

# Instructor Guide: Do Not Resuscitate Order (DNRO)

## Direct Care Training Kit

The image displays two sample forms for Do Not Resuscitate Orders (DNRO) from the State of Florida. The left form is the English version, and the right form is the Spanish version. Both forms include sections for Patient's Statement, Physician's Statement, and Patient's Consent. A large 'SAMPLE' watermark is overlaid on the forms.

**English Form (Left):**

- State of Florida DO NOT RESUSCITATE ORDER**
- PATIENT'S STATEMENT:** Based upon informed consent, I, the undersigned, hereby direct that CPR be withheld or withdrawn. (If not signed by patient, check applicable box)
  - Surrogate
  - Proxy (such as defined in Chapter 194, F.S.)
  - Adult dependent grandchild
  - Durable power of attorney (such as defined in Chapter 709, F.S.)
- PHYSICIAN'S STATEMENT:** I, the undersigned, a physician licensed pursuant to Chapter 458 or 459, F.S., on the direction of the patient (or surrogate, proxy, adult dependent grandchild, or durable power of attorney) direct the withholding or withdrawal of cardiopulmonary resuscitation (artificial ventilation, cardiac compressions, endotracheal intubation and defibrillation from the patient in the event of the patient's cardiac or respiratory arrest.

**Spanish Form (Right):**

- Estado de Florida ORDEN DE NO RESUSCITAR**
- DECLARACIÓN DEL PACIENTE:** Basado en mi consentimiento informado, yo, el suscrito, hereby direct that CPR be withheld or withdrawn. (If not signed by patient, check applicable box)
  - Representante del paciente
  - Poderes (tal como se define en el Capítulo 194 de las Leyes del Estado)
  - Nieto(a) dependiente del adulto
  - Poderes de Abogado (tal como se define en el Capítulo 709 de las Leyes del Estado)
- DECLARACIÓN DEL MÉDICO:** Yo, el suscrito, un médico licenciado de acuerdo con el Capítulo 458 o 459 de las Leyes del Estado de Florida, soy el suscrito que ordeno la suspensión o la retirada de la reanimación cardiopulmonar (ventilación artificial, compresiones cardíacas, intubación endotraqueal y desfibrilación) al paciente en el evento de la ocurrencia de un paro cardíaco o respiratorio.

Updated September 24, 2012



**INSTRUCTOR GUIDE:**  
**DO NOT RESUSCITATE ORDER**

<b>Overview</b>	This course is designed to teach you about Do Not Resuscitate Orders in the state of Florida. In this workbook we will address several different forms of advance directives, including: medical power of attorney, living will, DNR, and POLST. This workbook will provide detailed information regarding Florida assisted living regulations on Do Not Resuscitate Orders.
<b>Video(s)</b>	None
<b>Special Supplies</b>	None
<b>Learning Objectives</b>	<ol style="list-style-type: none"><li>1. Define various types of advance directives</li><li>2. Understand what a DNRO is and how it works</li><li>3. Identify Florida specific regulations regarding DNRO</li><li>4. Answer frequently asked questions regarding DNRO</li></ol>

# QUIZ: DO NOT RESUSCITATE ORDERS

1. Which of the following is the title of the document(s) used to appoint a person to make decisions for a resident who is unable to make health care decisions for himself/herself?
  - a. Do Not Resuscitate Order (DNRO)
  - b. Medical Power of Attorney
  - c. Health Care Proxy
  - d. Durable Power of Attorney
  - e. All of the above except A
  
2. Which of the following is the title of the document(s) used to inform emergency medical personnel and/or health care professionals of a request to forego resuscitative measures?
  - a. Do Not Resuscitate Order (DNRO)
  - b. POLST
  - c. Health Care Proxy
  - d. Both A and B
  
3. If a resident has a DNRO form, it is not necessary to contact 9-1-1 in an emergency.
  - a. True
  - b. False
  
4. In our Assisted Living/Residential Care Community, a copy of the DNR is kept  

---
  
5. In our Assisted Living/Residential Care Community, the policy is that if a resident stops breathing, has an order with a request to forego resuscitative measures, AND is a resident on hospice, I should:  

---

---

---

6. In our Assisted Living/Residential Care Community, the policy is that if a resident slips and seriously hurts his/her hip, has an order with a request to forego resuscitative measures, AND is a resident on hospice, I should:

