

LEARN REGULATION  
MEDICAL DO-NOT-RESUSCITATE ORDER PROTOCOL  
(Students in a School Setting)

#### Overview

DNR orders (DO NOT RESUSCITATE) are medical directives which limit treatment or make an exception to standard emergency procedures in the care of an individual whose respirations have ceased and heart has stopped functioning (arrested). In the case of a child or adolescent, the request is made by the parent or guardian in collaboration with the child's physician. The written directive or order is given by the physician. The intent of DNR orders is to limit intervention when cardiopulmonary arrest occurs and provide comfort measures--not to withdraw all care.

The EMS system (Emergency Medical Services) in Connecticut uses an easily identifiable DNR bracelet which extends the use of DNR orders beyond health care facilities. The bracelet contains personal identifying information and the expiration date for the order. The DNR bracelet stops EMS personnel from initiating CPR (life-saving measures). Transportation issues should be resolved in planning with EMS. EMS personnel will notify the local hospital that the 911 call is for a student with a valid DNR bracelet and they will then follow the orders of the emergency room physician.

The DNR order is an exception to usual procedures in place in the school setting for responding to emergencies which include CPR or cardiopulmonary arrest. The presence of a DNR bracelet on a student of a DNR order to a school cannot prevent a student from attending public school.

#### Procedure

- A. The DNR order must:
1. Be in writing specifically to LEARN.
  2. Contain no abbreviations.
  3. Contain the individual student's name.
  4. Be time limited--identifies date of expiration or renewal of the DNR order.
  5. Be signed and dated by the student's physician.
  6. Be signed and dated by parent/legal guardian.
  7. State conditions under which the DNR order may be revoked. Usually this is in writing by parent or guardian and physician but a verbal request from the parent or guardian at the time of an emergency or the removal of the DNR bracelet, if they change their mind, is acceptable.
  8. The order must be placed in the student's cumulative health record.
- B. All DNR orders must be reviewed promptly by the school medical advisor, the Special Education Director and the LEARN Registered Nurse.
- C. A transportation and intervention plan will be developed by the parent/guardian and the student's physician. This will be a part of the student's health care plan.
- D. The LEARN nurse will develop an individual health care plan with specific reference to the DNR order. This plan will be approved by the student's parent/guardian. This plan will include:
1. Means of identifying the student as having a DNR order and providing instruction to the school staff regarding the details of the student's individual health care plan.
  2. Comfort care -- description of the treatments/interventions that will be provided at school.
  3. The location of a place in the school which will afford privacy where the nurse can provide the comfort measures.
  4. A plan for notifying the family and medical personnel how and when the EMS system and hospital will be utilized.

5. Specific plans for transporting the student to a designated location (if the death occurs at school).
  6. A plan for reassessment of the student's health status by the LEARN nurse including modifications for class activities.
  7. Formation of a support network to assist the family and school community to deal with the student's death.
- E. Team meetings will be held to review the health care plan of the student with the DNR order. Minutes of the meeting will be reviewed and signed by all staff members who attended.
- F. The individual health care plan should be reviewed monthly with the school health personnel and the parents/guardians. It should be noted that the time limit may be approaching or the order may be revoked which would necessitate notifying the school staff and the EMS personnel.
- G. This procedure recognizes that, based on student residence, often LEAs will have responsibility regarding the implementation of DNR orders. Therefore, the development of a health-care plan will be a collaborative effort between LEARN and the student's LEA.

SAMPLE

DO NOT RESUSCITATE (DNR) ORDER FOR THE TERMINALLY ILL

I, \_\_\_\_\_ have been diagnosed as having a terminal medical illness. I have discussed both the prognosis of this illness and the treatment options with my physician \_\_\_\_\_

I understand the DNR means that if my heart stops beating or is inadequate, or that if I stop breathing or my breathing is inadequate, that no resuscitation will be initiated or continued.

I understand that I will continue to receive supportive medical care as deemed reasonable by health care personnel though aggressive intervention will not take place.

I give permission for this information to be given to pre-hospital care provider, physicians, nurses or other health personnel as necessary to implement these orders.

I consent to have a DNR identification bracelet placed on my wrist to indicate my wishes to health care personnel. I am aware that I can immediately revoke this request at any time by the removal of the bracelet and that this order will only be honored if the bracelet is intact (and recognized by health care personnel.) I understand that this order expires six months from the date of application of the bracelet.

\_\_\_\_\_  
Bracelet Expiration Date

I hereby agree to the "Do Not Resuscitate (DNR)" order.

\_\_\_\_\_  
Patient Signature or Signature of Conservator  
of Person or Agent for Health Care (Health Appointed)

\_\_\_\_\_  
Patient Soc. Sec. Number

Do Not Resuscitate Order

I certify that this patient has a terminal medical condition and hereby agree to the DNR order for \_\_\_\_\_  
\_\_\_\_\_ as outlined above.

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Attending Physician's Signature

\_\_\_\_\_  
Printed Name of Physician

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\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Family Member's Signature (optional)

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I have verified the identity of and have placed a DNR bracelet on \_\_\_\_\_

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Person Applying Bracelet

\_\_\_\_\_  
Printed Name

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Copies of form: 1. Patient 2. Attending Physician 3. Hospital E.D.  
Original form to be kept with patient's chart at designated local agency.