



DNR IN THE OR?

Sonia Ramamoorthy MD
Associate Professor of Surgery
Chief of Colon and Rectal Surgery

The Problem

- Past iterations of the consent assumed that all patients were FULL CODE FULL CARE in the OR
- DNR orders suspended in the OR to allow for standard anesthesia practice

The Solution?

I have had a discussion with the patient regarding their resuscitation wishes and the existence of any pre-existing DNAR.

Pre-existing DNAR orders or resuscitation instructions are to be

Honored

Suspended

during the proposed anesthesia/procedure/surgery and an independent progress note describing this conversation is documented.

_____/_____/_____.

No pre-existing DNAR.

Initials

The Problem

- Unhappy surgeons
- Scared patients
- Residents checking boxes
- Who is this meant for MDs? Patients? Lawyers?

Background info.....

- Overriding a DNR has implications
- Sick and ill patients undergo procedures as a form of palliation
- ACS recommends a “required reconsideration” approach which means.....talk to the patient and document

Anesthesia Perspective

- Scope of care involves resuscitation
- Medications and surgery can cause loss of normal vitals
- Patients most often require intubation, mechanical control of ventilation and cessation of breathing by paralytics and often variations in heart rate that can be regulated with intervention
- Ultimately runs "a code" if it occurs
- Where do we draw the line?

Surgeon Perspective

- Infrequent problem but with an aging population...
- Ultimate responsibility: doctor-pt relationship
- Is penalized for mortality rates related to operative interventions
- Feels responsible as cause of demise in the OR can be iatrogenic: bleeding, mis calculations of risk, medication

Interesting Facts

- CPR: On wards: 4-14% survival In OR: 50-80% survival
- Up to 50% of patients are unaware of a DNR order in their chart
- Many surgeons/anesthesia are unaware of DNR, Blood refusals in chart as it is not in an obvious location
- Many surgeons/anesthesia are not trained to have adequate end of life discussions

Questions

- Do we need to address DNR with all pts going to the OR
- Do we suspend DNR for the length of OR time
- Do we expect surgeons anesthesia physicians to have end of life discussions with patients
- Do we let patients decide on a cases by case, event by event basis? Is this burdening them?
- Do we let proxies decide?

References

- American College of Surgeons “Statement on Advanced Directives in the OR” Jan 3, 2014. www.facs.org
- University of Washington School of Medicine “Ethics in Medicine” DNR During Anesthesia
- UCSD Surgical Consent Form 1 2014