

**NEW JERSEY  
DO NOT RESUSCITATE (DNR) ORDERS**

**OUTSIDE OF THE HOSPITAL  
DEVELOPED BY**



**GUIDELINES  
FOR  
HEALTHCARE PROFESSIONALS, PATIENTS  
AND THEIR FAMILIES**



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TABLE OF CONTENTS

New Jersey Out-of-Hospital DNR Orders

<b>Background and History</b>	<b>3</b>
<b>Supporting Agencies</b>	<b>3</b>
<b>Physician Guidelines</b>	<b>4</b>
<b>EMS Policy</b>	<b>6</b>
<b>How to Get a Valid Out-of-Hospital DNR</b>	<b>8</b>
<b>Bracelet Guidelines</b>	<b>9</b>
<b>Frequently Asked Q &amp; A</b>	<b>10</b>
<b>Informational Brochure for Families</b>	<b>12</b>
<b>Out-of-Hospital DNR Form</b>	<b>13</b>
<b>Additional Resources</b>	<b>15</b>

***Dedication***

*NJ-ACEP Salutes Jeanne Kerwin  
for Her Passion, Wisdom and Guidance  
Without Whom this Project would  
Never have been Realized  
We Thank You*

## **OUT-OF-HOSPITAL DO NOT RESUSCITATE ORDERS**

### **Background and History**

Since the early 1980's, patients who do not want aggressive treatments at the end of life and those for whom such treatments are not medically indicated may have Do Not Resuscitate (DNR) orders written by their physician during their hospital stay or in the nursing home where they reside. These orders assure that no life-sustaining treatments such as cardiopulmonary resuscitation (CPR), defibrillation and endotracheal intubation are administered to them in the event of cardiopulmonary arrest (death).

Implementation of mobile intensive care units (MICU) in New Jersey in the late 1970's brought advanced cardiac life support technology for such resuscitations to the community setting. Paramedics, operating through communications with emergency department physicians, provide victims of cardiac arrest with CPR and other resuscitative measures as described above. They can prevent premature death in victims of heart attack, respiratory distress, drug overdose, near drowning, electrocution and other sudden unexpected illnesses or injuries. However, CPR has little success when administered to patients who are very elderly or seriously ill. Many such patients now choose to have comfort measures towards the end of life and wish to forego aggressive interventions such as CPR. In addition, many of these patients may choose to live at home at the end of life.

Historically, DNR orders have not been portable from one health care setting to another, nor did they transfer to a home setting. This break in continuity of treatment orders at the end of life can cause frustration and confusion among families and caregivers, but more importantly, can violate the patient's wishes at the end of his or her life.

Emergency Medical Services (EMS) protocols mandate the initiation of CPR for **all** patients who are in cardiac arrest, unless they are obviously dead or they are presented with a written DNR order signed by a physician and recognized as valid in the State of New Jersey.

For these reasons, the Medical Society of New Jersey, in collaboration with other health care organizations in the State, developed the New Jersey Out-of-Hospital DNR protocol in 1997. This protocol includes a standardized Out-of-Hospital DNR form and optional bracelet for use by those patients who wish to forego CPR at the end of life and who reside at home. This booklet will provide you with the information necessary to implement this Out-of-Hospital DNR protocol.

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### **Supporting Agencies For New Jersey Out-of-Hospital DNR Protocol**

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**Medical Society of New Jersey**  
**New Jersey Department of Health and Senior Services, Office of EMS**  
**American College of Emergency Physicians, New Jersey Chapter**  
**New Jersey State Nurses Association**  
**New Jersey Hospice and Palliative Care Association**  
**New Jersey Health Decisions**  
**New Jersey Association of Osteopathic Physicians and Surgeons**  
**Academy of Medicine of New Jersey**  
**New Jersey Office of the Ombudsman for the Institutionalized Elderly**  
**New Jersey MICU Advisory Council**  
**New Jersey State First Aid Council**  
**New Jersey Hospital Association**



## GUIDELINES FOR PHYSICIANS

Concerning Do Not Resuscitate (DNR) Orders For Patients Located Outside of a Hospital Or Long Term Care Nursing Facility.

### PURPOSE

To provide a process for allowing patients to choose comfort measures over life support procedures by Emergency Medical Services (EMS) personnel in case of cardiac and/or respiratory arrest for designated patients who are located outside of a hospital or long term care nursing facility.