---

---

7. In our Assisted Living/Residential Care Community, the policy is that if a resident stops breathing, DOES NOT HAVE AN order with a request to forego resuscitative measures, AND is a resident on hospice, I should:

---

---

8. In the state of Florida, the DNRO form must be:

- a. Printed on yellow, legal sized paper
- b. Signed by a physician and patient or patient's legal representative
- c. Laminated
- d. All of the above
- e. Only A and B

9. A DNR Order can not be revoked.

- a. True
- b. False

10. A previous version of the DNRO will be honored.

- a. True
- b. False

# QUIZ KEY: DO NOT RESUSCITATE ORDERS

1. Which of the following is the title of the document(s) used to appoint a person to make decisions for the resident who is unable to make health care decisions for himself/herself?
  - a. Do Not Resuscitate Order (DNRO)
  - b. Medical Power of Attorney
  - c. Health Care Proxy
  - d. Durable Power of Attorney
  - e. **All of the above except A**
  
2. Which of the following is the title of the document(s) used to inform emergency medical personnel and/or health care professionals of a request to forego resuscitative measures?
  - a. **Do Not Resuscitate Order (DNRO)**
  - b. POLST
  - c. Health Care Proxy
  - d. Both A and B
  
3. If a resident has a DNRO form, it is not necessary to contact 9-1-1 in an emergency.
  - a. True
  - b. **False**
  
4. In our Assisted Living/Residential Care Community, a copy of the DNR is kept:  
**In the resident records, available in an emergency situation.**

5. In our Assisted Living/Residential Care Community, the policy is that if a resident stops breathing, has an order with a request to forego resuscitative measures, AND is a resident on hospice, I should:

**Contact 9-1-1 immediately. Emergency medical services are part of the community and are able to provide appropriate care as needed in many capacities. A DNRO only means that in the event of cardiac or pulmonary arrest, CPR will not be initiated. Be sure to follow your state regulations and community policies.**

6. In our Assisted Living/Residential Care Community, the policy is that if a resident slips and seriously hurts his/her hip, has an order with a request to forego resuscitative measures, AND is a resident on hospice, I should:

**Same as above. Contact 9-1-1 immediately. Comfort care measures, such as oxygen administration, hemorrhage control, and pain management will still be used. Be sure to follow your state regulations and community policies.**

7. In our Assisted Living/Residential Care Community, the policy is that if a resident stops breathing, DOES NOT HAVE AN ORDER with a request to forego resuscitative measures, AND is a resident on hospice, I should:

**Contact 9-1-1 immediately. Follow your state regulations and community policies.**

8. In the state of Florida, the DNRO form must be:

- a. Printed on yellow, legal sized paper
- b. Signed by a physician and patient or patient's legal representative
- c. Laminated
- d. All of the above
- e. **Only A and B**

9. A DNR Order can not be revoked.

- a. True
- b. **False**

10. A previous version of the DNRO will be honored.

- a. True
- b. False



# Certificate of Completion

THIS IS TO RECOGNIZE

\_\_\_\_\_

FOR DEDICATION TO QUALITY RESIDENT CARE  
THROUGH EDUCATION AND PROFESSIONAL DEVELOPMENT.

**DO NOT RESUSCITATE ORDERS**

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date



# Do Not Resuscitate Order (DNRO)

## Direct Care Training Kit

The image displays two sample forms for a Do Not Resuscitate Order (DNRO) in the State of Florida. The left form is in English, and the right form is in Spanish. Both forms include sections for Patient's Statement, Physician's Statement, and Patient's Signature. The Spanish form also includes a section for 'DECLARACIÓN DEL MÉDICO' and 'DECLARACIÓN DEL PACIENTE'.

