



Division Directive Number  
3.080  
Effective Date: 03.01.07  
Reviewed 05.19.08; 01.18 .11  
04.16.12; 08.29.13  
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**Title:** Non-Hospital Do Not Resuscitate Orders in Division of DD State & Contracted Facilities

**Applies to:** State Operated Waiver Programs, Habilitation Center Campuses, Regional Offices, Senate Bill 40 Boards, and other Not-for-Profit TCM entities and agencies contracted with the Department of Mental Health Division of Developmental Disabilities.

**Purpose:** This directive describes the process for obtaining a Non-Hospital Do Not Resuscitate (DNR) order to be implemented in Division of DD state and contracted facilities.

**Definitions:**

**Advance Directive:** A written instrument, such as a living will or durable power of attorney for health care, relating to the provision of health care for an individual when that individual is in a terminal condition or is incapacitated. (9 CSR 10-5.180 1 (B))

**Appeal:** The act of challenging a decision made by Department staff.

**Attending Physician:** The physician selected by or assigned to the individual, who has primary responsibility for the treatment and care of the individual.

**Cardiopulmonary Resuscitation (CPR):** Includes cardiac compression, artificial ventilation and oropharyngeal airway (OPA) insertion, advance airway management such as endotracheal intubation, cardiac resuscitation drugs, defibrillation and related procedures.

**Competent Adult:** A person 18 years of age or older of sound mind who is able to receive and evaluate information and to communicate a decision (RSMo 459.010).

**Do Not Resuscitate (DNR) Orders:** A medical order written by a physician to withhold CPR including breathing/ventilation by an assistive or mechanical means including but not limited to, mouth-to-mouth, mouth-to mask, bag-valve mask, endotracheal tube, ventilator and/or chest compressions, and/or defibrillation. This order cannot be written without the informed consent of a competent adult or, if an individual is not competent, their duly authorized healthcare agent or their guardian, and can be rescinded at any time.

**Legally Responsible Person:** Individual responsible for making medical decisions.

**Life Sustaining Medical or Surgical Treatment:** Any treatment choice having some reasonable expectation of effecting a permanent or temporary cure or remission of the illness or condition being treated.

**Statement of Terminal Condition:** A form to be completed by the Attending Physician, required for documenting a terminal condition and requesting a non-hospital DNR order in a Division of DD contracted facility.

**Terminal condition:** An incurable or irreversible condition that, in the opinion of the attending physician, is such that death will occur within a short time (within 6 months) regardless of the application of medical procedures (RSMo 459.010-055).

## OVERVIEW

The Division supports the rights of individuals who receive services from the Division of DD to obtain, refuse, or discontinue life-sustaining treatment. Competent adult individuals have the right to execute advance directives. However, in accordance with the Department's statutory mission to habilitate, treat, or rehabilitate the individuals it serves, the Division and DMH Contractors 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 medical staff, is necessary to prevent the suicide of a resident or patient; and
- shall not withhold CPR or other emergency intervention without a DMH non-hospital DNR order authorized by the Department for use in a DMH state or contracted facility.

Note, even when a non-hospital DNR order is in place, if respiration and cardiac function have ceased spontaneously as a result of an accident or event other than the imminent cause of demise (such as choking on food), the individual shall not be left unattended and shall receive intervention necessary to preserve his or her life.

If the planning team and physician have determined that the individual's current condition is such that the performance of CPR would cause more harm than good to the person and substantially compromise his or her well-being, an alternative plan to CPR will be developed. For example, an Automated External Defibrillator [AED] or rescue breathing may be ordered instead of CPR when chest compression is contraindicated. The planning team shall pursue the **Alternative to CPR Order** form with the attending physician and retain in the front of the individual's record. The justification and details for the alternative emergency procedure shall be incorporated into the individual service plan.