### DEFINITIONS:

Advanced Cardiac Life Support (ACLS)<sup>1</sup> This term refers to attempts at restoration of spontaneous circulation using basic CPR PLUS advanced airway management, endotracheal intubation, mechanical ventilation, defibrillation and intravenous medications.

Advanced Practice Nurse (APN) is a person certified by The New Jersey Board of Nursing in accordance with The Advanced Practice Nurse Certification Act, N.J.S.A. 45: 11-45 et. seq.

Basic Life Support (BLS) BLS is the phase of emergency care that includes recognition of cardiac and/or respiratory arrest, access to the EMS system, and basic CPR. Basic CPR is the attempt to restore spontaneous circulation using the techniques of chest wall compressions and pulmonary ventilation.

DNR Bracelet (Optional) A DNR bracelet is a Medical Society of New Jersey (MSNJ)-approved, official, distinctive, and easily recognizable medical bracelet worn on the wrist, or on the ankle signifying that the patient has an effective DNR order in place. Such a bracelet shall be accepted by EMS and other medical providers as conclusive evidence that the patient has a valid DNR order in effect and resuscitative treatment should be withheld.

DNR Order A physician's order for a patient indicating that no Basic or Advanced Cardiac Life Support efforts (as herein defined) will be initiated in the event of cardiac and/or respiratory arrest.

EMS Personnel First responders (police/fire/ others trained in CPR); emergency medical technicians staffing ambulance services (paid or volunteer); mobile intensive care paramedics; nurses who staff mobile intensive care units.

Valid Out-of-Hospital DNR Order Form (see page 13-14) The enclosed form is valid if it is completed and signed by the patient/surrogate and the patient's attending physician or APN. Legible photocopies are acceptable.

Surrogate Decision Maker The parent/guardian of a minor child; closest relative of an adult patient lacking decision making capacity; the legal proxy as contained in an advance directive; or the court appointed guardian of a judicially declared incompetent patient.

### GUIDELINES

- A. Respect for the Wishes of Patient and Family
1. Unless a DNR order is written by a physician for a patient found to be in cardiac and/or respiratory arrest outside the hospital or long term care facility, full resuscitative efforts will be initiated by EMS personnel.
  2. When deciding whether to write a DNR order, the physician(s) shall not overrule the wishes of the patient/surrogate.
  3. A DNR order may be revoked at any time by the patient or another in his/her presence at his/her direction by the cancellation or destruction of the DNR Form and bracelet; or, by an oral expression by the patient of intent to revoke; or, by the patient's attending physician or at the direction of the surrogate decision-maker.

<sup>1</sup>/Textbook of Advanced Cardiac Life Support. 1994. American Heart Association

- B. Criteria for DNR orders
1. The DNR order is requested by a mentally competent, informed, adult patient, or for the incompetent or minor patient by the closest relative, the court-appointed guardian or the surrogate decision-maker.
  2. In considering the appropriateness for a patient/surrogate request for an out-of-hospital DNR order, factors such as the following warrant discussion with the patient/surrogate:
    - a. The life-sustaining treatment is likely to be ineffective or futile, or is likely to merely prolong an imminent dying process;
    - b. The patient is permanently unconscious;
    - c. The patient is in a terminal condition; or
    - d. There is a chronic debilitating disorder or the burdens of resuscitation significantly outweigh the benefits.
    - e. Such other factors as may be unique to the patient's condition.
- C. Relation to other care: A DNR order enhances the professional responsibility to provide comfort and all other needed care.

### **INSTITUTIONALIZED CARE OF THE ELDERLY**

The New Jersey Office of the Ombudsman for the Institutionalized Elderly published rules related to withholding/withdrawing treatment from elderly institutionalized residents. **In the care of institutionalized elderly, Advanced Practice Nurses (APNs) are permitted to write DNR (and Do Not Hospitalize) orders, in consultation with the attending physician.**

### **RECOMMENDED PROCEDURE**

- A. Basic Procedure
1. Obtain written informed consent from the patient or surrogate.
  2. Complete Out-of-Hospital DNR Order Form. Place copy of same in patient's medical record. Give several copies to patient and/or family and caregivers outside the hospital/nursing home.
  3. Instruct patient and/or caregivers as to the use of the Out-of-Hospital DNR Order Form and as to the appropriate means of displaying the Out-of-Hospital DNR Form, i.e. placed prominently in the home in areas such as the patient's headboard, bedstand, bedroom door or refrigerator.
  4. Additionally, a patient may choose to wear an appropriately recognized DNR bracelet. The bracelet shall be considered a valid indication for Out-of-Hospital DNR. The physician shall inform the patient/surrogate of the availability of DNR bracelets as an additional means of alerting EMS personnel and the means to obtain them.
  5. Review the DNR status periodically with the patient/surrogate, revise the treatment plan if appropriate and document any changes in the patient's medical record. If the DNR order is revoked, provide instructions for the destruction of the order and the removal of the bracelet.

