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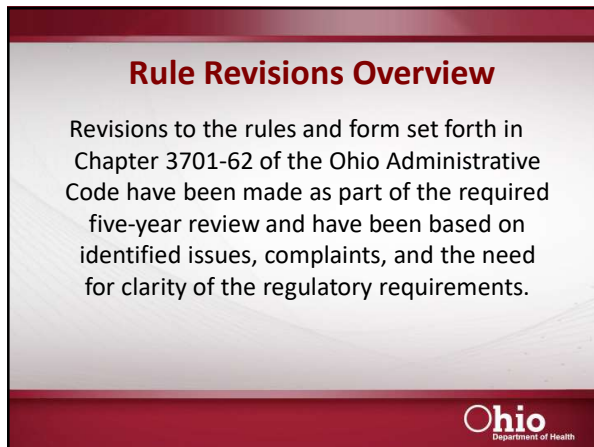
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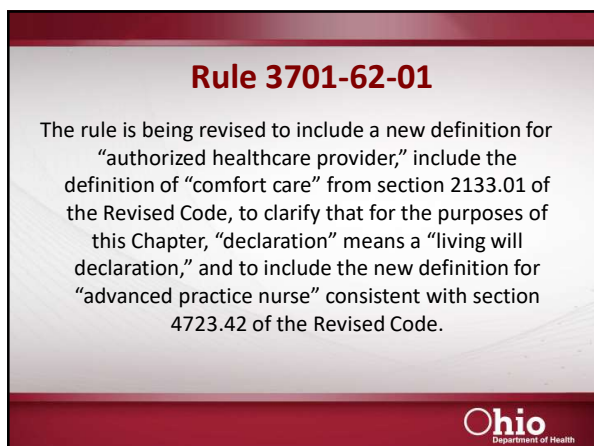
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### Rule 3701-62-02

The rule sets forth the authority and immunities pertaining to DNRs for APRNs and PAs. The rule has been revised to change the existing language specifying Certified Nurse Practitioners and Clinical Nurse Specialists to refer to APRNs consistent with section 4723.42 of the Revised Code. This change incorporates both those specializations as well as Certified Registered Nurse Midwives and Certified Registered Nurse Anesthetists.



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### Rule 3701-62-03

The rule sets forth immunities from criminal, civil, and professional actions for withholding or withdrawing CPR from a patient with a valid DNR Order for medical, emergency services personnel, and other health care workers. The rule has been revised to replace previous references to physicians, CNP/CNSs, and PAs with the term "authorized healthcare provider."



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### Rule 3701-62-04

The rule has been revised to update language to reflect the use of the terms "authorized health care provider" and "living will declaration," clarify that the DNR logo and individual's identifying information must be contained on identification items, and clarify that the DNR Order form shall not be modified in any way or include additional medical instructions that will not be provided immunities under the Chapter. Appendix A to this rule is the State of Ohio DNR Order form. The form has been revised to:



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Continued.

- Streamline the form for easier recognition by individuals and healthcare providers.
- Revise the Protocol to reflect current industry language and standards.
- Include language clarifying immunities granted under Chapter 2133. Of the Revised Code.
- Clarify that a copy of the DNR Order form or authorized identification must accompany the individual during transfers between facilities.

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Rule 3701-62-05

The appendix to this rule establishes the DNR Protocol. The Protocol has been revised to reflect current industry language and standards for congruence with the revised DNR Order form.

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Rule 3701-62-09

The rule sets forth the requirement that a transferring health care facility must notify a receiving health care facility of the existence of a person's DNR Order prior to transfer, requires an existing oral DNR Order to be written and accompany the person upon discharge.

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**Continued.**

The revisions to the existing rule language provide clarification of the requirement for facilities to notify receiving facilities and transporting personnel of the existence of a DNR when transferring a patient. Furthermore, the revisions clarify that a DNR form or authorized DNR identification must accompany any individual being transferred and provides the specific types of identification that is authorized.



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**Rule 3701-62-10**

The rule sets forth the relationship between the DNR, living will declarations, and durable powers of attorney for health care.



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DNR identification based upon a valid declaration supersedes the authority of a durable power attorney and its named agent(s). A valid durable power of attorney for health care supersedes a DNR based upon an order from a physician, APRN, or PA if that order is inconsistent with the authority of the durable power of attorney for health care.



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An active living will declaration supersedes DNR identification based upon a previous living will declaration or DNR that is inconsistent with the current declaration.



