

# McLaren Northern Michigan

## DNR ORDERS

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

### PATIENT CARE CATEGORY PHYSICIAN ORDER FORM

Patient care category assignment is based on the patient's primary disease process, complications and response to previous and current therapies. This decision is made in conjunction with the patient and/or family and is influenced by the patient's expressed wishes for aggressive or non-aggressive treatment. Patients/family should be given adequate information with which to make an informed decision.

**Place a check mark in the appropriate category, date and sign the form.**

#### CATEGORY 1

Full support INCLUDING CPR.

All patients with no designated Care Category are placed in this category until the designation is clarified.

#### CATEGORY 2

Full support INCLUDING CPR.

Generally, these patients, although suffering from a terminal or critical illness, have continuing brain function and some hope of meaningful recovery.

Check \_\_\_\_\_  
*Date, Time & Physician Signature*

IF PATIENT IS DETERMINED TO BE PULSELESS OR APNEIC, NO MEDICATIONS WILL BE GIVEN AND NO CPR PROVIDED. A CODE BLUE WILL NOT OCCUR.

All indicated medical care is provided to the point of cardiopulmonary arrest. This does not exclude ICU care, surgery, cardiac catheterization or any specific form of care.

These patients may have multi-system disease with very poor prognosis. This patient may request treatment for a specific problem (i.e. antibiotic for pneumonia) and no other treatment due to the severity of the underlying disease processes. This patient may receive dialysis, chemotherapy, antibiotics, radiation, or blood products.

#### CATEGORY 3

No aggressive Management (**COMFORT MEASURES ONLY**)

These patients do not receive CPR and other specific forms of care which produce discomfort and provide no gain in recovery. Withdrawal of lab work, VS, x-rays, feedings, and fluids are appropriate for this patient.

Check \_\_\_\_\_  
*Date, Time & Physician Signature*

The goal of care is comfort, with pain and anxiety management a priority. Consider Hospice Care for this patient. Refer to Case Management.

Patient/Family Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



ADDRESSOGRAPH

# McLaren Northern Michigan

## DNR ORDERS

### DEFINITIONS:

#### DEFIBRILLATION/CARDIOVERSION

Stopping an abnormal rhythm of the heart by using an electric device that applies shocks to the heart through electrodes placed on the chest.

#### CLOSED CHEST MASSAGE

Compressing the heart by pressing on the chest after the heart has stopped. This forces blood out of the heart, and when pressure is removed, allows the heart to fill as if the heart was beating.

#### ENDOTRACHEAL INTUBATION

Placement of tube into the trachea or wind pipe of the lungs through the mouth or nose to provide an open airway for breathing.

#### MECHANICAL VENTILATION

Commonly referred to as a "life support machine." Placement on a mechanical device, or ventilator, for artificial breathing through an endotracheal tube.

#### DNR ORDERS

An order whereby the patient will receive all medically appropriate therapeutic care, except that cardiopulmonary resuscitation will be initiated in the event of the patient's cardiac or respiratory arrest.

#### DIALYSIS – HEMO OR PERITONEAL

A process used to cleanse the body of excess fluid and impurities when the kidneys cannot perform this function adequately. Hemodialysis – a catheter is placed into a vein and blood is filtered through a machine which removes toxic materials and then returns the blood to the body. This process is usually repeated three times a week for two to four hours per day. Hemodialysis can be done on a short or long term basis. Peritoneal Dialysis – fluid is infused into the abdominal cavity through a catheter and allowed to remain there for one to two hours. The impurities are absorbed by the fluid and it is then removed. The procedure may be repeated as often as necessary.

#### BLOOD TRANSFUSION

Administration of donor blood or blood products through an intravenous needle.

#### PARENTERAL FEEDING

Providing nutrition through a needle placed in a vein for a patient who is unable to take food by mouth.

#### ENTERAL FEEDING

Providing nutrition through a tube placed in the stomach. Two types of tubes may be used. A Nasogastric (NG) tube is placed in the stomach through the nose or mouth. A gastrostomy tube is placed through the abdomen into the stomach and requires a surgical procedure.

#### HYDRATION

Providing water, either through a needle placed in a vein, or through a tube placed in the stomach. (Note: Arrangements may be made with your physician to administer any of these treatments for a predetermined limited period of time. These treatments may then be discontinued if they are unable to achieve the desired goal of treatment, or if you judge them to be more burdensome than beneficial.)

#### COMFORT MEASURES ONLY

Patient will receive oral feeding and nutrition, pain medication and measures to promote comfort. Only treatments and tests which enhance the comfort of the patient will be done.

#### ADVANCE DIRECTIVE

A written document in which a competent individual gives instructions about his/her health care, that will be implemented at some future time should that person lack the ability to make decisions for himself/herself. In Michigan, the Advance Directive provides evidence of your wishes.

#### DURABLE POWER OF ATTORNEY FOR HEALTHCARE

In Michigan, the document used to name a person to act on your behalf to make medical treatment and related personal care and custody decisions when you are not able to make those decisions. In Michigan, the Durable Power of Attorney for Healthcare is the only legally binding document for you to name a person to act on your behalf for medical treatment and related personal care and custody decisions when you are not able to make those decisions.

#### PATIENT ADVOCATE

The title of the person you name in your Durable Power of Attorney for Healthcare to act on your behalf for medical treatment and related personal care and custody decisions when you are not able to make those decisions.

#### LIVING WILL

A document used in other states. A Living Will is the document used to name a person to act on your behalf to make medical treatment and related personal care and custody decisions when you are not able to make those decisions. In Michigan, a Living Will is not legally binding. A Living Will does provide evidence of your wishes.