B. Additional Recommendations Regarding Documentation of Order

It is recommended that the physician place a note in the patient's office medical chart about the DNR order, which should include the following information:

- a. Diagnosis
- b. Reason for DNR order
- c. Patient's capacity to make decision
- d. Documentation that discussion of DNR status has occurred and with whom.

C. Revocation of DNR Orders

A DNR order may be revoked at any time by the patient or another in his/her presence at his/her direction by the cancellation or destruction of the DNR Form and bracelet; or, by an oral expression by the patient of intent to revoke; or, by the patient's attending physician or at the direction of the surrogate decision-maker.



## POLICY FOR EMS PERSONNEL

Concerning Do Not Resuscitate (DNR) Orders for Patients located outside of a Hospital or a Long Term Care Nursing Facility.

### PURPOSE

To provide a process to honor a patient's refusal of emergency life support procedures by Emergency Medical Services (EMS) personnel in case of cardiac and/or respiratory arrest for designated patients who are located outside of a hospital or long term care nursing facility.

### DEFINITIONS:

Advanced Cardiac Life Support (ACLS)<sup>1</sup> This term refers to attempts at restoration of spontaneous circulation using basic CPR PLUS advanced airway management, endotracheal intubation, mechanical ventilation, defibrillation and intravenous medications.

Basic life support (BLS) BLS is the phase of emergency care that includes recognition of cardiac and/or respiratory arrest, access to the EMS system, and basic CPR. Basic CPR is the attempt to restore spontaneous circulation using the techniques of chest wall compressions and pulmonary ventilation.

DNR Bracelet (Optional) A DNR bracelet is a Medical Society of New Jersey (MSNJ)-approved, official, distinctive, and easily recognizable medical bracelet worn on the wrist, or on the ankle signifying that the patient has an effective DNR order in place. Such a bracelet shall be accepted by EMS and other medical providers as conclusive evidence that the patient has a valid DNR order in effect and resuscitative treatment should be withheld.

DNR Order A physician's order for a patient indicating that no Basic or Advanced Cardiac Life Support efforts (as herein defined) will be initiated in the event of cardiac and/or respiratory arrest.

MICU Personnel Certified Paramedics or MICU Nurses trained in the provision of Advanced cardiac life support and affiliated with a state approved MICU program.

Other EMS Personnel First responders (police/fire/others trained in CPR); and Emergency Medical Technicians staffing ambulance services (paid or volunteer).

Resuscitative Efforts Those treatments rendered to a patient in cardiac and/or respiratory arrest (no pulse, no respiration) including CPR, endotracheal intubation, defibrillation, and the delivery of emergency cardiac drugs.

Surrogate Decision Maker The parent/guardian of a minor child; closest relative of an adult patient lacking decision making capacity; the legal proxy as contained in an advance directive; or the court appointed guardian of a judicially declared incompetent patient.

Valid Out-of-Hospital DNR Order Form (see pages 13-14) The attached form is valid if it is completed and signed by the patient/surrogate and the patient's attending physician or APN. Legible photocopies are acceptable.

<sup>1</sup>/Textbook of Advanced Cardiac Life Support. 1994. American Heart Association

## POLICY

- A. Indication: The valid Out-of-Hospital DNR order shall be honored by MICU/EMS personnel if:
1. The valid Out-of-Hospital DNR order form is available to the EMS personnel or prominently displayed on a headboard, bedside stand, bedroom door or refrigerator, or the patient is wearing an appropriately recognized DNR bracelet.
  2. EMS personnel shall honor a contemporaneous revocation of the DNR Order by the patient, surrogate, or physician.
  3. Except as provided in #2 above, there shall be no basis to override the valid DNR order.
- B. Relation to other care: EMS personnel should provide all appropriate treatment to the patient with a valid Out-of-Hospital DNR order, except CPR and resuscitative efforts.