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Finally, to the extent that a known conflict exists between DNR identification based upon a valid DNR Order to which the principal consented, and a valid living will declaration, the more recent document supersedes.



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**What is a DNR?**

A Do-Not-Resuscitate (DNR) order allows individuals to document their choices relating to cardiopulmonary resuscitation (CPR). As an individual you have the right to document that you do not want to receive CPR or other resuscitative efforts.

ORC 2133. and OAC 3701 – 62



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### What is CPR?

- Cardiopulmonary resuscitation includes:
- Administration of chest compression;
- Insertion of an artificial airway;
- Administration of resuscitative drugs;
- Defibrillation or cardioversion;
- Provision of respiratory assistance;
- Initiation of a resuscitative IV line; or
- Cardiac monitoring

OAC 3701 – 62 – 01 (J)



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### Who Can Obtain a DNR?

Any individual may have a DNR order form completed; they do not have to have a terminal illness, a life-threatening, or life shortening condition. Completion of a DNR order form will allow the individual to their choices regarding CPR honored across the spectrum of health care providers.



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### Where can a DNR order form be obtained?

The State of Ohio DNR order form is the only authorized form that is transportable across the spectrum of healthcare providers in Ohio. You can obtain a DNR order form for completion with your healthcare provider at:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/do-not-resuscitate-comfort-care/resources/media/ohiodnrorderform>



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## DNRCC

The DNRCC is effective as soon as an authorized healthcare provider signs the form. This means that as soon as the form is signed, you will not receive any of the treatments listed in the DNR protocol as **‘Will Not,’** including resuscitative medications, CPR, ventilator care, continuous cardiac monitoring, or defibrillation.

OAC 3701 – 62 – 05



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## DNR CC – Arrest

The DNRCC - Arrest does not become effective until you experience cardiac or respiratory arrest. Up until the time you experience a cardiac or respiratory arrest, you will receive all medical care necessary to treat any illness or injury, including intubation. You will be treated as any other medical patient. Should you experience cardiac or respiratory arrest during treatment, at that time the DNR protocol will be initiated and all resuscitative measures will stop.

OAC 3701 – 62 – 05



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## The DNR Protocol

Individuals with either a DNRCC or DNRCC – Arrest will receive the following care under the DNR protocol. Healthcare providers:

**Will:**

- Conduct an initial assessment
- Perform basic medical care
- Clear airway of obstruction or suction
- If necessary, (for comfort of the patient) may administer oxygen, CPAP, or BIPAP
- If necessary, (for comfort of the patient) may obtain IV access for hydration or pain medication to relieve discomfort, but not to prolong death
- If possible, may contact other appropriate health care providers (e.g., hospice, home health, physician/APRN/PA)

OAC 3701 – 62 – 05



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## The DNR Protocol continued

Once the DNR protocol is activated healthcare providers

**Will Not:**

- Perform CPR
- Insert artificial airway adjunct (intubation, ventilator, etc.)
- Administer medications with the intent of restarting the heart or breathing
- Defibrillate, cardiovert, or initiate pacing
- Initiate continuous cardiac monitoring

OAC 3701 – 62 – 05



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## What does prolonging death mean?

For the purpose of the DNR, “prolonging death” means providing care with the intent of keeping the person alive as opposed to providing care for comfort purposes.



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## DNR Identification

The following are approved forms of DNR identification:

- DNR order form (must be completed to obtain other forms of identification);
- Jewelry items – bracelet or necklace with DNRCC logo and patient information;
- DNR wallet card; or
- Hospital type bracelet with insert containing patient information
- A living will may contain an individual’s DNR choices, but will not be in effect until the living will becomes operative under section 2133. 02 of the Ohio Revised Code

ORC 2133.02 and OAC 3701 – 62 – 04



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**How can residents ensure providers know they have a DNR?**

To ensure an individuals DNR choices are honored, all providers involved with their care should be informed of the DNR as well as family members and any other caregivers. It is recommended that individuals keep the form or copies where it can be accessed by others and that they also use other DNR identification such as a bracelet, necklace wallet card.



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An individual cannot be compelled to have a DNR.

An individual cannot be required to not have a DNR. An individual can agree to the suspension of an existing DNR under certain circumstances, such as part of informed consent for surgical procedures.



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### Can an individual receive other healthcare when they have a DNR?

