

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

#(660-124)  
3/92

No Emergency CPR Order Documentation Sheet #4  
ADULT Patient Without DECISIONAL CAPACITY  
and without a SURROGATE\*

**Directions:** This Documentation Sheet sets forth in consecutive order the steps that must be taken prior to writing a No Emergency CPR order for an ADULT patient without DECISIONAL CAPACITY who has no SURROGATE. Words that appear in all capital letters are defined in the No Emergency CPR Policy. When completed, this Sheet must be placed in the patient's medical record.

**Step One**

The PATIENT'S ATTENDING PHYSICIAN must determine that the patient lacks DECISIONAL CAPACITY.

**Determination of DECISIONAL CAPACITY**

I have examined the patient and have determined to a reasonable degree of medical certainty that he/she lacks the ability to understand and appreciate the nature and consequences of a No Emergency CPR order, including the benefits and disadvantages, and to reach an informed decision. In my opinion, the cause and nature of the patient's incapacity are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of PATIENT'S ATTENDING PHYSICIAN

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Step Two

A concurring ATTENDING PHYSICIAN\* must agree with determination that the patient lacks DECISIONAL CAPACITY.

Concurring ATTENDING PHYSICIAN'S Statement

I have personally examined the patient and have determined to a reasonable degree of medical certainty that he/she lacks the ability to understand and appreciate the nature and consequences of a No Emergency CPR order, including the benefits and disadvantages, and to reach an informed decision. In my opinion, the cause and nature of the incapacity are:

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\_\_\_\_\_  
Signature of Concurring ATTENDING PHYSICIAN

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Step Three

The ATTENDING PHYSICIAN must determine that there is no SURROGATE from the following list\*\* available to make a decision on behalf of the patient.

- a. an individual designated by the patient;
- b. a court appointed committee or guardian of the patient;
- c. the spouse;
- d. a son or daughter, aged 18 or older;
- e. a parent
- f. a brother or sister, aged 18 or older; or
- g. a CLOSED FRIEND.

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\* If the patient's incapacity is due to a DEVELOPMENTAL DISABILITY or MENTAL ILLNESS, the concurring opinion must be provided by a physician with specialized training. See No Emergency CPR Policy.

\*\* If there is a qualified SURROGATE, use Documentation Sheet #2.

Determination of Lack of SURROGATE

I have determined that there is no SURROGATE available to consent for the patient.

\_\_\_\_\_  
Signature of PATIENT'S ATTENDING PHYSICIAN

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Step Four

If there is any indication of the patient's ability to understand, the PATIENT'S ATTENDING PHYSICIAN must notify the patient of the determination of lack of DECISIONAL CAPACITY and provide the patient with a copy of the Department of Health's Statement of Rights. Furthermore, if the patient was previously a patient in a Mental Hygiene facility, notice of this determination must also be given to the director of such facility.

Notice to Patient of Lack of Capacity

I have provided notice of the determination of the patient's lack of DECISIONAL CAPACITY to the patient, if there is any indication of patient's ability to understand such notice. (check one)

- \_\_\_\_\_ a. There is no indication of the patient's ability to comprehend such notice and I am therefore not providing notice to the patient; or
- \_\_\_\_\_ b. I have given the patient notice of the determination.
- \_\_\_\_\_ c. If applicable. I have given notice to the director of \_\_\_\_\_ mental hygiene facility.

\_\_\_\_\_  
Signature of ATTENDING PHYSICIAN

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Step Five

The PATIENT'S ATTENDING PHYSICIAN must make a determination that CPR would be MEDICALLY FUTILE. A concurring ATTENDING PHYSICIAN must agree with the determination.

Determination of MEDICAL FUTILITY

I have personally examined the patient and have fully documented my findings in the patient's medical records. Moreover, I have determined, to a reasonable degree of medical certainty, that CPR would be MEDICALLY FUTILE because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of PATIENT'S ATTENDING PHYSICIAN

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Concurring ATTENDING PHYSICIAN

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Step Six**

If there is any indication of ability to comprehend, the PATIENT'S ATTENDING PHYSICIAN'S notice of the decision must be provided to the patient and, if the patient was previously at a mental hygiene facility, notice must also be given to the facility director.

**Notice to Patient of No Emergency CPR Order**

Check the appropriate line(s):

- \_\_\_\_\_ a. There is no indication of the patient's ability to comprehend such notice, and I am therefore not providing notice of the decision; or
- \_\_\_\_\_ b. I have given the patient notice of the No Emergency CPR order.
- \_\_\_\_\_ c. I have given notice to the director of \_\_\_\_\_  
mental hygiene facility.

\_\_\_\_\_  
Signature of PATIENT'S ATTENDING PHYSICIAN

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

IF THE PATIENT OBJECTS, A NO EMERGENCY CPR ORDER MUST NOT BE ISSUED.

Step Seven

The PATIENT'S ATTENDING PHYSICIAN may now issue the No Emergency CPR order.

REMINDER: The No Emergency CPR order must be reviewed every seven days, or sooner if there is an improvement in the patient's condition, and the review must be documented in the medical record.