## PROCEDURES

- A. If the patient is in cardiac and/or respiratory arrest with a valid Out-of-Hospital DNR order, the EMS personnel should:
1. Assess the patient for the absence of breathing and/or heartbeat.
  2. If the EMS personnel are on scene without MICU, follow local protocol for obtaining pronouncement.
  3. For MICU personnel, contact Base Station physician to relay patient assessment and the existence of a valid Out-of-Hospital DNR order; pronounce patient, through Base Station physician, according to MICU pronouncement protocols.
- B. If the patient with a valid Out-of-Hospital DNR order is NOT in cardiopulmonary arrest, the EMS personnel should:
1. Assess the patient.
  2. Provide all appropriate treatment.
  3. Provide transportation to the hospital if appropriate.
  4. Honor the valid Out-of-Hospital DNR order if cardiac and/or respiratory arrest occurs during transport.
  5. Provide a copy of the valid Out-of-Hospital DNR order to the receiving hospital if available.

### Reciprocity For Other DNR Orders:

New Jersey is not unique in developing a mechanism for the identification of DNR orders outside of medical facilities. Therefore, if a DNR identification from another state is presented to EMS in New Jersey with a request to honor it, and if there is no reason to believe that it is not valid, EMS personnel should honor the DNR in good faith.

The New Jersey protocol for Out-of-Hospital DNR does not replace other mechanisms within health care facilities (hospitals and nursing homes) to identify patients who have DNR orders. Therefore, if a DNR order is presented to EMS by the health care facility on a different form with a request to withhold CPR, and if there is no reason to believe that the form is not valid, EMS personnel should honor the DNR order in good faith.

## INSTITUTIONALIZED CARE OF THE ELDERLY

The New Jersey Office of the Ombudsman for the Institutionalized Elderly published rules related to withholding/withdrawing treatment from elderly institutionalized residents. **In the care of institutionalized elderly, Advanced Practice Nurses (APNs) are permitted to write DNR (and Do Not Hospitalize) orders, in consultation with the attending physician.**

## DOCUMENTATION

- A. Document all appropriate patient information and clinical assessment on patient run form.
- B. Document valid Out-of-Hospital DNR order information (e.g. name of attending physician and date); attach a copy of valid Out-of-Hospital DNR order form to the patient run form.
- C. Follow local EMS protocol for pronouncement documentation.

**QUALITY ASSURANCE**

- A. All instances wherein patients present to MICU with Out-of-Hospital DNR orders must be retrospectively reviewed by the MICU Medical Director.
- B. Any deviations by MICU from Out-of-Hospital DNR order protocols must be reviewed and addressed promptly by the MICU Medical Director.
- C. It is recommended that all BLS services develop a quality assurance mechanism for the retrospective review of compliance with Out-of-Hospital DNR protocols.

**HOW TO GET A VALID NEW JERSEY OUT-OF-HOSPITAL DNR FORM**

*Only a licensed physician may write a Do Not Resuscitate order for a home-based patient*

Patients and/or their families/surrogate may request a DNR order from the patient’s physician.

The NJ Out-of-Hospital DNR form is enclosed (pages 13-14) for your use or may be obtained from New Jersey Health Decisions by calling (973) 857-5552 (an administrative fee of \$5.00 will be charged by NJHD). You can request one from your local New Jersey hospital, hospice or home care agency.

Make sure the DNR document is fully completed by the patient’s physician, including patient/surrogate signature, address, physician name, address and telephone number, physician signature and date.

The **optional** DNR bracelet may be obtained by the request of a physician or health care agency from New Jersey Health Decisions. (see DNR bracelet guidelines)

It is important to provide a copy of your completed DNR order document to emergency responders immediately upon their arrival at your home if you call 9-1-1 for help.

**Remember...**presenting this DNR document does not mean DO NOT TREAT! It simply ensures that in the event you or your loved one dies, no aggressive attempts will be made to possibly reverse that process.

**The patient may rescind the DNR order** by simply destroying the document and/or removing the bracelet. The physician should be notified immediately if this is done so that the patient’s record can reflect this change.

**IN SUMMARY, WHAT STEPS SHOULD YOU TAKE?**

- 1. Contact your physician to discuss the possibility of a DNR order
- 2. Have your physician complete the Out-of-Hospital DNR form if the patient will be residing at home
- 3. Keep copies posted and/or readily available to give to responding EMS personnel
- 4. Make sure all family and caregivers are aware of the DNR order and what it means in case of a medical emergency

## DNR BRACELET GUIDELINES

**Purpose:** To provide a process for allowing patients to choose comfort measures over life support procedures by Emergency Medical Services (EMS) personnel in case of respiratory and/or cardiac arrest for designated patients who are located outside of a hospital or long term care nursing facility.