Yes, **DNR does not mean DO NOT TREAT**. An individual can and should receive the medical care they require in the event of illness and injury. The DNR solely pertains to Cardiopulmonary Resuscitation (CPR) and does not address and is not limited by other conditions.



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### What happens if a resident becomes ill or injured?

If an individual with the DNR experiences an illness or injury that is treatable, it should be treated. Some examples of common conditions include, but are not limited to:

- Urinary tract infections;
- Heimlich maneuver for choking;



OAC 3701 – 62 – 05

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### Treatable conditions continued:

- Fractures;
- Influenza;
- Bleeding;
- Uncontrolled Pain; or
- Dehydration



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### What if a provider refuses to provide medical care?

If a healthcare provider refuses to provide care for an individual's treatable condition because they have a DNR they could:

- Request a different healthcare provider;
- Contact the healthcare facility's patient advocate;
- Contact superiors;
- Consult the health care facility's legal counsel and/or ethics department; or
- File a complaint with the Ohio Department of Health.

Again, DNR does not mean do not treat.



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### What if a resident changes their mind and no longer wants a DNR?

An individual can revoke their DNR at any time either verbally, by destroying the DNR order form, or permanently removing the DNR identification items.

OAC 3701 – 62 – 06



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### Can a provider refuse to honor a DNR?

Ohio law and rules require healthcare providers who are unable or unwilling to honor an individual's DNR to assist in transferring that individual to another healthcare provider or facility that will.

OAC 3701 – 62 – 08



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### Who can change a DNR?

- An individual can change their DNR status at any time.
- If an individual has assigned someone to be their Health Care Power of Attorney agent, absent a substantial change in their condition, the agent cannot change or override the DNR decisions if the individual completed a DNR order form with their authorized health care provider.
- A Health Care Power of Attorney agent can only revoke a DNR order if they were the one who requested/had the DNR order form completed on behalf of the individual.

OAC 3701 – 62 – 10 

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- Another physician or the medical director of an EMS organization cannot override an individuals DNR decisions if the individual completed a DNR order form with their authorized healthcare provider.
- Family members, friends, or others cannot override and individual's DNR decisions if the individual completed a DNR order form with their authorized healthcare provider.



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### Can a DNR be customized to include a list of the care that an individual wants?

- No other medical orders, directions, or other instructions should be written on a DNR order form.
- Anything written on the DNR order form other than the information required for completion of the DNR order form:
  - ❖ Does not have to be followed by EMS or other health care providers;
  - ❖ Is not under the authority of the DNR statute or rules;
  - ❖ Does not hold the force of law of the DNR order form; and
  - ❖ Is not part of the immunities authorized under the DNR law and rules.

OAC 3701 – 62 – 04 and 3701 – 62 – 05 

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### Facility Responsibilities

If a facility is discharging a patient with a State of Ohio DNR order to another facility, they are required to notify the receiving facility of the DNR status and send a copy of the state of Ohio DNR form or other authorized form of DNR identification with the patient. The facility must also notify the transportation provider of the existence of the patient's DNR.

OAC 3701 – 62 – 09



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### How does the DNR relate to other healthcare planning documents such as the Living Will and the Health Care Power of Attorney?



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### Healthcare Power of Attorney (HCPOA)

If an individual completed a Do Not Resuscitate (DNR) order in agreement with their authorized health care provider prior to becoming unable to make their own health care decisions, their DNR order supersedes their Health Care Power of Attorney.

- Absent a substantial change in and individual's condition, a Health Care Power of Attorney cannot change the individual's DNR.

ORC 1337.11 and OAC 3702 – 62 – 10



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### HCPOA continued...

A HCPOA can make decisions regarding Do Not Resuscitate orders for an individual if the individual does not already have a DNR:

- If a Health Care Power of Attorney agent chooses to make an individual a Do Not Resuscitate status, they can also revoke that decision later on.
- If a Health Care Power of Attorney agent chooses to allow health care providers to perform all resuscitative measures during the course of an individual's treatment, they can also change that decision later in the course of treatment care and make them a DNR.

ORC 1337.11

**Ohio**  
Department of Health

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### What is a Living Will?

A Living Will is a legal document that specifies the kind of medical or life-sustaining treatments an individual does not want in the event they are terminally ill or permanently unconscious and are no longer able to make their own decisions or communicate. The Living Will is often referred to as a "declaration" and the individual is referred to as the "declarant."

**Ohio**  
Department of Health

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### Definition of operative:

The term "operative" means that the Living Will can be used as the basis for medical decision making.

