



Prince Sultan Military Medical City

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وزارة الدفاع
MINISTRY OF DEFENSE

Medical City Wide Policy & Procedure	Dept.: Hospital Directorate	Policy No: 1-1-8062-03-037 Version No: 04		
Title: "Do Not Resuscitate"		JCI Code: COP		
Supersedes: 1-1-8062-03-037 Version No: 03; 28 September 2020	Issue Date:	Effective Date: 20 SEP 2023	Revision Date: 19 SEP 2026	Page 1 of 10

1. PURPOSE

- 1.1 To define the meaning and scope of a Do Not Resuscitate (DNR) order.
- 1.2 To determine the patient's condition in which a DNR order is applicable.
- 1.3 To outline the process of the DNR.
- 1.4 To determine who decides and approves a DNR.
- 1.5 To delineate and specify the difference between Basic Care (which cannot be denied at any time for patients), Basic Life Support, and Advanced Life Support (ventilation support, invasive, pharmacological, and defibrillation therapies).

2. APPLICABILITY

- 2.1 **Patient population:** All Inpatients, outpatients, and home healthcare patients registered in Military Healthcare Facilities (MHFs) including those arriving to Emergency Department.
- 2.2 Hospital Departments:
 - 2.2.1 All Clinical Departments.
 - 2.2.2 Social Services.
 - 2.2.3 Patient Affairs.
 - 2.2.4 Religious Affairs.

3. RESPONSIBILITY

- 3.1 The responsibility of implementation, ensuring compliance with this Policy and Procedure, the appropriateness and/ or timing (premature or delay), and dealing with any disagreement regarding the decision of DNR between the physicians and/or patients, lies within the Medical Administration's accountability.
- 3.2 Responsibility for archiving this Policy rests with the hospital Cardiopulmonary Resuscitation (CPR) Committee.



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- 3.3 This policy is not optional and must be applied whenever indicated keeping the high standards of patient care with respect to patient dignity.
- 3.4 DNR is a pure medical decision, however the patient/ or the patient's family should be informed about DNR decision when appropriate.
- 3.5 MHFs are not authorized to make any modifications or changes to this policy and procedure. Any modification or change must be approved by the Medical Services General Directorate of the Ministry of Defense.

4. **POLICY**

- 4.1 Every patient must receive cardiopulmonary resuscitation and/ or other appropriate Resuscitative procedures necessary to sustain the patient's life until the patient's DNR status has been confirmed.
- 4.2 The DNR order must be appropriately recommended when the patient is terminally ill and when resuscitation measures, in the best judgment of the attending consultant, would be ineffective at saving the patient's life.
- 4.3 The MRP will Place DNR order and DNR note in RABET-EMR.
- 4.4 For patients who are already admitted to a critical care unit, and have no response to aggressive life support interventions, and who are assigned a DNR order, the attending consultant may consider withholding any further life support measures; withdrawing current life support measures; or de-escalating, setting no further escalation, or setting limited escalation to the life sustaining measures only when the burden on the patient overly outweighs the expected benefit according to the physician's best judgment.
- 4.5 MHF's must recognize their responsibility to provide ethically acceptable care while safeguarding the cultural, psychosocial, and religious values of each patient in accordance with sharia law (Islamic law).
- 4.6 The primary interest of the hospital must be to sustain life while respecting a patient's wishes regarding dignity, respect, and comfort in the dying process.



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4.7 DNR orders must by no means compromise the healthcare provided to the patient. Patients with DNR orders must continue to receive the highest possible quality of healthcare, including palliative care, to maintain their comfort, dignity, and wellbeing until they die.

4.8 The decision to sign a DNR status:

4.8.1 DNR must be decided for patients in the terminal phase of a devastating, scientifically irreversible, life-ending disease process.

4.8.2 The following factors **MUST NOT** influence the DNR decision:

- 4.8.2.1 Gender.
- 4.8.2.2 Age.
- 4.8.2.3 Race.
- 4.8.2.4 Economic status.
- 4.8.2.5 Social status.
- 4.8.2.6 Religion.
- 4.8.2.7 Presence of infectious disease, e.g., TB, HIV, Hepatitis, etc.
- 4.8.2.8 Personal values of the resuscitation team.

5. **DEFINITIONS OF TERMS**

5.1 CPR stands for cardiopulmonary resuscitation, which refers to the following: intubation, bag mask ventilation, and mechanical ventilation, and chest compression, administration of rescue cardiac and vasoactive medications, cardioversion, and defibrillation.

5.2 DNR stands for do not resuscitate, which refers to that, in the event of a cardiac and/or pulmonary deterioration or arrest, cardiopulmonary resuscitative measures will not be initiated.

5.3 Withholding, in this document, refers to refraining from starting cardiopulmonary resuscitative measures or declining of starting life support measures.