1. DNR bracelets are an **optional** method of identifying patients who have valid Do Not Resuscitate orders and are located outside of a hospital or nursing home in NJ. Such a bracelet shall be in addition to the New Jersey Out-of-Hospital written DNR form and shall be honored by EMS personnel with or without the presence of the written form.
2. The New Jersey DNR bracelet shall:
  - a. be affixed to the patient’s wrist or ankle;
  - b. display the patient’s name, attending physician name and date of DNR
  - c. not have been cut or broken at any time
3. A patient or patient’s authorized representative may request a DNR bracelet from a designated agency based upon a written DNR order from the patient’s physician.

**Designated Agency: Any health care facility licensed by the State of New Jersey.  
(includes hospitals, nursing homes, hospice and home care agencies)**

The designated agency shall maintain a permanent record of the DNR order, including a copy of the written DNR order signed by the physician.

4. The designated agency shall be responsible for:
  - a. providing the patient with the DNR bracelet, in accordance with a valid DNR order;
  - b. completing the insert on the bracelet to include the patient’s name, physician’s name, and date of DNR order;
  - c. providing the patient and family with information regarding the purpose and intent of a DNR order and specifically that DNR orders do not mean do not treat or do not transport to a hospital when needed.
5. If a patient is not receiving services from a designated agency (e.g. home care, hospice) able to perform this service, the patient or authorized representative of patient may request the DNR bracelet from the patient’s physician.
6. A DNR order may be revoked by the patient or authorized patient representative in any of the following ways: removing the DNR bracelet from the patient, or verbally requesting that a DNR order be revoked; or destroying the written DNR order.

In all cases, the revocation of the DNR should be reported to the attending physician and health care agency so it can be documented in the patient’s record.

## HOW TO ORDER DNR BRACELETS

1. ONLY designated agencies or physicians may order DNR bracelets.
2. For information on ordering call **New Jersey Health Decisions** at 973-857-5552 or ask your local hospital.
3. All orders must provide the name, mailing address and phone number of the designated agency or physician.
4. Bracelets are available in ADULT or PEDIATRIC sizes at \$2.00 per bracelet.
5. Shipping and handling charges are as follows:
 

Less than 20 bracelets	no charge
21-99 bracelets	\$5.00
100 – 499 bracelets	\$15.00
Over 500 bracelets	\$20.00
6. It is the responsibility of the designated agency or physician to complete the required information on the DNR bracelet insert, to document the DNR order on the patient’s chart and to give complete instructions to the patient and/or the patient’s surrogate, family or caregivers concerning the DNR order.

## FREQUENTLY ASKED QUESTIONS AND ANSWERS ABOUT OUT-OF-HOSPITAL DNR ORDERS

*What is a “Do Not Resuscitate” order?*

This important document is a physician’s order or directive addressed to your emergency medical responders indicating the predetermined request by the patient (or the patient’s guardian or surrogate) to withhold CPR and other end-of-life resuscitative treatments once breathing and/or heart beat have ceased. It is the patient’s directive to be allowed to die without emergency intervention.

*The patient has a Living Will that states he does not want CPR. Is this good enough?*

**NO.** “Living Wills” are a form of Advance Directive written by the patient. Because Living Will documents discuss the patient’s wishes under certain circumstances in the future, the New Jersey law requires emergency medical treatments to be rendered until such time as the document can be read and interpreted by a physician. Usually the patient will be transported to a hospital where a physician will determine what the patient’s wishes are and will determine any withholding of treatments based upon those wishes when there has been sufficient opportunity for a diagnosis and prognosis of the patient’s present condition.

*If I have a DNR order, does this mean that I will not be treated if I have a medical emergency?*

**NO.** A person who has a DNR order will not be resuscitated in the event breathing and/or heart beat have stopped; however, they will be treated for all other medical emergencies.

*If a household member or I have a DNR order, does this mean I should not call 9-1-1?*

**NO.** If you or a household member have a DNR order, you should feel free to call 9-1-1 in the event of a medical emergency. Once the emergency responders arrive at your home, they will assist you in handling any medical emergency in the appropriate manner. However, if the patient has died, they will not begin CPR or any other resuscitative efforts.

