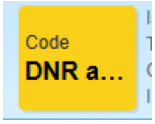
Newborn Critical Care Center (NCCC) Clinical Guidelines

Do Not Resuscitate Orders

1. DNR orders must be preceded by a discussion with the infant's parent(s) or guardian(s). This discussion should include an explanation of the infant's prognosis and reasons why CPR would not be indicated given the agreed upon goals of care. ***The discussion and subsequent writing of the DNR order should be documented in the medical record by an attending physician, a fellow, or a nurse practitioner.*** This documentation should occur in the patient's "Advanced Care Planning" tab in Epic and should ***clearly state that the decision was made in discussion with an attending physician.***
2. A "Do Not Resuscitate" (DNR) or "No Code" order indicates that cardiopulmonary resuscitation (CPR) should not be performed. DNR orders written for patients already supported with artificial ventilation should specify which aspects of resuscitation should not be performed, e.g., "DNR--no chest compressions for bradycardia, no manual ventilation, no stimulation for apnea."
3. DNR orders should be reviewed whenever there is a change in the patient's condition or prognosis.
4. Once a DNR order is written, code status should appear in a yellow box in the patient information bar within the patient's record:



5. The absence of a written DNR order does not imply that CPR must or will be performed. However, nursing protocols involve the initiation of manual ventilation and chest compressions if certain physiologic conditions are met. If a plan not to perform CPR has been made by the medical team, the nurse should seek the assistance of a physician or NNP to relieve her/him of the responsibility to perform this procedure.
6. DNR orders and limitation of care orders should be clearly communicated to the nursing staff with the expectation that such orders will be communicated by nursing during change of shift handoffs. DNR status should be part of physician to physician sign-out. It should be discussed daily at board rounds so that the full team is aware of the current plan.
7. A CODE LIMITATIONS Beside Communication Sheet should be present at the bedside at all times, located on the back side of the patient's NCCC Code Medications Sheet, and a CODE LIMITATIONS sticker should be placed on the patient's NCCC Code Medications Sheet to clearly indicate that the patient has code limitations in place.

    a. ***Specific orders should be written when care is limited in a manner that is inconsistent with an existing nursing protocol.*** For example, an order should be written to reduce usual monitor alarm limits. Specific orders need not be written to limit care in ways not governed by established protocols.

        i. These orders should be reflected on the Code Limitations Bedside Communication Sheet, ***which must be signed by the attending physician*** to ensure accuracy and placed on the backside of the patient's Bedside Code Medication Sheet. A Code Limitations sticker should be placed on the patient's Bedside Code Medication sheet, communicating that the patient has code

limitations in place and the code limitations should be reviewed in the event of a code situation. ***Changes to the code limitation plan/orders should be reflected on a NEW Code Limitations Bedside Communication Sheet, and a NEW Attending Physician Signature will be required.***

ii. The bedside nurse will ensure that the Code Limitations Bedside Communication Sheet accurately reflects the current orders in the patient's chart as part of the daily safety check, which includes inspecting each patient's code sheet for accuracy.

8. Care plans, including limitations of treatments other than artificial ventilation and chest compressions, should be discussed during rounds. All members of the health care team, particularly nurses and respiratory therapists, should participate in these discussions and/or be aware of the results.
9. DNR orders for all UNC Hospitals inpatients, including NCCC patients, are "portable." This means that DNR orders stay in effect when patients are transferred between units or services, until the receiving Attending has a chance to review the rationale for the order and rewrite or cancel it. For example, when a PICU patient with a DNR order is transferred to NCCC, the patient continues to have DNR status pending a review and new order by the Attending Physician. High priority should be given to discussing and reviewing DNR orders as soon as possible when such patients are transferred.
10. A patient who is being discharged home from UNC Hospitals with a DNR order should be given an outpatient portable DNR form and instructed to present this to future caretakers. Any physician caring for the patient may fill out this form. The purpose and use of the outpatient portable DNR form should be fully explained to the infant's parent(s) before the child is discharged.

APPENDIX A

Discussions with Families Regarding End-of-Life Decisions – A Framework to Consider

See also Palliative Care Guidelines for additional resources and information.

