

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

#660-128)
3/92

No Emergency CPR Order Documentation Sheet #3
ADULT Patient
Therapeutic Exception

Directions: This Documentation Sheet sets forth in consecutive order the steps that must be followed before writing a No Emergency CPR order for an ADULT patient who would suffer an immediate and severe injury from a discussion of CPR. Words that appear in the directions 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 would suffer immediate and severe injury from a discussion of CPR, and must then ascertain the wishes of the patient to the extent possible without subjecting the patient to risk.

Determination of Injury

I have determined to a reasonable degree of medical certainty that the patient would suffer immediate and severe injury from a discussion of CPR because _____

I have ascertained the wishes of the patient to the extent possible without subjecting the patient to risk and those wishes, if known, are _____

Signature of PATIENT'S ATTENDING PHYSICIAN

Print Name

Date

Step Two

An ATTENDING PHYSICIAN must agree with the determination that the patient would suffer immediate and severe injury from a discussion of CPR.

*Concurring ATTENDING PHYSICIAN'S Statement

I have personally examined the patient and have determined to a reasonable degree of medical certainty that the patient would suffer immediate and severe injury from a discussion of CPR because _____

Signature of Concurring ATTENDING PHYSICIAN

Print Name

Date

Step Three

The PATIENT'S ATTENDING PHYSICIAN must determine whether the patient PREVIOUSLY CONSENTED to a No Emergency CPR order. If the patient previously consented, documentation of that consent must be attached to this Documentation Sheet. The PATIENT'S ATTENDING PHYSICIAN must review the previous consent and determine that any specified medical conditions described in that document exist. However, the PATIENT'S ATTENDING PHYSICIAN is still required to obtain consent from the applicable SURROGATE for the No Emergency CPR order.

Determination of Medical Conditions

I have personally examined the patient and have determined to a reasonable degree of medical certainty that the medical condition(s) of _____ described in the patient's previous consent to a No Emergency CPR order exists.

Signature of PATIENT'S ATTENDING PHYSICIAN

Print Name

Date

Step Four

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

Determination of Suitability for No Emergency CPR Order

I have personally examined the patient and have fully documented any findings in the patient's medical record. 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. resuscitation would be MEDICALLY FUTILE; or
_____ c. 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 PATIENT'S ATTENDING PHYSICIAN

Print Name

Date

Signature of Concurring ATTENDING PHYSICIAN

Print Name

Date

Step Five

The PATIENT'S ATTENDING PHYSICIAN must determine who is 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. the 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
- g. a CLOSE FRIEND

Name of SURROGATE _____

Relationship to patient _____

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

#(660-127)
3/92

CONSENT BY SURROGATE TO NO EMERGENCY CPR ORDER

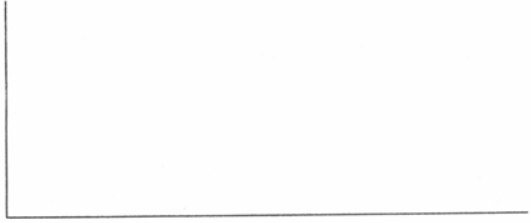
1. I hereby authorize Dr. _____ to issue a No Emergency CPR order for the patient _____. I understand this means that cardiopulmonary resuscitation will be withheld in the event that his/her heart stops beating or he/she stops breathing.
2. Dr. _____ has explained to me the patient's diagnosis and prognosis, 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: _____