*Is the NJ Out-of-Hospital DNR protocol a law?*

**NO.** It is a protocol developed as a statewide guideline for EMS in the event that a patient at home does not wish to be resuscitated at the time of death. The protocol has been supported and promoted through the appropriate State agencies as well as other professional groups and is a reflection of the most recent American Heart Association standards of care regarding end-of-life decision making and resuscitation. CPR and DNR are both standards of care promulgated through practice and protocol in the State of New Jersey.

*Can a family member sue me if I follow this policy as an EMS responder?*

Anybody can sue anyone for anything in our society. However, if a patient has a valid NJ Out-of-Hospital DNR order and you administer CPR you also run the risk of being sued for violation of the patient’s rights. This is perhaps a greater risk. These protocols and the OOH DNR form would provide you with a credible legal defense in the event someone did attempt to sue.

*How do I know the patient for whom the DNR is written is the one that is lying on the floor in front of me when I respond as EMS?*

The patient’s physician controls the completion of the DNR order. While the possibility of “nefarious” dealings can never be 100% eradicated, the likelihood of a person using a document that is going to be seen, copied and entered into a medical record is minimal. Most patients with DNR orders are cared for in the home by family members who can provide identification. To date, no incident has surfaced anywhere nationwide indicating the fraudulent use of a DNR order to cause harm to someone.

*Do you need to have both the bracelet and the form for a valid Out-of-Hospital DNR?*

**NO.** The bracelet in New Jersey is optional. You can have just the paper form (as many photocopies as needed), or you can have both the form and the bracelet. EMS will honor either the paper form or the bracelet. The bracelet is an orange and white striped plastic band (similar to hospital ID bands) marked with NJ EMS Alert – No CPR and contains the patient’s name and the name of the ordering physician. It is convenient for use on patients who may be transported often for treatments such as dialysis, and

want the protection of their DNR order in all settings.

*Can the Out-of-Hospital DNR order form be used for patients being transferred from one facility to another, such as nursing home to hospital?*

**YES.** It is helpful to have the out-of-hospital DNR form to give to the EMS transport personnel who transport patients by ambulance from one health care setting to another. It is easily recognizable by EMS and protects the patient during the ambulance transport. It also serves as an alert to the receiving facility that the patient has a DNR order and, if he/she were admitted to a new facility, would require the DNR order to be re-written. Relying solely on verbal communication from the nursing home staff to EMS puts the patient at risk of having their wishes not followed.

*What if the patient with a DNR order suffers a traumatic injury that causes the heart to stop beating; is the DNR order still valid?*

**YES.** DNR orders are not written conditioned upon the “cause” of death. DNR orders are written when CPR is considered to be inappropriate for the patient based upon the patient’s current underlying disease and condition. This underlying disease (such as cancer) remains the same regardless of the cause of death and warrants the honoring of a DNR order.

*If families/patients do not want CPR, why do they call 9-1-1?*

There are a variety of very reasonable and valid reasons why families of “dying” patients call “9-1-1”.

- (1) Families, even if educated by hospice caregivers about not calling 9-1-1 at the time of death, may panic at the time of the event. Remember, death does not occur instantaneously, but may manifest itself through symptoms such as difficulty breathing, seizure activity, and other sudden and disturbing precipitating events. When families call for help, they often don’t realize that the patient is actively dying.
- (2) It is critical to remember that “dying” patients who have DNR orders are still entitled to all other appropriate care. They may have a prognosis that will allow them to live for a year or more. During that time, they may suffer from a fall, bleeding, or any other acute reversible process that requires treatment. For comfort and palliation, the patient may need treatment and transport by EMS.

*What if the patient has a DNR Order from another State? Can we honor that?*

**YES.** New Jersey is not unique in developing a mechanism for the identification of DNR orders outside of medical facilities. Therefore, if a DNR identification from another state is presented to EMS in New Jersey with a request to honor it, and if there is no reason to believe that it is not valid, EMS personnel should honor the DNR in good faith.

*What if I respond to a nursing home as EMS and they show me a different kind of DNR Order from their facility...can I honor it?*

**YES.** The New Jersey protocol for out-of-hospital DNR does not replace other mechanisms within health care facilities (hospitals and nursing homes) to identify patients who have DNR orders. Therefore, if a DNR order is presented to EMS by the health care facility on a different form with a request to withhold CPR, and if there is no reason to believe that the form is not valid, EMS personnel should honor the DNR order in good faith.