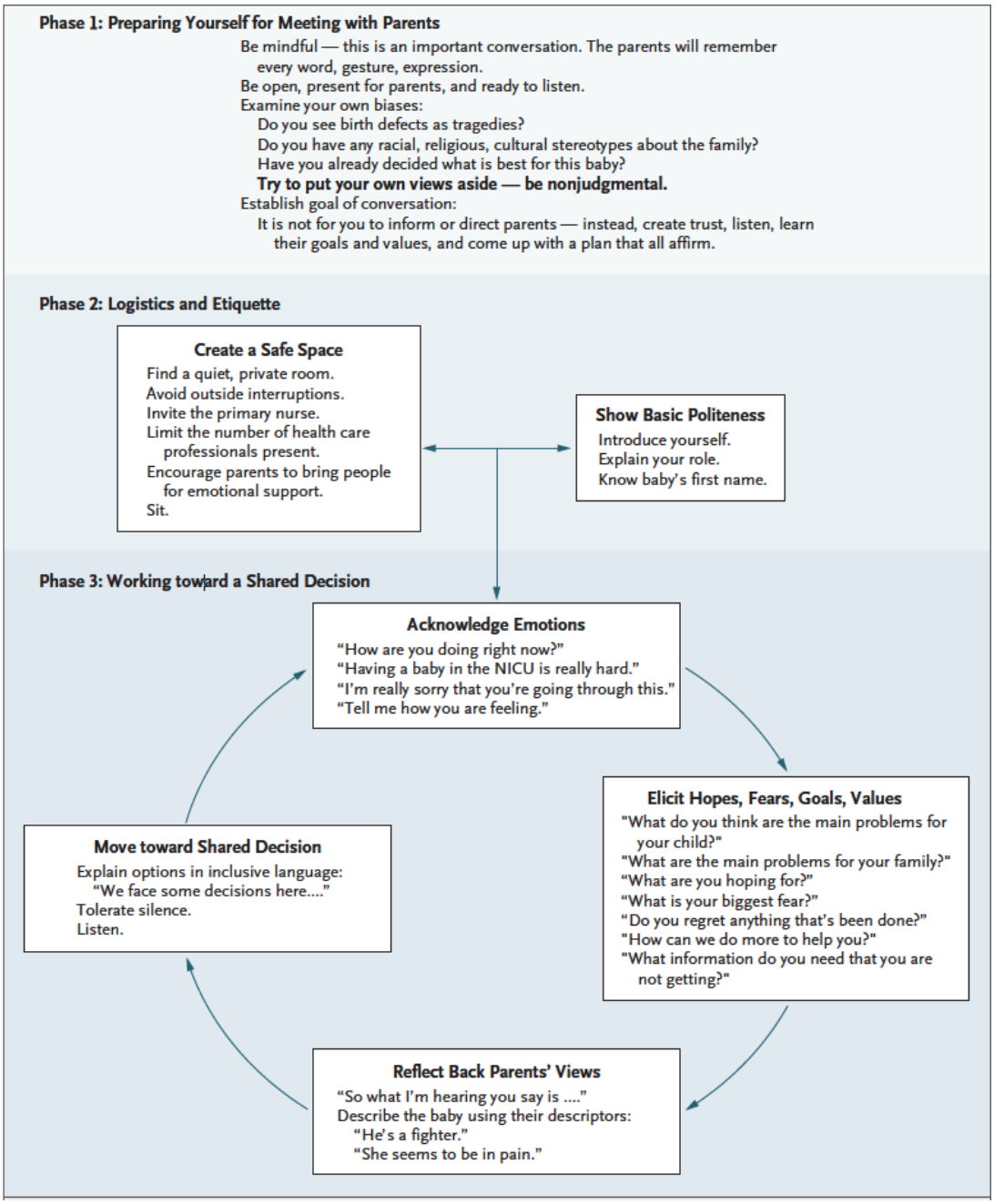


Figure from Lantos JD. Ethical problems in decision making in the neonatal ICU. *N Engl J Med*. 2018;379(19):1851-1860. doi:10.1056/NEJMra1801063

CODE LIMITATIONS

- ❑ **Do Not Resuscitate**
- ❑ **Do Not Intubate**
- ❑ **No Chest Compressions**
- ❑ **No Code Medications**
- ❑ **No PPV**
- ❑ **No Chest Tubes / Needle Thoracotomy**

DURING CODE EVENT

- ❑ Call Family
- ❑ Chaplain
- ❑ Supportive Care
- ❑ Other:

FAMILY CONTACT

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

This reference is ONLY valid if signed by the patient's Attending Physician and should accurately reflect the active orders in the patient's EMR.

The patient's ACTIVE ORDERS in the EMR should always be followed; this reference is for communication purposes only and is not a part of the patient's medical record and as such does NOT serve as a physician order in the absence of orders in the patient's EMR. This reference should be replaced and a NEW attending signature obtained should changes to the patient's code limitations/active orders occur. This reference is to be placed on the back side of the patient's bedside code medications sheet. The bedside RN is to review this reference and the patient's Code Sheet daily for accuracy.

Attending Physician Signature: _____ Date: _____ Time: _____

Witness Signature: _____ Date: _____ Time: _____