PHYSICIAN’S ORDER TO LIMIT CARDIOPULMONARY RESUSCITATION

THIS FORM MUST BE COMPLETED IN FULL, INCLUDING LEGIBLE SIGNATURE.

STEPS:
1. Be familiar with Vanderbilt University Hospital policy for Do Not Resuscitate/Do Not Intubate/Limited Cardiopulmonary Resuscitation (Hospital Policy 20-06).
2. Discuss resuscitation options, rationale for recommended option, and expected consequences of recommended option with patient, family, and/or surrogate as well as other appropriate health care providers.
3. Attending must document above discussions and rationale for limitation of therapeutic measures on Code Status Progress Note form (MC 3834).
4. Complete orders below and sign. An order written by housestaff at the direction of the attending physician must be countersigned by the attending within 24 hours.
5. Notify and explain resuscitation status to nursing staff.
6. This order must be re-evaluated every 14 days, or if the patient’s condition warrants change, or when the patient is transferred to a new service or to a different level of care, which ever occurs first. If code status changes to anything other than full resuscitation status, new Physician’s Order to Limit Cardiopulmonary Resuscitation and Code Status Progress Note forms must be completed and signed.

CODE STATUS:

- DO NOT RESUSCITATE – In the event of cardiac or respiratory arrest, all cardiopulmonary resuscitative efforts should be withheld.

- DO NOT INTUBATE – In the event of cardiac or respiratory arrest, tracheal intubation and mechanical respiration/ventilation should be withheld. All other medically appropriate resuscitative, therapeutic, and/or palliative efforts should be provided.

- LIMITED CARDIOPULMONARY RESUSCITATION – In the event of cardiac or respiratory arrest, the following specified measures should be withheld. All other medically appropriate resuscitative, therapeutic, and/or palliative should be provided.

  - Withhold Antiarrhythmics
  - Withhold Intravenous Vasoactive Drugs
  - Withhold Defibrillation/Cardioversion
  - Withhold Chest Compression
  - Withhold Ventilation by Mask
  - Withhold Endotracheal Intubation
  - Withhold Mechanical Ventilation
  - Withhold Other (specify) ____________________

Signature of Resident (if applicable) Date/Time
(Requires Attending Physician’s Co-signature Within 24 Hours)

Attending Signature Date/Time

Order Cancelled

Implementation (By Responsible Nurse)

- Sticker Placed
- Tabs Placed

Signature Time Date

Discontinuation (By Responsible Nurse)

- Sticker Removed
- Tabs Removed

Signature Time Date

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RE-EVALUATION SIGNATURES
Required every 14 days or when the patient changes services or levels of care, whichever comes first.

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