

DANGEROUS DNRs

A recent item in *RN Magazine* provides some real food for thought. It appeared in the regular feature Insights on Death and Dying, authored by Joy Ulema, MS, RN.

An elderly patient was admitted for care with a chronic, progressive illness. She informed her family and healthcare providers that she wished DNR status, including no CPR. All nurses on all shifts had been made aware of her request.

While eating lunch, she experienced what was later found to be a foreign body airway obstruction. Her visitor ran into the hall yelling for help. Two nurses responded immediately, Nurse A said, “Call a Code Blue”. Nurse B said, “ We can’t. She is DNR”.

Keep in mind that at this time neither nurse knew the reason for the patient’s unresponsive state.

Here we have an emergent situation and two nurses must first sort out the ramifications of calling a code in the face of a DNR/ no CPR order. In such a situation, even a small delay in action could have irreversible effects. What would you do—proceed with CPR and face possible discipline for trying to save the patient’s life, or stand at the bedside, powerless to intervene?

Fortunately, Nurse A acting on training and instinct, performed a finger sweep of the patient’s mouth (according to CPR guidelines of her facility, even though the patient had stated no CPR), found a large piece of meat at the back of the patient’s throat, and removed it. The patient gasped for breath, her color returned and after a few moments, she thanked Nurse A for helping her.

This scenario raises a number of questions. A patient clearly has the right to request a DNR, but there is just as clearly danger for nurses who must implement that request. How could the patient have anticipated the event described and allowed an exception for it in her request? It is doubtful she would have thought of it. Could Nurse A have been charged with assault if the patient felt she (the nurse) had violated her (the patient’s) request? Could Nurse B have been charged with negligence by her hesitation to call a code? Is it possible to cover every eventuality when discussing a DNR with your patient or the nurse’s responsibility with her facility?

A DNR has its place. But so do common sense, experience and training.

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