

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

#(660-125)
3/92

No Emergency CPR Order Documentation Sheet #5
MINOR Patient

Directions: This Documentation Sheet sets forth in consecutive order, the steps that must be taken prior to writing a No Emergency CPR order for a MINOR patient. 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 is suitable for 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 my findings in the patient's medical records. Furthermore, I have determined to a reasonable degree of medical certainty that: (check 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 PATIENT'S ATTENDING PHYSICIAN

Print Name

Date

*Signature of Concurring ATTENDING PHYSICIAN

Print Name

Date

Step Two

The PATIENT'S ATTENDING PHYSICIAN must obtain consent to the No Emergency CPR order from a parent who has custody or the legal guardian. The consent must be documented on the Consent Form attached to this Documentation Sheet. A witness must also sign this form.

Step Three

The PATIENT'S ATTENDING PHYSICIAN must determine, in consultation with a parent who has custody or the legal guardian, if the patient has the DECISIONAL CAPACITY to make a decision regarding CPR.

Determination of DECISIONAL CAPACITY

I have examined the patient and have consulted with the patient's parent/legal guardian and have determined: (check one)

- a. the patient lacks DECISIONAL CAPACITY to make a decision regarding CPR; OR
- b. the patient has DECISIONAL CAPACITY to make a decision regarding CPR.

Signature of PATIENT'S ATTENDING PHYSICIAN

Print Name

Date

Step Four

If the determination has been made that the patient has DECISIONAL CAPACITY to make a decision, the PATIENT'S ATTENDING PHYSICIAN must obtain the oral consent of the patient. If the MINOR objects, NO ORDER SHALL BE WRITTEN.

Attending Physician's Statement

The patient has expressed orally in my presence the decision to consent to a No Emergency CPR order. I have provided to the patient information about his/her diagnosis, the range of available resuscitation measures, the reasonable foreseeable risks and benefits of CPR for him/her, and the consequences of a No Emergency CPR order.

Signature of PATIENT'S ATTENDING PHYSICIAN

Print Name

Date

Witness' Statement

The patient has expressed orally in my presence the decision to consent to a No Emergency CPR order.

Signature of Witness

Print Name

Title/Relationship to Patient

Date

Step Five

If the PATIENT'S ATTENDING PHYSICIAN has reason to believe that there is another parent who has maintained substantial contact and who has not been informed of the decision regarding a No Emergency CPR order for the patient, the PATIENT'S ATTENDING PHYSICIAN must make diligent efforts to notify the other parent of such decision.

Step Six

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 a parent or non-custodial parent objects to the No Emergency CPR order, submit the matter to the dispute mediation system and must not issue a No Emergency CPR order or must revoke a previously written No Emergency CPR order; or
- c. objects to issuing the No Emergency CPR order, notify the parent(s)/ legal guardian of such objection, and either transfer the patient to another ATTENDING PHYSICIAN or refer the matter to the dispute mediation system.

Indicate action taken:

- _____ 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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CONSENT BY PARENT/LEGAL GUARDIAN TO NO EMERGENCY CPR ORDER

1. I hereby authorize Dr. _____ to issue a No Emergency CPR order for my child. I understand that this means that cardiopulmonary resuscitation will be withheld in the event that his/her heart stops or he/she stops breathing.
2. Dr. _____ has explained to me my child'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 my child. In making this decision, I have considered my child's wishes to the extent they can be known by me including his/her religious and moral beliefs.
3. I confirm that I have read and fully understand the above and that all blank spaces were completed prior to my signing.

Signature

Print Name

Relationship to patient

Date

Witness Certification

I hereby certify that the parent/legal guardian signed and dated this form in my presence.

Signature

Print Name

Title/Relationship to Patient

Date