

### Are Advance Directives documents the same thing as a code status order?

Though some people discuss their preferences about CPR and code status in their Advance Directives documents, Advance Directives themselves are not the same as a "DNR" or "DNR/DNI" order. Specific code status orders will be written by the patient's doctor based on information in Advance Directives documents, previous or current conversations with patients, and/or conversations with the patient's representatives. Some patients may also have out-of-hospital code status orders written by their physicians. These will also be considered when deciding what code status order is most appropriate for the patient's medical needs.

### Are there religious or cultural beliefs to consider when making decisions about CPR and code status?

Some people have questions about religious or cultural beliefs related to code status decisions. If you have these kinds of questions, you may wish to talk to someone from the person's faith community or someone with a similar cultural background as the person. A CHI Health Chaplain or member of the Ethics Consultation Team may also be able to help with decisions about CPR and code status orders. Contact a nurse to arrange for a chaplain visit or ethics consultation.

### What if there is disagreement about a patient's code status decision?

Sometimes a patient's representative or others close to the patient may not agree with code status decisions. Some people may ask that CPR and/or intubation be performed even when there is a DNR or DNR/DNI order in place. Doctors and healthcare team members will honor each person's code status orders, and will perform only the interventions that are medically appropriate and reflect the patient's preferences.

It can be helpful to talk about CPR and code status decisions with family members and others involved in care so that a patient's preferences and decisions are known and can be honored. If you would like help with these conversations, talk with a member of the healthcare team.

### REFERENCES:

1. Ramenofsky, D. H. & Weissman, D. E. (2009, rev. 2015) *Fast Fact and Concepts #1679: CPR Survival in the Hospital Setting.* Palliative Care Network of Wisconsin.

*The CHI Health Mission calls us to give special care to our patients and families at the end of life. Our staff acknowledges the privilege of being with you and your loved one at this time.*

### CARE TEAM CONTACT INFORMATION:

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# Making Decisions About CPR

## Treasured Seasons

For everything there is an appointed season.  
And a time for everything under heaven.  
A time for sowing,  
A time for reaping;  
A time for sharing,  
A time for caring.  
A time for loving,  
A time for giving;  
A time for remembering,  
A time for parting.  
You have made everything beautiful in its time.  
For everything You do remains forever.

– Adapted from Eccl. 3



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Doctors and other members of the healthcare team want to provide compassionate care that meets each person's changing needs throughout life. To meet this goal, it is important to talk about CPR and code status options. This means doctors and other members of the healthcare team will talk about what to do if a person's heart stops beating or breathing suddenly stops. The information in this brochure can help people make decisions about CPR and code status options.

### **What is CPR?**

"CPR" is an abbreviation for Cardiopulmonary Resuscitation. CPR is intended to be used when a person's heart suddenly stops beating or when breathing suddenly stops. During CPR the chest is compressed to pump blood through the heart, and the lungs are filled with oxygen through resuscitation methods. Sometimes during CPR electrical shocks are given to the heart (called "defibrillation") and a tube is inserted through the mouth and into the lungs to open the airway (called "intubation").

### **Does CPR always work?**

While CPR is designed to save lives in certain situations (for example, after a sudden heart attack in a generally healthy person or an accidental event such as drowning or electrical shock), sometimes it is not effective. The success of CPR depends on the person's overall health, whether or not someone is nearby when a person stops breathing and the heart stops, and many other important factors.

For patients already in the hospital who experience sudden cardiac arrest, the overall likelihood of surviving to discharge is about 1 in 6 (or 15%) for patients who receive CPR. For those who do survive, there are risks of complications such as neurological damage and impaired function. The chances of survival are much less for people who are elderly or have fragile health conditions, have more than one medical problem, or have a serious illness or terminal disease.

CPR was not designed to prevent the natural dying process for patients with terminal illnesses such as advanced cancer, end stage heart or lung disease, or when multiple organ systems are failing.

### **Are there risks associated with CPR?**

Though CPR may be of benefit for patients whose heart stops or who stop breathing, there are several risks associated with CPR techniques. These include:

- » Broken ribs from chest compressions, especially for people with frail health or fragile bones.
- » Punctures of the lung or spleen from the pressure applied during CPR compressions.
- » Pain and discomfort caused by CPR methods.
- » Short or long-term dependence on a breathing machine (or "ventilator") for those who have breathing tubes put in (called "intubation").
- » Lasting effects from the CPR methods performed (for example, brain injury from lack of oxygen).

### **What is meant by "code status"?**

When care teams refer to "code status", they are referring to a physician's order that directs the care team about how to respond when a person's heart stops or they stop breathing. Common types of code status orders recognized at CHI Health include:

- » Full Code
- » Do Not Resuscitate (DNR)
- » Do Not Resuscitate/Do Not Intubate (DNR/DNI)

### **What do these code status order options mean?**

#### **FULL CODE**

This means that if breathing stops and the heart stops beating:

- » CPR will be attempted
- » Defibrillation will be attempted
- » Intubation will be attempted

#### **DNR**

This means that if breathing stops and the heart stops beating:

- » No CPR will be attempted
- » No defibrillation will be attempted
- » Intubation will be attempted

#### **DNR/DNI**

This means that if breathing stops and the heart stops beating:

- » No CPR will be attempted
- » No defibrillation will be attempted
- » No intubation will be attempted

### **Why is there no option for a "DNI" code status order?**

There is no option for a code status order of "DNI" or "do not intubate". This is because efforts to restart the person's heart (or "resuscitation") without proper airway and respiratory support (or "intubation") are not medically effective. This is because even though there may be a way to start the heart so that it can pump blood again, there is no way for oxygen to get into the blood to be circulated throughout the body.

### **When there is a code status order of DNR or DNR/DNI, does other treatment automatically stop?**

Changes in a code status order from "full code" to "DNR" or "DNR/DNI" do not mean that other types of treatments or interventions are automatically stopped. Even when patients and their care teams decide to change a code status order to "DNR" or "DNR/DNI", other types of treatment may continue if they help to meet the current goals for the patient.

### **Can a person's code status change once a code status order is written?**

If the person's code status preferences change, an updated order can be written by the doctor. This might happen if the person's condition or preferences change as an illness progresses. If there are questions about changing code status, talk with a doctor or other member of the healthcare team.

### **What happens to a code status order for "DNR" or "DNR/DNI" if I need surgery?**

Generally speaking, for patients undergoing a surgical procedure or other similar type of intervention who have code status orders for "DNR" or for "DNR/DNI", their code status order is changed to "Full Code" (or "suspended") during the surgical period. This allows treatment to address any concerns related to anesthesia or other procedures during and just after surgery. Following the surgery and recovery time, the DNR or DNR/DNI order is put back in place if that is the preference of patients or patient representatives.

Patients do have the right to request that their DNR or DNR/DNI order be maintained during surgery. The surgical team will discuss options about maintaining DNR or DNR/DNI code status orders during surgery prior to the surgical procedure.

### **How are a person's preferences about code status honored when people cannot make decisions for themselves?**

When patients are capable of making their own healthcare decisions, they will make decisions with their physicians about CPR and code status orders. Sometimes patients do not have the capacity to make their own decisions because they are confused, unconscious or too sick to do so. At those times, the patient's representative (or "surrogate decision-maker") will work with the care team to make decisions about CPR that best reflect the patient's preferences and clinical needs.