and signed by the inmate and witness. The witness shall not be a Department of Corrections employee unless the employee is a notary public;
 - e) The wishes of the immediate family member(s), when possible; and
 - f) The reference concerning the affected inmate's competency, when the decision was based on his concurrence.
2. The front of the inmate's medical record shall be appropriately marked to indicate the entry of the DNR order.

C. Review Process

1. A DNR order shall be subject to regular review by the inmate's attending physician. The physician's review of the DNR order shall be documented in the inmate's medical record.
2. Any member of the medical staff, including nursing staff, may notify the medical supervisor in documenting a conflict in the decision making process. If a conflict arises, the medical supervisor, in conjunction with the inmate's attending physician, shall thoroughly review the inmate's medical record to determine if the DNR order is in compliance with all applicable standards and policies.

- D. Rescinding: A DNR order shall remain in effect unless rescinded by the inmate or the inmate's attending physician. An inmate may rescind a DNR order at any time either verbally or in writing. If the inmate rescinds the DNR verbally, then staff shall immediately document the inmate's decision in the medical record and have the inmate sign the documented request, or have a witness sign the documented request in the presence of the inmate. All DNR alerts in the medical record shall be immediately removed and the attending physician shall be immediately notified.

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- E. Privacy Considerations: Consent shall be obtained from the inmate prior to medical staff discussing a competent inmate's medical condition with a family member. An inmate's refusal to consent discussion of his medical condition and treatment decisions with family members shall be documented in the inmate's medical record. If an inmate becomes incompetent to make decisions on his behalf, the designated health care surrogate or immediate family members may be contacted to discuss the inmate's medical condition and treatment decisions.
- F. Related Medical Care: An inmate with a DNR order shall receive the maximal therapeutic efforts short of resuscitation. The DNR order shall not be justification for ignoring the inmate's welfare or comfort. The inmate's attending physician shall explain to the inmate that other treatment may be provided regardless of the DNR order in the medical record.