

For Inclusion in the DMRDD Residential Contract Non Hospital DNR

The contractor SHALL administer and obtain immediate emergency medical care whenever the withholding of such care may result in bodily injury or may jeopardize the life of a consumer except when authorized to implement a non-hospital DNR for a specific terminal condition.

The Division supports the right of DMRDD consumers to obtain, refuse or discontinue life sustaining treatment. Competent adult consumers have the right to execute advance directives. In accordance with the Department's statutory mission to habilitate, treat, or rehabilitate its consumers, contracted providers shall not withhold or withdraw-

- Food, hydrations, antibiotics or anti-seizure medication for the purpose of ending life;
- Psychotropic drugs essential to treatment of mental illness that are otherwise authorized by law or department rule;
- Any medication, medical procedure or intervention that, in the opinion of facility staff, is necessary to prevent the suicide of a resident or patient; **and**
- Shall not withhold CPR or other emergency intervention without a non-hospital DNR order authorized for use in a DMH state or contracted facility.

A terminal condition is defined as: "an incurable or irreversible condition which, in the opinion of the attending physician, is such that death will occur within a short time regardless of the application of medical procedures" (RSMo.459.010). "Death within a short time" is defined as within 6 months in accordance with Missouri Hospice definition.

When a consumer has a terminal condition and a non-hospital DNR order is desired, the consumer and/or legally responsible person obtains a DMH Statement of Terminal Condition form for completion by their attending physician and submits to DMRDD for authorization by the Department's Medical Director or designee. Once authorized, a non-hospital DNR order may be obtained for implementation in a contracted facility. Consumers and families should be informed about available hospice services. The health status of the individual SHALL be continually reviewed with documentation by the attending physician specific for the anticipated imminent cause of demise. If a non-hospital DNR order is needed beyond 6 months the status must be reviewed by the Department of Mental Health Medical Director or designee. When a DNR order is rescinded or when a terminal diagnosis is changed, the provider will implement and notify the serving Regional Center immediately.

If the individual's current condition is not terminal but is such that CPR would cause more harm than good to the individual and substantially compromise his or her well-being, the planning team and attending physician shall determine what emergency medical care is needed. An attending physician will define the appropriate emergency medical care on the Alternative to CPR form and it shall be integrated into the person centered plan and staff shall be trained by a medical professional to competently carry out the orders accurately.

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