**English Form (Left):**

- State of Florida HEALTH DO NOT RESUSCITATE ORDER**
- Patient's Full Legal Name:** \_\_\_\_\_ (Print or Type Name)
- Patient's Statement:** Based upon informed consent, I, the undersigned, hereby declare that I/We do not wish to be resuscitated in the event of cardiac or respiratory arrest. (If not signed by patient, check appropriate box)
  - Surrogate
  - Proxy (both as defined in Chapter 765, F.S.)
  - Court-ordered guardian
  - Durable power of attorney (as defined in Chapter 709, F.S.)
- Physician's Statement:** I, the undersigned, a physician licensed pursuant to Chapter 458 of F.S., F.S., am the physician of the patient named above. I hereby declare the withholding or withholding of cardiopulmonary resuscitation (artificial ventilation, cardiac compressions, chest compressions, and defibrillation) from the patient in the event of the patient's cardiac or respiratory arrest.
- Physician's Signature:** \_\_\_\_\_ (Print or Type Name)
- Physician's Medical License Number:** \_\_\_\_\_

**Spanish Form (Right):**

- Estado de Florida HEALTH ORDEN DE NO RESUSCITAR**
- Declaración del Paciente:** Basado en mi consentimiento informado, yo, el/los abajo firmante/s, declaro que no deseo ser resuscitado/a en el caso de una parada cardíaca o respiratoria. (Si no es firmado por el paciente, marque la casilla correspondiente)
  - Representante legal
  - Apoderado legal, según se define en el Capítulo 765 de las Leyes de Florida
  - Poder notarial (ambos como se definen en el Capítulo 709 de las Leyes de Florida)
- Declaración del Médico:** Yo, quien abajo firmante, soy médico licenciado en Florida, de acuerdo con el Capítulo 458 de las Leyes de Florida, soy el/la médico/a del paciente mencionado/a. Declaro que, en el caso de una parada cardíaca o respiratoria, no deseo que se realicen procedimientos de reanimación artificial (ventilación artificial, compresiones torácicas, compresiones cardíacas y desfibrilación) al paciente en el caso de que el/los abajo firmante/s lo/s solicite/n.
- Declaración del Paciente:** Yo, quien abajo firmante, soy médico licenciado en Florida, de acuerdo con el Capítulo 458 de las Leyes de Florida, soy el/la médico/a del paciente mencionado/a. Declaro que, en el caso de una parada cardíaca o respiratoria, no deseo que se realicen procedimientos de reanimación artificial (ventilación artificial, compresiones torácicas, compresiones cardíacas y desfibrilación) al paciente en el caso de que el/los abajo firmante/s lo/s solicite/n.

Updated September 24, 2012



## INTRODUCTION

This learner workbook is designed to teach you about Do Not Resuscitate Orders in the state of Florida. In this workbook we will address several different forms of advanced directives, including: medical power of attorney, living will, DNR, and POLST . This workbook will provide detailed information regarding Florida assisted living regulations on Do Not Resuscitate Orders.

In this section we will address Florida specific policies regarding Florida Administrative Code 64J-2.018 taken from Rule 64-J-2. Trauma Services, Florida Administrative Code. For more information regarding this policy and a copy of the DNRO form, you can go to:

<http://www.doh.state.fl.us/demo/trauma/dnro.html>

## ADVANCE CARE DIRECTIVES: TYPES AND PUPORPOSE

Advance directives are legal documents that allow the resident to convey his/her decisions about end-of-life care. Advance directives may be used if the resident becomes ill and is unable to communicate his/her wishes.

Advance care directives may include any or all of the following documents:

- Advance Health Care Directive, which often includes:
  - Medical Power of Attorney
  - Living Will
- Request to Forego Resuscitative Measures/Do Not Resuscitate (DNR) Form
- POLST (Physician Orders for Life-Sustaining Treatment)

## DEFINITIONS



### **Medical Power of Attorney.**

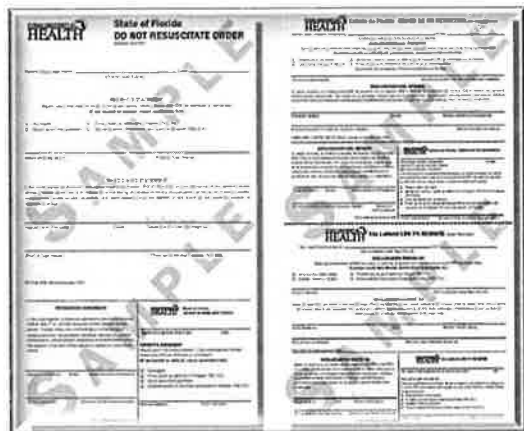
A medical power of attorney is a type of advance directive in which the resident selects a trusted person to make decisions about the resident's medical care if he/she is temporarily or permanently unable to communicate and make decisions for himself or herself. This includes

not only decisions at the end of life, but also in other medical situations. This document goes into effect when the physician declares that the resident is unable to make his/her own medical decisions. This document is also known as a health care proxy, appointment of a health care agent or durable power of attorney for health care. The person selected can also be known as a health care agent, surrogate, attorney-in-fact, or health care proxy.