## PROCESS FOR OBTAINING A DMH NON-HOSPITAL DNR ORDER IN A DIVISION OF DD CONTRACTED FACILITY

### REQUEST

When the individual is diagnosed with a terminal condition, the planning team will discuss the diagnosis, prognosis, support needs, and the contracted provider's ability to meet these needs, including staff training in palliative care. The personal plan will be amended and the health inventory will be updated and submitted.

If the individual/legally responsible person requests a DMH non-hospital DNR order to be carried out in a DD or contracted facility, the support coordinator will provide the **Statement of Terminal Condition** form and **Overview of the Division's Non-Hospital DNR Procedure for Persons in Contracted Services**.

The completed **Statement of Terminal Condition** form will be submitted to the Regional Director or Superintendent (or their designee) who will forward to the Department of Mental Health **Medical Director/Chief Clinical Officer** for review within (2) working days from receipt. The appropriate DD Assistant Director or Director for State Operated Programs (or their designee) should also be notified within two (2) working days from receipt.

Within three (3) working days from receipt, the Medical Director/Chief Clinical Officer (or designee) will determine if the information provided meets the Division of DD definition of a terminal condition and return their approval, denial, or request for more information on the **Statement of Terminal Condition** form to the

applicable Regional Director, Superintendent, Division Director, Deputy Director and/or Director of State Operated Programs (or their designee) for immediate processing.

Upon DMH authorization, the Support Coordinator will promptly notify the individual/legally responsible person and provide them a copy of the non-hospital **DNR Order with Seal** form to be completed by the attending physician. Once the DMH non-hospital order is obtained, the Support Coordinator will ensure a copy of the DMH non-hospital DNR order is immediately provided to the funded service providers and Regional Office / State Operated Programs, including Quality Enhancement staff. The individual / legally responsible person should be informed of available hospice services and support staff should obtain training in palliative care.

If a DMH non-hospital DNR order is needed beyond 6 months from the initial date ordered, an updated **Statement of Terminal Condition** must be submitted for the Department of Mental Health's Medical Director/Chief Clinical Officer's (or designee's) review and signature.

If a DMH non-hospital DNR order is rescinded by the individual or legally responsible person, or if a diagnosis for terminal condition changes, the service provider shall implement the changes and notify the Support Coordinator. The Support Coordinator shall notify the QE RN and Regional Director / Superintendent who will notify the Department of Mental Health Medical Director/Chief Clinical Officer (or designee). The Health Inventory and individual support plan will be updated to reflect the current situation and needs.

#### **APPEAL**

If the Department does not authorize the use of a DMH non-hospital DNR order by the Division of DD or contracted facility, the individual/legally responsible person may appeal the decision to the Department of Mental Health's Medical Director/Chief Clinical Officer (or designee) within 30 days.

Appeals should be addressed to:

Missouri Department of Mental Health  
Medical Director/Chief Clinical Officer  
P.O. Box 687  
Jefferson City, MO. 65101

or

Fax: 573-526-4742  
Local: 573-751-2794  
Toll-Free: 800-364-9687

The Medical Director/Chief Clinical Officer (or designee) has 10 working days to meet with the individual/legally responsible person or other advocates as needed to provide a decision. The Medical Director (or designee) will notify the Division with the final decision in writing.

#### **MONITORING**

Support Coordinators (or designee) will update the Health Inventory tool and individual support plan when a non-hospital DNR order is written. This will result in the Quality Enhancement RN completing a nursing consultation to review the individual's medical status and supports, assure provider staff obtains training in providing palliative care, and that the directive criteria are met. The Support Coordinator will monitor the individual's status and support needs during monthly monitoring/reviews, notifying the QE RN, Regional Director / Superintendent, and Department of Mental Health Medical Director/Chief Clinical Officer if the individual's terminal diagnosis is changed.

#### **Authority:**

9 CSR 10-5.180 Advance Directives <http://www.sos.mo.gov/adrules/csr/current/9csr/9c10-5.pdf>  
DD Contract Part II