Do-Not-Resuscitate (DNR) Orders

by **Charles Sabatino, JD**

**[NOTE: This is the Consumer Version. DOCTORS: Click here for the Professional Version](http://www.merckmanuals.com/professional/special-subjects/medicolegal-issues/do-not-resuscitate-dnr-orders-and-physician-orders-for-life-sustaining-treatment-polst)**

A do-not-resuscitate (DNR) order placed in a person’s medical record by a doctor informs the medical staff that cardiopulmonary resuscitation (CPR—see see [Cardiac Arrest : First-Aid Treatment](http://www.merckmanuals.com/home/injuries-and-poisoning/first-aid/cardiac-arrest#v829390)) should not be done. This order has been useful in preventing unnecessary and unwanted invasive treatment at the end of life. The success rate of CPR near the end of life is extremely low.

Doctors discuss with patients the possibility of cardiopulmonary arrest (when the heart stops and breathing ceases), describe CPR procedures and likely outcomes, and ask patients about treatment preferences. If a person is incapable of making a decision about CPR, an authorized surrogate may make the decision.

A DNR order does not mean "do not treat." Rather, it means only that CPR will not be done. Other treatments (for example, antibiotic therapy, transfusions, dialysis, or use of a ventilator) that may prolong life can still be provided. Depending on the person's condition, these other treatments are usually more likely to be successful than CPR. Treatment that keeps the person free of pain and comfortable (called palliative care) should always be given.

Most states also provide for special DNR orders that are effective outside of hospitals, wherever the person may be in the community. These are called out-of-hospital DNR orders, Comfort Care orders, No CPR orders, or other terms. Generally, they require the signature of the doctor and patient (or patient’s surrogate), and they provide the patient with a visually distinct quick identification form, bracelet, or necklace that emergency medical services personnel can identify and comply with. These orders are especially important for terminally ill people living in the community who want only comfort care and no resuscitation if their heart or breathing stops. Living wills and durable powers of attorney for health care are not generally effective in emergency situations. Many states are now incorporating DNR status into a portable medical order called Physician Orders for Life Sustaining Treatment (see [Physician Orders for Life-Sustaining Treatment (POLST)](http://www.merckmanuals.com/home/fundamentals/legal-and-ethical-issues/do-not-resuscitate-dnr-orders#v7825192))

**MEDICAL TERMS RELATED TO LIFE-SUSTAINING TREATMENT**

| **Cardiopulmonary resuscitation (CPR):**An action taken to revive a person whose heart stops (cardiac arrest), whose breathing stops (respiratory arrest), or whose heart and breathing stop (cardiopulmonary arrest).  **Code:**The summoning of professionals trained in CPR to revive a person in cardiac, respiratory, or cardiopulmonary arrest.  **No code:**An order signed by a person’s doctor stating that CPR should not be done. (Also called a do-not-resuscitate [DNR] order.)  **Irreversible coma:**A coma or persistent vegetative state from which the person will not recover.  **Persistent vegetative state:**A state in which a person has no awareness but may still have certain characteristics that can simulate awareness, such as opening their eyes, having normal sleeping and waking periods, sucking, chewing, coughing, gagging, and swallowing.  **Terminally ill:**The medical state of being near death where there is no hope of cure.  **Life-sustaining treatment:**Any medical procedure, drug, or technology that can keep a person alive for a period of time but that cannot cure a terminal condition.  **Palliative care:**Specialized medical care that is focused on keeping a person free of pain and the stresses of a serious illness, regardless of the diagnosis, and is aimed at making the person comfortable and improving quality of life for the person. |
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**Physician Orders for Life-Sustaining Treatment (POLST)**

Some state and local programs address emergency life-sustaining treatments in addition to cardiopulmonary resuscitation (CPR). These programs are most commonly called Physician Orders for Life-Sustaining Treatment or POLST but can have other names, including Medical Orders for Life-Sustaining Treatment (MOLST), Physician Orders for Scope of Treatment (POST), and Medical Orders for Scope of Treatment (MOST).

POLST (and similar) programs involve a physician-initiated discussion and shared decision-making process with people with advanced or end-stage illness. It results in a portable set of medical orders, consistent with the person’s goals of care, addressing the person’s wishes in regards to the use of CPR, artificial ventilation, intensive care, and other interventions that potentially could be used in a medical crisis. POLST is applicable and reviewable in all care settings. For people lacking decision-making capacity, their authorized surrogates can act on their behalf. POLST differs from advanced directives in that it applies only to people with advanced illness, it provides a treatment plan in the form of medical orders for emergency decisions, and it is focused on the person’s current condition, not a future hypothetical condition.

POLST and similar programs do not exist in every state or community, but their development is spreading rapidly.

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