5.4 Withdrawing, in this document, refers to stopping cardiopulmonary resuscitative measures or life support measures.



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- 5.5 Limited escalation, in this document, refers to clinical guidance setting out limits to appropriate treatment choices for patients approaching the end of life, in the event they become acutely unwell.
- 5.6 Attending consultant, in this document, refers to the most responsible physician (MRP) at the time and clinical area when the concerning decision is being made.
- 5.7 Physician, in this document, refers to any medical doctor who holds valid registration in the Saudi Commission for Health Specialties as a registrar/specialist.
- 5.8 A terminally ill patient refers to a patient who is afflicted with a terminal illness.
- 5.9 A terminal illness is a life-threatening disease that has reached a far advanced stage and will eventually result in the death of the patient regardless of any treatment intervention. Survival following cardiopulmonary resuscitative efforts in these patients is extremely unlikely. Examples of terminal illness may include (but are not limited to): advanced-stage cancer for which no disease-modifying options are available, irreversible multi-organ failure, inoperable malformations that are incompatible with life, fatal chromosomal anomalies, and untreatable advanced neuromuscular diseases.
- 5.10 **Patients with Decision-Making Capacity:**
- 5.10.1 An adult (18 years of age or older).
- 5.10.2 Conscious.
- 5.10.3 Able to understand the nature and severity of the illness involved.
- 5.10.4 Able to understand the possible consequences of the proposed treatment.
- 5.10.5 Able to understand alternatives to the proposed treatment.
- 5.10.6 Able to make informed and deliberate choices concerning the course of treatment.
- 5.10.7 Has not been declared legally incompetent by the Court.
- 5.11 **Legal Guardian:** Any person legally authorized to act on behalf of the patient under the law of the Kingdom of Saudi Arabia.



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5.12 **Appointed Family Member:** Any family member appointed by the patient or the family (if the patient is unable to understand or make sound decisions) as a lead patient representative, if there is no appointed legal guardian.

6. **PROCEDURES**

- 6.1 DNR order initiation: The DNR order must be recommended by THREE doctors. ONE must be the attending physician as a consultant and the other TWO doctors must be not less than specialists. The three physicians must be well informed about the patient's condition in order to decide on the DNR status of the patient, and they must all sign the DNR note of the patient. The recommendation must include:
- 6.1.1 A brief description of the patient's medical condition, supporting the terminal nature of the life-threatening disease.
- 6.1.2 Reference to any medical consultations supporting the decision of DNR.
- 6.1.3 Reference to the discussions concerning the prognosis or the decision on DNR with the patient, his/ her family, significant other, or guardian.
- 6.2 Communication with patient/ family: When appropriate or necessary, the attending consultant must personally (or designate one of the other TWO physicians signing the DNR order) discuss the DNR decision with the patient and/or an adult next of kin (or surrogate decision-maker) to inform him/her about the decision. The appropriateness (or otherwise) of this communication is the decision of the attending consultant who knows the patient, and the family and is in a better position to predict the patient's response to such discussion.
- 6.2.1 Personnel from the Social Services and Religious Affairs Department should be involved to support patients and their families during this difficult and critical time, whenever appropriate.
- 6.2.2 If the patient (or the legal guardian/ the appointed family member) refuses the DNR decision, it is their right to ask for an internal or external second opinion or transfer the patient to another facility.



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- 6.2.3 The MRP should approach the discussion with honesty, sensitivity, empathy, and compassion in order to minimize the situation in which the patient and/ or relatives insist, despite the provision of the contrary, that a full resuscitation to be done.
- 6.3 DNR order decision: All DNR orders for a patient must be documented and signed by the attending consultant and two other specialist physicians (a total of three) on the patient's medical record/the DNR order form.
- 6.3.1 The DNR form must be kept as the first document in the patient's medical records (or vividly displayed in RABET-EMR).
- 6.3.2 In case re-evaluation is needed or requested for the DNR order by the MRP, a new DNR note should be completed, and the old note marked as **"IN-Error"**.
- 6.3.3 To cancel a DNR order, the DNR order should be **"CANCELLED"** and should be signed by the same MRP who initiated the DNR order and the other two involved physicians. In case of EMR, the same should be done as suitable to it.
- 6.4 DNR order validity: Orders must be reviewed, updated, and clearly documented, periodically – at most every six months for inpatients to reflect the changes in the patient's condition if any. For outpatients, the most recent DNR (up to 1 year) order must be in effect in any emergency situation, unless changed by further evaluation. In all situations, this must be done by three doctors signing the DNR note.
- 6.4.1 If the patient is re-admitted, the most recent orders for the DNR order should be reviewed and **a new order should be placed** as per the policy of a new DNR order.
- 6.4.2 Any expired orders of DNR (more than 6 months) should be kept in the RABET-EMR and clearly marked in patient status
- 6.5 DNR order during transfer: Upon or during transferring or receiving a patient to/ from other national or international health institutes, signed orders of DNR from in other facilities are valid for 24 hours, and a copy must accompany the patient. In this case, the following should be applied:
- 6.5.1 The patient's name **MUST** appear on the DNR order form.



