Do Not Attempt Resuscitation (DNAR) and Provider Order for Life-Sustaining Treatment (POLST) Update on August 16th, 2016

Why?
To simplify the management of Limited Resuscitation utilizing the EMR wherever care is delivered in order to decrease the burden on Families and their Clinical Care team. On August 16th, 2016 forms and processes will be updated in the EMR.

A review of National Approach, MN standards, and Children’s experience was undertaken to improve care for Families approaching the end of life issues. To continue to improve on this initiative the DNAR Process is being adapted based on feedback to reflect best practice, improve experience and communication.

- The simplified/seamless/cross venue EMR approach is designed to make it simpler for the Clinical team to update and view the patient/family wishes regarding end of life management.
- The Outpatient printout for use at home will be the same as the POLST which is the required format for EMS in our communities.
- A seamless transition from inpatient to ambulatory settings.

Definitions:
- Do Not Resuscitate (DNR) now known as (DNAR) Do not Attempt Resuscitation.
- Allowing Natural Death (AND)
- Forgoing (Withholding or Withdrawing Life-Sustaining Treatment)
- Provider Order for Life-Sustaining Treatment (POLST) form introduced by the state of Minnesota recognized by EMTs.

Key Process changes and Reminders:
- The process is simplified so that an “order” is not required-the Powerform/Document is the order
- Once completed, renewal is needed only when the patient status changes, the patient changes level of care, or the patient family requests a change.
- Upon readmission the accountable/attending provider needs to review/and if needed adjust the Document
- To suspend the DNAR while the patient is in the OR, just click the cancel button and sign the form. After the OR, reinitiate the Document.
• All staff who have a role in assisting and managing patients around end of life or respond to codes is accountable to understand where to review code status within the EMR and when there is a DNAR entered, how to view the detailed information.

• We are adding the last completed form for each venue for easy viewing.

**How?**

1. There are 2 forms specific to the patient’s location found on the Clinical Highlights section of the workflow summary and clinical summary pages). Providers can document on the forms all other Clinical Team members can view the forms.
   - Inpatient form will become DNAR/POLST-Inpatient
   - Outpatient orders will become POLST

2. Complete the Powerform appropriate to the patient’s venue and E-sign
3. There will be an option to review the last form from the same venue for reference.

**For Inpatients:**

1. Go to the Clinical Highlights section of the Workflow Summary
2. Click on Code Status Inpatient link which opens the form.
3. Complete DNAR/POLST.

**If previously completed outpatient DNAR/POLST all fields will pull into the POLST Powerform for modification as needed.**
For Outpatients or When Discharging:

1. Go to the Clinical Highlights section of the Workflow Summary or Clinical Summary Page
2. Click on Outpatient Code status which opens the form.
3. Complete POLST Powerform (no hand written signature is required) If previously completed
   Inpatient DNAR/POLST all fields will pull into the POLST Powerform for modification as needed.

The POLST Powerform will print out to look like the standard Minnesota POLST form. Click here to
view.

Once the POLST is complete, to print:

1. Click Task, Reports, POLST
2. Select 2 copies to print, one for the family and one for scanning
3. Verify the Printed form is correct and reflects what you think it should

**This will also be sent to the primary pediatrician.

Readmission or Transfer Review Process:

- Review the information included in the most recent DNAR or POLST by clicking on the appropriate document.
- Modify the open document as needed and E-sign again as soon as possible after change in location/status of the patient within 24 hours of the change. If no changes are to be made, simply check the “Reviewed” button and then the sign.
All updates and modifications regardless of inpatient or outpatient venue will be expected to be done electronically making the document immediately available to all.

Contact the redesign Core Team with questions and suggestions:
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