



THE NEW DNAR STATUTE, RULE AND FORM



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 **The Natural Death Act**

- *Ala. Code 22-8A-1 et seq.*, contains the provisions on how an individual may plan for end-of-life decisions.
- It outlines the requirements for a valid Advanced Directive or Living Will that allows for the removal and withdrawal of life-sustaining treatment.
 - In writing;
 - Signed by the person making the advance directive or by someone at the declarant's direction;
 - Dated;
 - Two or more witnesses not related or entitled to any portion of the estate of the declarant or financially responsible for declarant's medical care.

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 **Natural Death Act**

- No specific mention of "Do Not Resuscitate"
- Withholding/withdrawing does mention cardio pulmonary resuscitation.
- "Do Not Resuscitate" ("DNAR") orders are routinely used in health care settings throughout the state.
- The order was no longer valid after the patient left that facility or if the patient went to another facility. For example, from the hospital to a long-term care setting. Each time, a new order had to be obtained to carry out the patient's wishes.

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DNR – New Law

In the 2016 Regular Legislative Session, the Alabama Legislature passed an amendment to the Natural Death Act.

- Definition of DNR
- Makes the DNR portable between health care facilities
- Leaves it to ADPH and AL Board of Medical Examiners to develop forms and regulations for DNR orders.

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New Law

"Do not attempt resuscitation (DNAR) order" :

- A physician's order that resuscitative measures not be provided to a person under a physician's care in the event the person is found with cardiopulmonary cessation. A do not attempt resuscitation order would include, without limitation, physician orders written as "do not resuscitate," "do not allow resuscitation," "do not allow resuscitative measures," "DNAR," "DNR," "allow natural death," or "AND."

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New Law

A do not attempt resuscitation order must be entered with the consent of the person, if the person is competent; or in accordance with instructions in an advance directive if the person is not competent or is no longer able to understand, appreciate, and direct his or her medical treatment and has no hope of regaining that ability; or with the consent of a health care proxy or surrogate functioning under the provisions in this chapter; or instructions by an attorney in fact under a durable power of attorney that duly grants powers to the attorney in fact to make those decisions described in Section 22-8A-4(b)(1).
Ala. Code 22-8A-3

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Other changes to the Natural Death Act

- "Portable physician DNAR order"
 - A DNAR order entered in the medical record by a physician using the required form designated by the State Board of Health and substantiated by completion of all sections of the form.
- Immunity for civil or criminal liability for a health care provider who issues or follows a Portable Physician DNAR in accordance with the statute.

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DNR

- Section 22-8A-4.1 was added to the code specifically validating DNAR orders
 - A completed DNAR order that is properly entered and received is deemed a valid order


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Regulation on Portable DNR

The rule allows a physician to enter a DNR order that transfers from facility to facility under certain circumstances. The proposed form requires the following:


- Patient's name;
- Patient's date of birth;
- One of the following:
 - Patient/resident signature/consent
 - Advance Directive and signature of facility/provider
 - Health Care Proxy/Attorney in Fact consent OR
 - Surrogate consent; AND
- Physician's signature.

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 **Portable DNR**


- If the form is properly completed and made a part of the patient's medical record, it becomes portable to other facilities/health care providers.
- The regulation places the burden on the transferring provider/facility to communicate the existence of the order to the receiving facility and to make sure a copy of the order accompanies the patient in transport to the receiving facility.
- As it stands now, there are no enforcement procedures to ensure that the regulation is complied with.

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 **Portable DNR**


- Does not affect DNAR orders that already exist or that may be written in the future but not on the required form. The regulation refers to these orders as "facility specific DNAR orders."
- The new law and regulation simply permit a properly completed **Portable** DNAR order to follow the patient from facility to facility.
- According to the regulation, "facility specific DNARs" can continue to be entered and followed.

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 **End of Life Decisions**


- The new law/regulation does not impact a facility's obligation to discuss end of life issues on admission.

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 **End of Life Care**


- What do the federal regulations say???
- There are no specific federal regulations for skilled nursing facilities pertaining to the performance of CPR.
- 483.10(b)(4) and 483.10(b)(8) - refusal of treatment, advance directives, policies and procedures regarding advance directives.
- How do surveyors cite it?
 - F-155
 - F-271
 - F-490

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 **F-155 – Guidance to Surveyors**

- The resident has a right to refuse treatment and to formulate an advance directive...
- The facility must...maintain written policies and procedures regarding advance directives. including providing written information to all adult residents regarding the right to refuse treatment and the option of formulating an advance directive.
- Facilities must have a policy to implement advance directives.

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 **F-155 – Guidance to Surveyors**

- If a resident experiences a cardiac arrest, facility staff **must** provide basic life support, including CPR, prior to the arrival of emergency medical services...
- Prompt initiation of CPR is essential as brain death begins four to six minutes following cardiac arrest if CPR is not initiated within that time.

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AHA Guidelines 2010

MUST perform CPR UNLESS

- A valid DNR order is in place;
- Obvious signs of clinical death “e.g....”
 - Rigor mortis
 - Dependent lividity
 - Decapitation
 - Transection, or
 - Decomposition OR
- Initiating CPR could cause injury or peril to the rescuer.

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F-155 Guidance to Surveyors

- CPR certified staff must be available at all times.
- Online certification is not acceptable unless also requires in-person skills demonstration.


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F-155

Guidance to surveyors directs the survey team to tags F-281 and F-490 for “concerns related to the provision of CPR and CPR certification.


- F-281 Services Provided Meet Professional Standards
- F-490 Administration

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 **What does your policy say?**

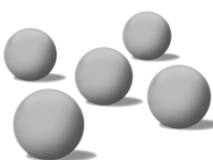
- Urgency of staff
- Immediacy of performing CPR
- Who can perform CPR?
- How do you identify DNR residents?
- What happens if someone fails to perform CPR?

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 **Palliative Care**

What is palliative care and are we providing it?

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 **Questions?**

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