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- 6.5.2 If staff discovers during a code that the patient possesses an order and determines the person is the one named on the DNR order, the code should be stopped.
- 6.5.3 The identity of the patient must be verified, and the DNR order belongs to the patient using the following ways:
- 6.5.3.1 Communicate with the patient or a family member or caregiver or his/her friend to identify the patient.
- 6.5.3.2 Communicate with one of the medical team members who know the patient personally.
- 6.5.3.3 The verification of the national identity or iqama or any other identity with a picture like a passport or driving license or equivalent.
- 6.6 Conflict resolution: When there is disagreement or conflict regarding the DNR decision between the attending consultant and the other two physicians, the departmental director or medical director must be consulted in accordance with existing procedures for resolving such conflict.
- 6.7 In case of surgery: If a patient has a written DNR order in place prior to surgery, the order is automatically reversed in the event of surgery and automatically reactivated 48 hours after the surgical procedure.
- 6.8 Women with viable pregnancy: If a female patient has a written DNR order, in the case of a viable pregnancy, the DNR order must be on hold until an emergency cesarean section is appropriately performed to save the baby.
- 6.9 DNR order reversal/ revision: The DNR order may be reversed/ revised by the attending consultant according to the changes in the patient condition, in this case, the following must be applied:
- 6.9.1 An order to reverse/ revise the DNR order must be documented in the RABET-EMR. (DNR Order) by the MRP/attending consultant.
- 6.10 The order may be initially given by telephone to his/ her board-certified designee if the consultant is not available at the hospital, in accordance with the existing telephone orders



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policy for general clinical orders, but such orders must be signed by the attending consultant within 24 hours.

- 6.11 Special circumstances: If the patient record possesses a DNR order and he/ she is being transferred to a consultant who is unwilling or unable to comply with the order, the patient may be transferred to another consultant who will honor the order, after consulting with the departmental director or medical director.
- 6.12 Patient's rights: The DNR order must not affect other medical/ nursing care provided by health care staff. Care must be provided to maintain the patient's dignity, privacy, and emotional and religious needs and may include but are not limited to sedation, analgesia, fluid, enteral feeding, and personal hygiene.

7. **REFERENCES**

- 7.1 National Guard Health Affairs Administrative Policy and Procedure, APP Number 1420-01, Titled "NO CODE STATUS", Dated May 2007, Revised January 2012.
- 7.2 King Fahad Medical City Corporate Policy and Procedure, CPP Number 1430-60, Titled "ALLOW NATURAL DEATH ORDER", Dated Muharram 3, 1432 (28th November 2011).
- 7.3 King Fahad Medical City Corporate Policy and Procedure, CPP Number 1432-209, Titled "END-OF-LIFE CARE", Dated Ramadan 6, 1432 (6th August 2011)
- 7.4 King Faisal Specialist Hospital and Research Center Internal Policy and/or Procedure (IPP), Index Number MCO-MC-ADM-07-008, Titled "Do Not Attempt Resuscitation (DNAR)", Dated 26 Safar 1434 (08 January 2013).
- 7.5 King Khalid University Hospital Policy Number HWCPP-046, Titled "DO NOT RESUSCITATE (DNR)", Dated October 2010, Revised March 2012.
- 7.6 Ministry of Defense Policy and Procedure, Titled "DO NOT RESUSCITATE", Dated 1 May 2012.



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- 7.7 Mayo Clinic DNR document N.1 "Withholding Resuscitative Services for Patients in a NonICU Setting (DNR or DNR/DNI Orders)".
- 7.8 Mayo clinic DNR document N.2 "Withholding and/or Withdrawing Life Support".
- 7.9 Mayo clinic DNR document N.3 "Withholding Resuscitative Services for Patients in the ICU Setting (DNI, DNR or DNR/DNI orders)".
- 7.10 Wirral University Teaching Hospital, NHS Foundation Trust, UK, Policy Number GP4, Issue Version 3, Titled "DO NOT RESUSCITATE POLICY (DNR), Dated August 2010.
- 7.11 Jurisprudence References:
- ٧,١١,١ قرار هيئة كبار العلماء في المملكة العربية السعودية. رقم (١٩٠) وتاريخ ١٤١٩/٤/٦هـ.
- ٧,١١,٢ فتاوى اللجنة الدائمة للبحوث
- ٧,١١,٣ العلمية والإفتاء في المملكة العربية السعودية الفتوى رقم (١٢٠٨٦) وتاريخ ١٤٠٩/٦/٣٠هـ.
- ٧,١١,٤ الفتوى رقم (١٢٧٦٢) وتاريخ ١٤١٠/٤/٩هـ.
- ٧,١١,٥ الفتوى رقم (١٥٩٦٤) وتاريخ ١٤١٤/٤/١٣هـ.
- ٧,١١,٦ قرارات مجمع الفقه الإسلامي الدولي (المنبثق عن منظمة التعاون الإسلامي).
- ٧,١١,٧ . قرار رقم (٥/٣/١٧) بشأن أجهزة الإنعاش
- ٧,١١,٨ قرار رقم (٦٧/٧/٥) بشأن العلاج الطبي.



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