

## **DNR/ Do Not Resuscitate Request Instructions**

**To avoid unnecessary delays, please read ALL instructions carefully**

In accordance with Kentucky Revised Statute (KRS 311.621 TO 311.643 and Regulation (910 KAR 2:040) those who meet criteria for a DNR order is anyone who:

- *Has a terminal condition- defined as a condition caused by injury, disease, or illness which in your estimation is incurable and irreversible and will result in death within a relatively short time, and where the application of life prolonging treatment would serve only to artificially prolong the dying process.*
- *Is permanently unconscious- defined as a condition characterized by an absence of cerebral cortical function.*
- *Has a comorbid condition, in which two (2) or more coexisting medical conditions compromise the wards chance of recovery or of benefiting from active treatment.*

### **Requirements for the STATE GUARDIANSHIP DNR REQUEST FORM (DAIL-DNR-01):**

- Only submit one form; we no longer require two physicians for DNR Code Status Request
- Name, date of birth, and social security number must be provided and be correct
- Diagnoses must be written out in name form (Please do not use ICD-10 code)
- You must check either YES or NO for each of the three questions  
(Please note that if all questions are marked NO, the patient will not meet basic criteria for DNR)
- The physician attestation must be completed by an Attending Physician, it must be complete and legible; ensure printed name includes title (MD or DO) where indicated

### **Along with the completed DNR Request Form, please also submit all of the following:**

- **Medical records** supporting the listed diagnoses (labs, diagnostic test results, consult notes, etc), history and physical, and a few days of progress notes to show the clients current condition
- **Attending Physician note** recommending DNR status change and a brief explanation answering why it is recommended (this is typically in the form of a progress note but may be submitted as a legible signed statement)
- **Fax Cover sheet** with your contact name, telephone number, and an email address so that we may contact you for approval or missing information

**Please submit the completed information to**

**Attention: DAIL NURSE CONSULTANT**

**Fax: 502-564-1203**

**Due to increased volume of requests, when submitting recommendations, please include all required documentation within ONE fax PER CLIENT;**

**Please do not submit multiple client recommendations within one fax**

**If you have any questions please feel free to contact DAIL Nurse Consultants**

**Mary Ailiff, RN (502) 226-0578 OR Leanna McGaughey, RN (502) 229-5992**

The DNR Request Form is a legal document and if not completed, it will be returned to you for completion.

Advanced Practice Nurses and Physician Assistant signatures cannot be accepted on this form.

**In addition, with a DNR order in place, Guardianship assumes that clients will continue to receive treatment as usual and necessary, but that any treatment they require stop short of cardiopulmonary resuscitation. If a change in the level of care to be provided is recommended, the physician will need to complete the Physicians recommendation for End of Life Care once the DNR Code Status is approved.**

Please note that we must thoroughly review all requests to ensure we are making the best decision on behalf of our clients. These reviews and approvals occur during regular business hours. The After Hours Guardianship Hotline cannot accept, review, or approve any requests.

**FOR AFTER HOURS GUARDIANSHIP EMERGENCY PLEASE CALL 844-550-9006**

Revised: 05/21/2020