

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

#(660-123)  
 3/92

No Emergency CPR Order Documentation Sheet #2  
 ADULT Patient Without DECISIONAL CAPACITY and With 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 CAPACITY who has a 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: \_\_\_\_\_

\_\_\_\_\_ and its extent and probable duration are: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

A concurring ATTENDING PHYSICIAN\* must agree with the 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 is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ and its extent and probable duration are:  
\_\_\_\_\_

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

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

Date \_\_\_\_\_

Step Three

The PATIENT'S ATTENDING PHYSICIAN must determine the proper SURROGATE. The SURROGATE must be selected from the following list in the order of priority listed.

- 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 CLOSE FRIEND.

Name of SURROGATE \_\_\_\_\_

Relationship to Patient\*\* \_\_\_\_\_

\* 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 no qualified SURROGATE, you must use Documentation Sheet #4.

Step Four

The PATIENT'S ATTENDING PHYSICIAN must notify the SURROGATE of the determination that the patient lacks DECISIONAL CAPACITY. In addition, if there is any indication of the patient's ability to understand, notice must be given to the patient, together with a copy of the Department of Health's DNR Statement of Rights. Furthermore, if the patient was previously a patient in a Mental Hygiene facility, notice of this determination must be given to the director of such facility.

Notice to Patient and SURROGATE of Lack of Capacity

- a. I have provided notice of the determination of the patient's lack of capacity to the SURROGATE; and
- b. If applicable, I have given notice to the director of \_\_\_\_\_ mental hygiene facility; and
- c. \_\_\_\_\_ 1. There is no indication of the patient's ability to comprehend such notice and I am therefore not providing notice to the patient; or
- d. \_\_\_\_\_ 2. I have given the patient notice of the determination.

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

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

Date \_\_\_\_\_

Step Five

The PATIENT'S ATTENDING PHYSICIAN must determine that the patient is suitable for the issuance of a No Emergency CPR order. A concurring ATTENDING PHYSICIAN must agree with the determination.

Determination of Suitability for No Emergency CPR Order

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: (check as applicable)

- \_\_\_\_\_ a. the patient has a TERMINAL CONDITION which is \_\_\_\_\_; or
- \_\_\_\_\_ b. the patient is permanently unconscious; or

\_\_\_\_\_ c. resuscitation would be MEDICALLY FUTILE because \_\_\_\_\_; or

\_\_\_\_\_ d. resuscitation would impose an extraordinary burden on the patient in light of the patient's medical condition which is \_\_\_\_\_

\_\_\_\_\_ and the expected outcome of resuscitation for the patient which is \_\_\_\_\_.

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

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

Date \_\_\_\_\_

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

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

Date \_\_\_\_\_

Step Six

The PATIENT'S ATTENDING PHYSICIAN must obtain consent from the SURROGATE to the No Emergency CPR order. Consent may be either written on the attached form or given verbally in the presence of two witnesses.

Step Seven

If there is any indication of the patient's ability to comprehend, notice of the SURROGATE's decision must be provided to the patient. If applicable, notice of the decision must also be given to the director of the mental hygiene facility where this patient previously was treated.

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

Check appropriate line(s):

\_\_\_\_\_ a. I have determined that the patient has not given any indication of ability to comprehend, and I am not therefore providing notice of the SURROGATE'S decision to the patient; or

\_\_\_\_\_ b. I have provided notice of the SURROGATE'S decision to the patient; or

- \_\_\_\_\_ c. If applicable, I have provided notice to the director of the mental hygiene facility.

\_\_\_\_\_  
Signature of Patient's ATTENDING PHYSICIAN

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

Date \_\_\_\_\_

**IF THE PATIENT OBJECTS, A NO EMERGENCY CPR ORDER MUST NOT BE WRITTEN**

Step Eight

The Patient's ATTENDING PHYSICIAN must promptly do one of the following:

- a. issue the No Emergency CPR order; or
- b. if he/she has actual notice that someone on the SURROGATE's list objects to the No Emergency CPR order, refer the matter to the dispute mediation system; or
- c. object to issuing the No Emergency CPR order and either transfer the patient to another ATTENDING PHYSICIAN or refer the matter to the dispute mediation system.

Indicate action taken: (check one)

- \_\_\_\_\_ No Emergency CPR order issued
- \_\_\_\_\_ Patient transferred to another ATTENDING PHYSICIAN
- \_\_\_\_\_ Referred to dispute mediation

**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.

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#(660-127)  
3/92

CONSENT BY SURROGATE TO NO EMERGENCY CPR ORDER

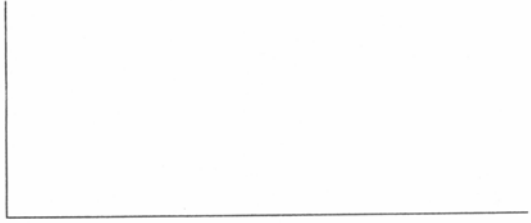
1. I hereby authorize Dr. \_\_\_\_\_ to issue a No Emergency CPR order for the patient \_\_\_\_\_. I understand this means that cardiopulmonary resuscitation will be withheld in the event that his/her heart stops beating or he/she stops breathing.
2. Dr. \_\_\_\_\_ has explained to me the patient's diagnosis and prognosis, the range of available resuscitation measures, the reasonably foreseeable risks and benefits of cardiopulmonary resuscitation, and the consequences of an order not to resuscitate the patient.
3. I am making this decision based on: (check one)  
\_\_\_\_\_ a. the patient's known wishes; or  
\_\_\_\_\_ b. the patient's best interest, since the patient's wishes are unknown and cannot be ascertained.
4. My relationship to the patient is as follows: (check one)  
\_\_\_\_\_ a. person designated by the patient (attach appropriate documentation);  
\_\_\_\_\_ b. court appointed committee or guardian (attach appropriate documentation);  
\_\_\_\_\_ c. spouse;  
\_\_\_\_\_ d. son or daughter aged eighteen or older;  
\_\_\_\_\_ e. parent/guardian  
\_\_\_\_\_ f. brother or sister aged eighteen or older;  
\_\_\_\_\_ g. close friend (attach "Friend's Affidavit").
5. To the best of knowledge there is no one higher on the list in Section 4 above available to consent on behalf of the patient.
6. I confirm that I have read and fully understand the above and that all blank spaces have been completed prior to my signing.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

#660-127)  
3/92  
pg.2



**WITNESS CERTIFICATION**

I hereby certify that the surrogate signed and dated this form in my presence.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title/Relationship to Patient

Date: \_\_\_\_\_