*Can children have out-of-hospital DNR orders?*

**YES.** There is no age restriction on the use of DNR orders. DNR orders may be appropriate for patients of any age who are near the end of life.

*Can a nurse sign a DNR order?*

**YES.** In the long term care environment (institutionalized elderly care), an advanced practice nurse (APN) can sign DNR (and Do Not Hospitalize) orders, in consultation with the attending physician.

*I have a “living will.” Isn’t that adequate?*

**NO.** A living will is important, but in order for your wishes for no resuscitation to be implemented, the physician must sign the DNR form.

Questions and Answers compiled by  
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**INFORMATIONAL BROCHURE FOR FAMILIES**

**BACKGROUND**

Since its origination in the 1960s, Cardio Pulmonary resuscitation (CPR) has been embraced by everyone as an expected when someone’s heart stops beating. Because of its narrow window of opportunity for effectiveness, however, CPR is often unsuccessful and many patients do not survive.

Patients in New Jersey and across the nation have the legal right to refuse such medical treatments as CPR. Do Not Resuscitate (DNR) orders are written for many patients while in the hospital. These are patients for whom CPR is rarely a justified procedure; too often, instead of prolonging life, CPR merely prolongs the painful process of dying. Until now, however, there has been no DNR process for those patients in out-of-hospital settings.

The Medical Society of New Jersey (MSNJ), working collaboratively with other health care agencies, has developed Out-of-Hospital DNR protocols for patients, physicians and Emergency Medical Services (EMS) personnel. These protocols recognize patient rights in end-of-life decision-making and link New Jersey with more than 25 other states with similar guidelines.

**PURPOSE**

To provide a process for allowing patients at home, through their physicians, to choose comfort measures over aggressive resuscitative attempts at the end of life.

**MECHANISM**

Out-of-Hospital DNR orders may be written by physicians for patients who choose to die without resuscitative attempts by emergency medical professionals. The standardized Out-of-Hospital DNR forms and optional bracelets, developed by MSNJ, will protect patients from unwanted resuscitative attempts at the end of life.

**HOW TO GET A VALID NEW JERSEY OUT-OF-HOSPITAL DNR FORM**

Only a licensed physician may write a DNR order for a patient and complete the appropriate *Out-of-Hospital DNR* form. Ask your physician or health care agency for information about Out-of-Hospital DNR orders.

**INSTRUCTIONS FOR PATIENTS WITH OUT-OF-HOSPITAL DNR ORDERS, THEIR FAMILIES AND CAREGIVERS**

Out-of-Hospital DNR orders *must* be completed, signed and dated by your physician in order to be valid.

Out-of-Hospital DNR forms should be presented immediately to responding EMS personnel or displayed in a prominent location in the home. (Photocopies of Out-of-Hospital DNR orders are valid.)

Out-of-Hospital DNR bracelets (*optional*) may be worn on the patient’s wrist or ankle, making sure the insert contains the patient’s name, physician name, and date of order. (Only MSNJ-approved Out-of-Hospital DNR bracelets will be recognized.)

Patients with Out-of-Hospital DNR orders may need, and are entitled to, all other emergency medical care and/or transport to a medical facility.

**FOR EMERGENCY MEDICAL ASSISTANCE, DIAL 9-1-1**



# DO NOT RESUSCITATE

**ALL FIRST RESPONDERS AND EMERGENCY MEDICAL SERVICES PERSONNEL ARE AUTHORIZED TO COMPLY WITH THIS OUT-OF-HOSPITAL DNR ORDER.**

This request for no resuscitative attempts in the event of a cardiac and/or respiratory arrest for: \_\_\_\_\_, has been ordered by the physician whose signature

PLEASE PRINT NAME

appears below. This order is in compliance with the patient's/surrogate's wishes and it has been determined and documented by the physician below that resuscitation attempts for this patient would be medically inappropriate.

It is expected that this DNR order shall be honored by all *Emergency Medical Services (EMS)* personnel, *First Responders*, and other healthcare providers who may have contact with this patient during a medical emergency.

