

DNRCC:

- Medical care is limited in accordance with the specific instructions outlined in the advanced directives
- No compressions, pacing or defibrillation at any point

DNRCC-A:

- Every possible medical intervention is utilized up until the point of an arrest. These medical interventions include intubation
- No compressions, pacing or defibrillation at any point

DNRCC-A-NI (no intubation):

- Every possible medical intervention is utilized up until the point of an arrest. However, these medical interventions would NOT include intubation
- No compressions, pacing or defibrillation at any point

WRITING PAA ORDERS FOR PATIENTS COMING IN FROM HOME OR A FACILITY:

- Every patient entering the hospital is deemed to be a full code, therefore Full Code should always be pre-checked on the PAA orders
- However, if the patient requests a DNR or if there is a DNR in the advanced directives, the admitting PAA nurse will notify anesthesia to address the code status

WRITING PAA ORDERS FOR INPATIENTS:

- Check the blue banner on the top of the patient's EMR screen for the code status
- If a DNR order exists, the anesthesiologist must uncheck full code on the PAA order

PRE-OP INSTRUCTIONS FOR PATIENTS THAT HAVE A DNR REQUEST OR ORDER:

- Discuss the code status options for the procedure with the patient and/or the POA:
 1. Maintain the current DNR order
 2. Suspend the current DNR - order Full Code
 3. Modify current DNR to allow for intubation – order DNRCC-A
- Document this discussion in the pre-anesthesia assessment
- The anesthesiologist will place an order for the new code status as needed
- The new code status takes effect at wheels into OR

REINSTATEMENT OF THE ORIGINAL CODE STATUS

- In most cases, the anesthesiologist will re-order the prior code status before the patient is discharged from PACU (the reminder for this should be checked in the PACU orders)
- However, for patients having a major surgery and requiring ICU recovery, the surgeon may wish to maintain a full code status for an amount of time dictated by the specific circumstances. When possible, that discussion should take place pre-operatively, and with documentation