

End Of Life Planning And Care:

Healthcare Directives- Understanding Hospice, Comfort Care and DNR/DNI/POLST

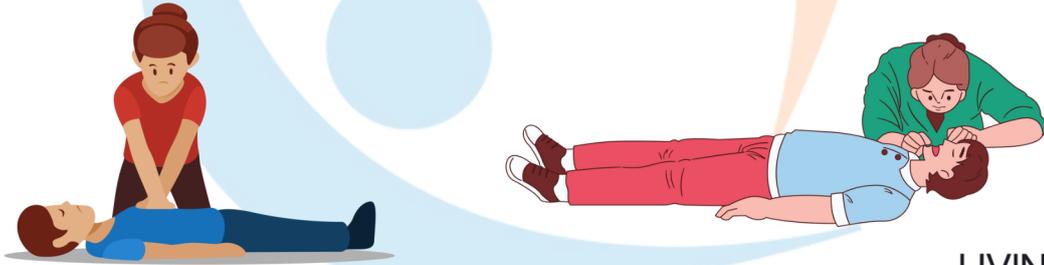


Key Concepts

- **CPR**
- **Hospice**
- **Comfort Care**
- **What is a DNR?**
- **What is a DNI?**
- **What is a POLST?**

What is CPR?

When do we use it?



Cardiopulmonary Resuscitation (CPR)

It's a first aid emergency procedure that can help save a person's life during cardiac arrest.

- CPR is provided to those considered "Full Code".
- Living Well certifies all staff in CPR.
- A certification is valid for 2 years.



Giving CPR

- Check** ✓ **1.** CHECK the scene for safety, form an initial impression and use PPE.
- 2.** If the person appears unresponsive, CHECK for responsiveness, breathing, life-threatening bleeding or other life-threatening conditions using shout-tap-shout.
- Call** ☎ **3.** If the person does not respond and is not breathing or only gasping, CALL 9-1-1 and get equipment, or tell someone to do so.
- Care** Ⓢ **4.** Place the person on their back on a firm, flat surface.



Giving CPR (Continued)

5. Give **30** chest compressions.

- **Hand position:** Two hands centered on the chest
- **Body position:** Shoulders directly over hands; elbows locked
- **Depth:** At least 2 inches
- **Rate:** 100 to 120 per minute
- Allow chest to return to normal position after each compression



6. Give **2** breaths.

- Open the airway to a past-neutral position using the head-tilt/chin-lift technique.
- Ensure each breath lasts about 1 second and makes the chest rise; allow air to exit before giving the next breath.



Note: If the 1st breath does not cause the chest to rise, retilt the head and ensure a proper seal before giving the 2nd breath. If the 2nd breath does not make the chest rise, an object may be blocking the airway.

7. Continue giving sets of **30** chest compressions and **2** breaths. Use an AED as soon as one is available!

30:2

What is Hospice?



Hospice Care

Hospice care is specialized care that provides physical comfort and emotional, social and spiritual support for people nearing the end of life.



Hospice Care

Hospice care does not focus on treatments to cure the cause of the terminal illness, it seeks to keep the individual comfortable and make their remaining time as meaningful as possible.

This includes a focus on pain relief and may include nursing care, but also includes emotional support and help with everyday tasks.



Hospice Care: Staff Role

Communication between the Hospice or group home staff is very important to providing quality care to both the resident and family.

Communication begins as the resident is admitted to Hospice and continues as the resident's condition changes.



Hospice Care: Staff Role: Information Provided To Group Home Staff By Hospice

- 24 hour contact information
- Care team members and what their responsibilities include
- Copy of signed consents
- Signed physician orders for Hospice admission
- Medications covered by Hospice
- Hospice and attending physician orders specific to the resident.
- Hospice education/orientation
- Who is responsible for the coordination of care
- Hospice visit information
- Records of visits
- Most recent plan of care
- Advance Directives



Hospice Care:

*****911 should only be called for immediate emergencies like choking, pain relief, or bodily injury.*****



What Does It Mean For A Person To Have A DNR/DNI or POLST?



**DO NOT
RESUSCITATE**



DNR: **Do Not Resuscitate**

A legal document that means a person has decided not to have cardiopulmonary resuscitation (CPR) attempted on them if their heart or breathing stops.

- People receiving hospice or comfort care are always considered to be DNR .

