

Inodaya Hospitals - Kakinada

Documentation code:

INH/COP Doc.No:41

POLICY ON END OF LIFE CARE- DO NOT RESUSCITATE

Issue date: 11/11/2025

Reference: COP.20.NABH Standards – 6th Edition

Issue No:02

Prepared date: 11/11/2025

Review Date: 10/11/2026

Revision Number: 01

1.0. DO NOT RESUSCITATE:

1.0 Purpose

1.1 To help guide decision-making regarding patient and/or family's wishes to withhold resuscitative services and forego or withdraw life sustaining treatments, within the Indian legal framework.

2.0 Scope

Hospital Wide

3.0 Definitions / Abbreviations

3.1 **Brain Dead:** As per the Organ Transplantation Act, 1994, brain death is defined as:

- Absence of corneal reflex
- Absence of spontaneous respiratory movements
- Absence of pupillary reflex
- Absence of Doll's eye movement
- Positive Modified apnea test
- Metabolic parameters are normal
- Absence of cerebral blood flow on Trans cranial Doppler
- Positive caloric test

Prepared by:	Verified by:	
		Approved by: Mrs. Lakshmi Lavanya
Anesthesiologist	Medical Director	Chief Executive Officer



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A patient shall be declared dead only after examination by neurologists or neurosurgeons or 1 neurologist and 1 Neuro-anesthetist / intensivist, repeated after 6 hours.

4. Policy Statements

- DNR decisions must be **made based on medical judgment, patient wishes, or legally authorized representative instructions.**
- DNR **does not mean withholding care**; patients continue to receive appropriate treatment, monitoring, and comfort measures.
- DNR applies to **cardiopulmonary resuscitation (CPR)** in the event of cardiac or respiratory arrest only.
- DNR orders must be **documented in the patient's medical record**, with date, time, and signatures of authorized personnel.
- Hospital staff should ensure **clear communication** with the patient (if possible) and family regarding the decision.
- All DNR orders should be **reviewed periodically** and updated if patient condition or wishes change.

5. Responsibilities

- **Treating Physician:**
 - Evaluate patient condition and prognosis.
 - Discuss DNR decision with patient/family, explaining implications clearly.

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- Document DNR order in medical records.
- Communicate DNR status to all care team members.
- **Nursing Staff:**
 - Verify DNR status before any emergency intervention.
 - Provide ongoing care and comfort measures.
 - Ensure DNR order is visible in patient chart and bedside.
- **Quality/Medical Administration Team:**
 - Monitor adherence to DNR documentation and hospital protocol.
 - Conduct audits and training to ensure compliance with ethical and legal standards.

6.0 DNR PROCEDURE

The treating physician identifies patients who may require a DNR order based on terminal illness, irreversible conditions, or poor prognosis.

1. The physician assesses whether the patient is capable of participating in the discussion.
2. A private and sensitive discussion is held with the patient and/or legally authorized family members.
3. The physician explains the nature, benefits, limitations, and risks of cardiopulmonary resuscitation (CPR).
4. The implications of a DNR order are clearly communicated to the patient/family.

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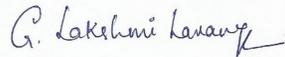
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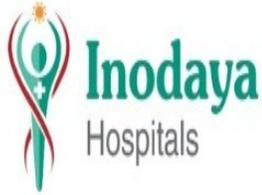
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5. Any questions or concerns from the patient/family are addressed, and supportive counseling is provided.
6. The decision to issue a DNR is made based on patient consent, family consent, or physician guidance following ethical and legal standards.
7. The DNR order is documented in the patient's medical record, including patient details, date, time, physician name, and signatures of the physician and patient/family.
8. The DNR status is entered in the electronic medical record (EMR) and clearly noted on the patient chart.
9. All staff involved in the patient's care are immediately informed about the DNR order.
10. A visible DNR indication is placed on the patient chart and bedside according to hospital policy.
11. The patient continues to receive all appropriate treatments and comfort care, excluding CPR.
12. Symptom management, monitoring, and palliative support are provided as needed.
13. The DNR order is reviewed regularly and updated if the patient's condition or wishes change.
14. The hospital quality or medical administration team audits DNR documentation and adherence to ensure compliance with policy.

7.0 Documentation & Communication

- DNR order must include:
 - Patient identification
 - Date and time of order

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- Name and signature of **treating physician**
- Signature of **patient or legally authorized representative**, if available
- All emergency and critical care staff must be **informed immediately** about DNR status.
- DNR orders should be clearly **visible on patient charts and electronic records**.

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