### **Living Will.**

A living will contains instructions given by the resident specifying what actions should be taken for his/her health in the event that the resident is no longer able to make decisions due to illness or incapacity. A living will usually provides specific directives about the course of treatment that is to be followed by health care providers and caregivers. A living will may forbid the use of various kinds of burdensome medical treatments, express wishes about the use of food and water if supplied via tubes or other medical devices, etc.



### **DNR.**

A Do Not Resuscitate Order is another kind of advance directive. A DNR is a request by the resident to not have cardiopulmonary resuscitation (CPR) if his/her heart stops or if he/she stops breathing. DNR orders are accepted by doctors and hospitals in all states, however, we will discuss specific Florida State policies later in this workbook.

**POLST.**

POLST stands for Physician Orders for Life-Sustaining Treatment. The POLST form goes with the resident during a medical emergency requiring a transfer by emergency medical personnel or others. Florida is currently in the process of adopting the POLST form.

The POLST form:

- Is a written physician’s order that documents a resident’s wishes for life-sustaining treatment.
- Streamlines the transfer of resident records between facilities.
- Ensures readily available information for health care providers about the resident’s treatment preferences.
- Complements the Advance Health Directive (if there is both and contains a conflict, the most recent document prevails).
- Assists physicians, nurses, emergency personnel and health care facilities in promoting resident autonomy.

Although it is not recognized in all states, the POLST form is now used in many states including California, Washington, Oregon, New York, Pennsylvania, Wisconsin, Colorado, Hawaii, and West Virginia. Florida is in the process of developing a POLST Paradigm Program. More information about POLST may be obtained online at <http://www.polst.com>.

## FLORIDA'S REGULATIONS ON DNR

In this section we will take a look at Florida Administrative Code 64 J-2.018 regarding "Do Not Resuscitate Order (DNRO) Form and Patient Identification Device." We will also discuss information obtained from the Florida Department of Health, Division of Emergency Medical Operations and Community Health Resources.

According to Florida Administrative Code 64 J-2.018,

*"(1) An emergency medical technician or paramedic shall withhold or withdraw cardiopulmonary resuscitation: (a) Upon the presentation of an original or a completed copy of DH Form 1896, Florida Do Not Resuscitate Order Form, December 2004, which is incorporated by reference and available from the department at no cost, or, any previous edition of DH Form 1896; or (b) Upon the presentation of observation, on the patient, of a Do Not Resuscitate Order patient identification device.*

*(2) The Do Not Resuscitate Order: (a) Form shall be printed on **Yellow** paper and have the words '**Do Not Resuscitate**' printed in black and displayed across the top of the form. DH Form 1896 may be duplicated, provided that the content of the form is unaltered, the reproduction is of good quality, and it is duplicated on yellow legal sized paper. The shade of yellow does not have to be an exact duplicate; (b) Patient identification device is a miniature version of DH Form 1896 and incorporated by reference as part of the DNRO form. Use of the patient identification device is voluntary and is intended to provide a convenient and portable DNRO which travels with the patient. The device is perforated so that it can be separated from the DNRO form. It can also be hole-punched, attached to a chain in some fashion and visibly displayed on the patient. In order to protect this device from hazardous conditions, it shall be laminated after completing it. Failure to laminate the device shall not be grounds for not honoring a patient's DNRO order, if the device is otherwise properly completed."*

Below is a sample of the state of Florida's DO NOT RESUSCITATE ORDER:

The image displays two versions of a Florida Do Not Resuscitate (DNR) order form. The left form is in English, titled "State of Florida DO NOT RESUSCITATE ORDER", and the right form is in Spanish, titled "Estate de Florida ORDEN DE NO RESUSCITAR". Both forms are identical in structure and content, with the text translated into Spanish on the right-hand version. Each form includes a header with the Florida Department of Health logo, a patient information section, a "PATIENT'S STATEMENT" section where the patient or surrogate indicates their wishes, a "PHYSICIAN'S STATEMENT" section where the doctor certifies the patient's condition and agrees to the order, and a signature line for the physician. The forms also include checkboxes for surrogate and durable power of attorney, and a section for the physician's signature and contact information.