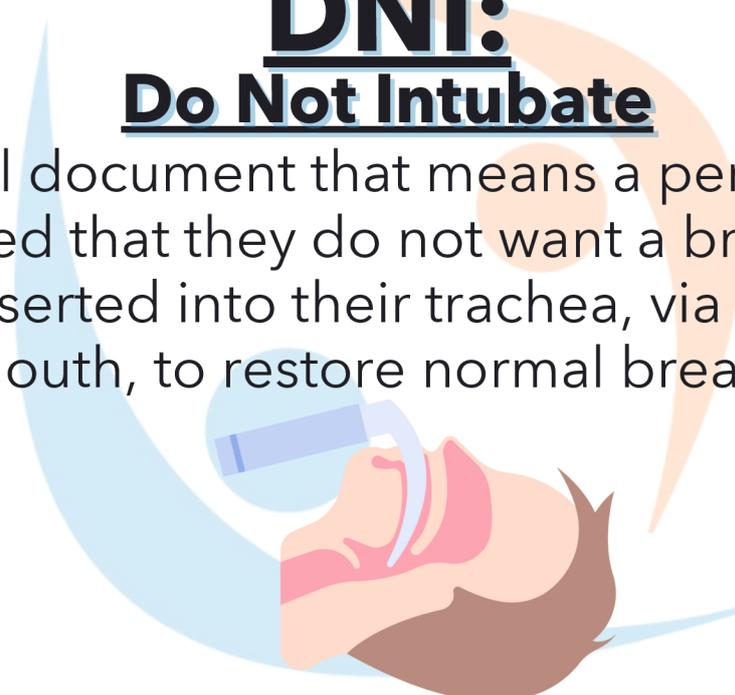
DNR: **Do Not Resuscitate**

It is important to know that individuals who have a DNR/DNI order still have the right to emergency medical services and ambulance transportation for medical problems, such as fevers dehydration, pneumonia, lacerations, or fractures suffered from falls or suffering related to difficulty breathing and pain.



DNI: **Do Not Intubate**

A legal document that means a person has decided that they do not want a breathing tube inserted into their trachea, via the nose or mouth, to restore normal breathing.



DNR/DNI

The legal guardian is the only person who can request a DNR order.

Once in place, the order can be revoked by the guardian at any time.

- Any DNR decisions should be made jointly by the family, guardian(s), physician(s), the person, other support people at the request of the family, and the case manager.
- Living Well Disability Services staff will assist the team in the decision making process if requested.



POLST: **Provider Orders For Life-Sustaining Treatment**

Portable medical orders that communicate to health care facilities and providers a patient's wishes for end-of-life intervention, including emergency medical services.

- It is a more comprehensive document to outline the medical orders surrounding the level of care a person, or their guardian, wants in place regarding medical treatments and interventions.
- The document must be fully completed and signed by the legal guardian, a witness, and the attending physician.
- The physician keeps a copy.
- The document should be revisited periodically. If a state guardian is involved, it must be re-signed annually.



POLST:

Provider Orders For Life-Sustaining Treatment

- The POLST is only valid if signed by a provider.
- All staff must be aware of directives and orders in the POLST.
- The POLST must be reviewed periodically to ensure accuracy.
- A copy of the POLST should be in the appointment folder.
- Original should be kept in the individual's health book



Where Do You Find The DNR/DNI /POLST Documents?

Copies should go:

- With them at all times;
- Placed in the person's program book;
- To guardian;
- To physicians involved in care;
- To day program, work, or school;
- To social worker.

All Program Staff are trained on these documents by nursing staff and should be easily accessible in case of cardiac arrest.

Living Well has a system in place for easy remembering.



Ryan's Hearts



Living Well: Ryan's Hearts



In response to split-second decision-making that DSPs are tasked with in an emergency, we are implementing a simple process to communicate a person's wishes regarding end-of-life care.



Living Well: Ryan's Hearts

Background:

All Living Well staff are provided site-specific orientation, including Health Orientation, upon being assigned to a home.

While all training is important, the ability to quickly identify a person's code status may be hindered in a momentary panic of an emergency.

- Earlier this year (2024), a person served received CPR from well-meaning staff who did not recall that there was a DNR order in place for the person.
 - The CPR did not change the person's outcome.
 - Living Well was cited for going against the person's end-of-life wishes.



Living Well: Ryan's Hearts

To support our teams in split-second emergency decisions where a visual cue or reminder will be helpful, we will provide a quick communication device:

Program Manager or Nurse will place/affix either a red heart or a green heart on the person's door or door frame. It should be visible to all staff.

*A second heart may also be placed on a person's wheelchair or walker if they use one. This will quickly communicate whether a person is full code or has requested limited interventions.

Green =  - provide all life-saving measures.

Red =  and think!



There is a POLST or DNR order in place and you need to refer to it.

Calling 9-1-1



Calling 9-1-1

If someone does not appear to be breathing and you cannot feel a pulse, you need to call 911.

When paramedics arrive, immediately present the DNR/DNI order, and be ready to explain history.

- Do not move the individual.
- Provide privacy and secure the area.
- Calm the other individuals and redirect them to other areas of the house if possible.
- Maintain the person's dignity.
 - Example: Cover them if their body is exposed.
- Follow the death policy if needed.



Calling 9-1-1

If you have questions about someone's order, contact your nurse or Program Manager for more information.