**Ohio**  
Department of Health

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### When does a living will become operative?

- A Living Will becomes operative when the Living Will is communicated to the attending physician and the attending physician and one other doctor determine that the individual is in a permanently unconscious state or a terminal state and no longer has the capacity to make informed decisions.
- Advanced Practice Registered Nurses (APRN) and Physician Assistants (PA) cannot make this decision, it must be made by physicians.

ORC 2133.03



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### Terminal Condition

Terminal condition – The attending physician of the individual must have determined that the individual is in a terminal condition and there is no reasonable possibility that the individual will regain their ability to make informed decisions.



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### Permanently Unconscious State

Permanently unconscious state – A qualified physician with appropriate education, training, or experience in the illness or injury causing the individual to be unconscious, must determine that the individual is no longer able to make informed decisions.



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## EMS and the Living Will

Can EMS accept a living will?

- EMS cannot accept a Living Will.
- A Living Will requires a physician to determine that it is operable. Physicians are not part of the standard emergency response team that respond on scene to emergency calls.
- EMS personnel are not authorized to determine whether a Living Will is operable and the EMS Medical Director or other physician are not physically present to make that decision.
- In the event that EMS personnel are presented with a Living Will, EMS personnel must follow their emergency response protocols and the individual would be transported to the hospital. Once the individual is at the hospital, if a Living Will is presented, a physician(s) will determine whether the operative criteria are met.

ORC 4765. 

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## Living Will and HCPOA

- If an individual has both a Living Will that is operative and a Health Care Power of Attorney, the Living Will supersedes the Health Care Power of Attorney.
- A Living Will determines the care an individual will receive based on the medical decisions you included in the document.
- Absent a substantial change in medical condition, a Health Care Power of Attorney cannot change the decisions included in a Living Will.



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## Living Will and DNR

If an individual has both a Living Will and a Do Not Resuscitate (DNR) order that was completed in agreement with the individual's health care provider, the most recently completed document will supersede the other.

OAC 3701 - 62 - 10 

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### Which document to use?

- If an individual completed the DNR order more recently than the individual's Living Will, the DNR order will determine the resuscitation actions that individual may receive as follows:
  - DNR Comfort Care - If this option is selected, the individual will not receive any resuscitative measures, only comfort care for pain control and comfort.
  - DNR Comfort Care Arrest – If this option is selected and the individual experiences a cardiac or respiratory arrest, the individual will not receive any resuscitative measures, only comfort care for pain control and comfort.



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### Resident Admissions

Residents with the DNR should be identified as part of the admissions process.

If provided by the resident, a copy of the resident's DNR should be maintained in an area that is accessible by staff and emergency services personnel at all times.



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### Facility-based Best Practices

Encourage patients to purchase the necklace, bracelet or wallet card with the DNR logo and individual's identifying information; and

Instruct patients and staff that a copy of the patient's DNR order or DNR identification should accompany the patient wherever they go to ensure that the individual's choices are adhered to.



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### Best Practices

Inform residents that DNR identification can be purchased online or from local engravers with the capability of engraving the Ohio DNR logo on the item.

If a resident has a DNR, the patient’s DNR status should be part of the resident’s record; and

Each resident’s DNR status should be communicated to all healthcare providers, volunteers and caregivers that will work with that resident.

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### Scenario 1

A staff member encounters a resident that has an injury and is bleeding significantly. The resident has a DNRCC–Arrest.

What should the staff member do?

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Unless the facility is able to provide direct transportation, emergency services should be contacted to obtain medical care for transport to the hospital for the resident.

The facility must ensure that a copy of the resident’s DNR or DNR identification accompany the resident.

The facility should also notify the resident’s family or representative.

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**Scenario 2**

Staff find a 67-year-old resident on the floor of the room in respiratory distress. In between labored breaths, he mentions to you that he has a DNR and shows you his wallet card. You note that the box for “DNR Comfort Care” is checked. The resident then becomes unresponsive.

What should the staff member do?



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Responding staff should act within their scope of practice to provide comfort care only and contact emergency medical services.

The facility must ensure that a copy of the resident’s DNR or DNR identification accompany the resident.

The facility should also notify the resident’s family or representative.



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**If you have questions regarding the DNR, please contact the Ohio Department of Health at the following:**

[DNR@odh.ohio.gov](mailto:DNR@odh.ohio.gov)  
614 – 466 – 3975



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