Let's take a moment and address some frequently asked questions about a DNRO form.

The following information was adapted from the Florida Department of Health, Division of Emergency Medical Operations and Community Health Resources.

### Who should have a DNRO?

Do Not Resuscitate Orders are usually reserved for someone who is suffering from a terminal condition, end-stage condition, or is in a persistent state of vegetative state. There are several types of advanced directives that will record the wishes of those not falling into any of the above categories. If you are not sure if a DNRO is appropriate for you, or would like additional information on advanced directives, it is best to consult your physician as well as an attorney.

**Why should an individual complete a DNRO if he or she already has a living will?**

A living will is a document that instructs, as specifically as possible, what care and treatment the person wishes under certain circumstances. Any competent person can fill out a living will at any time. A DNRO is a physician's order not to resuscitate if a person goes into cardiac or pulmonary arrest. It is part of the prescribed medical treatment plan and must have a physician's signature. It is usually written for patients who are terminally ill, suffering from an end-stage condition, or are in a persistent vegetative state.

**In what health care setting is the DNRO form honored?**

Pursuant to Florida law, the DNRO is honored in most health care settings, including hospices, adult family care homes, assisted living facilities, emergency departments, nursing homes, home health agencies, and hospitals. Florida law further provides that health care providers employed in these health care settings may withhold or withdraw cardiopulmonary resuscitation if presented with a DNRO and be immune to an emergency medical technician or paramedic in a setting other than a health care facility, it will still be honored.

**How will the properly completed DNRO form look?**

The properly completed form will be signed by the competent patient or the patient's representative and by a Florida licensed physician and it will be on either the original canary yellow form on legal sized paper or copied onto similar yellow-colored legal sized paper.

**Will a previous version of the Florida DNRO form be honored?**

Yes, previous versions of the form will be honored.

**Where should I keep the form?**

The DNRO form should be kept in a noticeable place such as the head or foot of a bed, or on the refrigerator. It should be readily available in the event of an emergency to ensure that the patient's last wishes will be honored.

**Can the form be revoked?**

The form can be revoked at any time either orally or in writing, by physician destruction, by failure to present it, or by orally expressing a contrary intent.

**What is a patient identification device?**

Attached to the bottom of the Department of Health's DNRO Form 1896 is a patient identification device, which may be removed from the form and laminated, and can be worn on a chain around the neck, or clipped to a key chain or to clothing/bed, etc. so it can travel with the patient. It is equally as valid as the DNRO Form 1896 and can be presented to emergency medical services personnel when they arrive on scene. It is designed to allow the patient to move between settings with one document.

**Does it have to be notarized or witnessed?**

No, the form is simply signed by the patient, healthcare surrogate or healthcare proxy and the patient's physician. This is a physician's order.

**Does the patient identification device need to be completed for the form to be valid?**

No, the patient identification device is an added option to the form to allow for portability and convenience. It does not have to be completed unless the person wishes to remove it and carry it between settings. Copies of the form on yellow paper will serve the same purpose.

**Should 9-1-1 still be called if the patient has a DNRO?**

9-1-1 can be called at any time to provide family/caregivers with backup and support for the patient, such as to control pain and increase comfort. Others may want the patient to be transported to the hospital so the attending physician will be present. Emergency medical services are part of the community and are able to provide appropriate care as needed in many capacities. A DNRO only means that in the event of cardiac or pulmonary arrest, CPR will not be initiated. Comfort care measures, such as oxygen administration, hemorrhage control, and pain management will still be used.

**Is the form good outside of Florida? Can I use a form from another state?**

No. This form only applies to those in Florida. Even if someone is planning on visiting family in the state or is living in Florida temporarily, a form outside of Florida will not be accepted. For this reason the state suggests you fill out a Florida DNRO form for the duration of the stay in the state.

Be sure to speak to your supervisor and physician if you have any additional questions about Advance Directives or specifically a DNR order. Each of our residents deserve the right to follow through with his or her wishes when experiencing end-of-life conditions. Our goal is to provide the highest quality of care and support.