PATIENT/SURROGATE SIGNATURE: \_\_\_\_\_

PATIENT ADDRESS: \_\_\_\_\_

**THE ABOVE NAMED PATIENT IS UNDER THE CARE OF:**

PHYSICIAN NAME: \_\_\_\_\_

PLEASE PRINT NAME

PHYSICIAN ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (     ) \_\_\_\_\_ - \_\_\_\_\_

MEDICAL FACILITY AFFILIATION: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS DOCUMENT SHOULD BE PROMINENTLY DISPLAYED  
AND READILY AVAILABLE TO EMS PERSONNEL  
(see reverse for instructions)**

## INSTRUCTIONS FOR FIRST RESPONDERS/EMS

**ALL PATIENTS HAVE THE RIGHT TO MAKE HEALTHCARE DECISIONS INCLUDING THE RIGHT TO ACCEPT OR REFUSE LIFE-SAVING MEDICAL TREATMENT.**

1. ASSESS THE PATIENT FOR THE ABSENCE OF BREATHING AND/OR HEARTBEAT.
2. IF THE PATIENT IS NOT IN CARDIAC AND/OR RESPIRATORY ARREST, PROVIDE ALL NECESSARY CARE, INCLUDING TRANSPORT IF REQUIRED.
3. IF THE PATIENT IS IN CARDIAC AND/OR RESPIRATORY ARREST, DO NOT INITIATE CPR AND RESUSCITATIVE EFFORTS.
4. FOLLOW LOCAL EMS PROTOCOLS FOR PRONOUNCEMENT.
5. DOCUMENT ALL PERTINENT INFORMATION ON YOUR RUN SHEET AND ATTACH A COPY OF THIS OUT-OF-HOSPITAL DNR ORDER.
6. ONLY THE INDIVIDUAL(S) (PATIENT, SURROGATE, OR PHYSICIAN) WHO SIGNED THIS FORM MAY RESCIND IT AT ANY TIME.
7. PHOTOCOPIES OF THIS DOCUMENT ARE PERMITTED AND SHALL BE HONORED AT ALL TIMES.

THIS DOCUMENT, ITS INTENT AND ASSOCIATED POLICIES ARE SUPPORTED BY:

Medical Society of New Jersey  
New Jersey Department of Health and Senior Services  
Office of EMS  
American College of Emergency Physicians, New Jersey Chapter  
New Jersey State Nurses Association  
New Jersey Health Decisions  
New Jersey Hospice and Palliative Care Association  
Academy of Medicine of New Jersey  
New Jersey MICU Advisory Council  
New Jersey State First Aid Council  
Office of the Ombudsman for the Institutionalized Elderly  
New Jersey Hospital Association

IF THERE ARE ANY QUESTIONS CONCERNING THE TREATMENT AND/OR PRONOUNCEMENT OF THIS PATIENT, CALL:

CONTACT PERSON: \_\_\_\_\_ TELEPHONE: (     ) \_\_\_\_\_ - \_\_\_\_\_

AGENCY: \_\_\_\_\_

## ADDITIONAL RESOURCES ON OUT-OF-HOSPITAL DNR ORDERS IN NEW JERSEY

### Information:

For more information about the New Jersey protocols on Out-of-Hospital DNR orders contact:

1. Medical Society of New Jersey  
Committee on Biomedical Ethics  
2 Princess Road  
Lawrenceville, NJ  
(609) 896-1766
2. New Jersey State Department of Health & Senior Services  
Office of Emergency Medical Services  
P.O. Box 360  
Trenton, NJ 08625  
(609) 633-7777
3. New Jersey Health Decisions  
13 Rockland Terrance  
Verona, NJ 07044  
(973) 857-5552

For more information on Advance Directives and DNR orders in New Jersey contact the Bioethics Committee of any New Jersey hospital.

For more information on Advance Directives and DNR orders in New Jersey nursing home facilities, contact the Office of the Ombudsman for the Institutionalized Elderly at (609) 943-4026.

### Education:

EMS organizations can request a 3 credit-hour training program on the Out-of-Hospital DNR protocols and other issues involving ethics and patients' rights from the State Department of Health, Office of EMS. The name of the program is "Medical Ethics in EMS" and was developed by Jeanne Kerwin, MMH, MICP, who is the Ethics & Palliative Care Program Coordinator at Overlook Hospital in Summit, NJ.

For information about the educational program contact:

1. New Jersey State Department of Health, Office of EMS at (609) 633-7777
2. New Jersey State First Aid Council at [www.NJSFAC.org](http://www.NJSFAC.org)

**FOR ADDITIONAL INFORMATION  
ON OUT-OF-HOSPITAL DNR ORDERS**

*Contact:*

*New Jersey Health Decisions  
973-857-5552*

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New Jersey Hospital Association**