From: UCSF-GME
Subject: FW: PATIENT SAFETY QUALITY BULLETIN -- Revised CPR Order Form
Date: Wednesday, August 12, 2009 9:33:15 AM
Attachments: MD_PSQB_Issue#40_RevisedCPROrders_FINAL.pdf

From: Internal Communications
Sent: Tuesday, August 11, 2009 3:05 PM
To: UCSF MDs
Subject: PATIENT SAFETY QUALITY BULLETIN -- Revised CPR Order Form

The Cardiopulmonary Resuscitation (CPR) order form, used to indicate a patient wishes to withhold resuscitation, has been revised. New forms are available in patient care units. If a form is not completed correctly, the order is invalid and the patient will retain prior code status. Please see the attached Patient Safety Quality Bulletin for information about the revision and how to correctly complete the form.

Patient Safety and Quality Bulletin

PLEASE POST

Complying with the Standards

UCSF Medical Center UCSF Children's Hospital

DATE 08/11/2009 Issue #40

From the Office of the CMO

Revised CPR Order Form (Goldenrod or DNR Form)

The Cardiopulmonary Resuscitation (CPR) order form (Goldenrod or Do Not Resuscitate (DNR) form, # 602-110) has recently been revised. New forms are available and in use on patient care units. **A form not completed correctly is considered incomplete, the order is invalid and the patient will retain prior code status.**

Revision Highlights

The following key revisions have been made to the form:

- ☑ Boxes 1 or 2, and the appropriate box in 3 must be checked otherwise the form will not be valid.
- ☑ Box 3: indicate with whom MD spoke (patient or surrogate[1]) when deciding on CPR Status.
  - ➢ If no surrogate is available, MD must so indicate, contact Social Work and consult with Ethics.
  - ➢ Unilateral DNR (DNR against surrogate wishes) requires Ethics consultation.

Physician Order & Documentation Highlights

The physician completing the form *is required to*:

- ☑ Write an order in the order section of the chart indicating CPR status; the MD can write, *"Withhold resuscitative efforts; see CPR Order (goldenrod) form.*
- ☑ Enter a progress note or event note indicating reasons for the CPR order including who it was discussed with (patient or patient surrogate).
- ☑ If the form is completed by resident, the Attending physician must co-sign the order within 24 hours.
- ☑ A new CPR Order form and steps noted above must be completed upon every admission.
- ☑ Physicians will be contacted promptly by nursing for all incomplete or unsigned orders[2].

Consideration for Invasive Procedure or Surgery

- If a CPR order is revoked for surgery or an invasive procedure, the patient will remain full code until a new form is completed when appropriate post-operatively.
- Orders can be revoked by a resident, fellow or attending physician. A signature must be captured on the "attending physician" signature line along with date, time, provider number and pager number.

UCSF Medical Center

PT. NAME

BIRTHDATE

(Check "√" in box activates orders)

LOCATION DATE

CARDIOPULMONARY RESUSCITATION (CPR) ORDERS (Page 1 of 1)

To be completed only if resuscitative efforts are to be withheld.

1. ☐ **WITHHOLD ALL** Resuscitative Interventions and Allow Natural Death

– OR –

2. ☐ **WITHHOLD** the Following Resuscitative Interventions:

RESPIRATORY SUPPORT	CARDIOVASCULAR SUPPORT
☐ No intubation	☐ No chest compressions
☐ No mechanical ventilation	☐ No defibrillation
☐ No chest tube	☐ Withhold vasopressor/inotropic support
☐ OTHER (Specify): _____	

3. I have discussed these plans with ☐ the patient, or with ☐ the surrogate (name: _____), or ☐ no known surrogate exists, or ☐ no surrogate is currently available and the social worker has been notified. I have also written an order in the Treatment Orders section of the medical record, and have written a note in the Progress Notes per Hospital Bylaws.

Boxes 1 or 2, and the appropriate box in 3 must be checked for this order to be valid.

Date Time Resident Physician Provider # Pager #

These orders must be countersigned by the Attending Physician within 24 hours.

Date Time Attending Physician Provider # Pager #

Note: Before a patient with a CPR order undergoes an invasive procedure or surgery, a discussion about resuscitation must be documented in the Progress Notes. If there is a change in resuscitation status it must be documented in the order sheet, and the goldenrod CPR orders form must be either rescinded or rewritten. If there are no specific instructions to the contrary, resuscitative efforts will be provided if needed during both the procedure and the recovery from anesthesia or sedation.

☐ Revoke the above order. I have also written an order in the Treatment Orders section of the medical record and have written a note in the Progress Notes.

Date Time Attending Physician Provider # Pager #

This Form Is Not To Be Thinned While The Patient Is In The Hospital.

Orders checked by _____ R.N. Date: _____ Time _____

602-110 (Rev. 12/08) WorkingOne ORIGINAL - MEDICAL RECORD

CARDIOPULMONARY RESUSCITATION (CPR) ORDERS (Page 1 of 1)

For questions, please contact: Andy Josephson, MD, Chair, UCSF Ethics Committee, ajosephson@memory.ucsf.edu

1. Definitions of surrogacy and competency have been revised under Resuscitation Status (DNR) Policy 6.07.03 http://manuals.ucsfmedicalcenter.org/AdminManual/IndividualPolicies/DNRNoCode.PDF
2. Nursing Revised CPR Orders Patient Safety Quality Bulletin Issue #41 http://jcaho.ucsfmedicalcenter.org/joint_commission_training_and_education/patient_safety_and_quality_bulletins.asp