

# **DNR Guidelines**

## **Chapter One: Definitions and General Conditions**

### **Article (1):**

In application of the regulations in this document, the following words and phrases shall obtain their meanings from their corresponding definitions underneath, unless the context states otherwise in the document.

**1. The minister:**

The Minister of Health

**2. Capacity:**

The capability of understanding and appreciating the consequences of initiating of/ refraining from the CPR Measures.

**3. The Cardio-pulmonary Resuscitation (CPR):**

A medical procedure that attempt to restore cardiac and respiratory functions in the event of cardio respiratory arrest by means of medical intervention, such as: manual chest compression, artificial airway intubation (including endotracheal intubation), artificial ventilator assistance (mechanical ventilation), intravenous resuscitative medications, use of electrical shocks or open chest cardiac massage.

**4. (DNAR Decision) Do Not Attempt Resuscitation Decision:**

A medical order of **refraining** from restoring cardiac and respiratory functions in the event of arrest in certain cases.

**5. Terminally ill patient:**

A patient who suffers from injury or illness that is untreatable/ incurable as per the available medical capabilities.

**6. Medical team:**

Medical practitioners and paramedical professionals who provide medical care to the patient.

**7. Physician-in-charge:**

The head physician of the medical team responsible for the care of the patient with the designation of 'specialist' and above.

**8. Patient's relatives:**

Guardian, relative of second grade, or spouse and above, whoever is available.

**9. Medical Ethics Committee:**

Stated in Article (7) of this document.

**Article (2)**

Unless stated in this document, the medical team shall not attempt any kind of procedure that would result in the termination of patient's life for the sake of ending his/her agony, or as per the request of the patient or his/her relatives.

**Article (3)**

The medical team shall attempt the CPR procedures to save the patient's life according to his/her health condition and after proper clinical assessment as per scientific and technical norms of the medical profession. The DNAR Decision shall only be made as per the conditions stated in this document.

**Article (4)**

Excluding article (3) of this document, the physician in-charge is entitled to refrain from attempting the CPR when the CPR is deemed harmful, or futile in maintaining cardiac and respiratory functions, or when there is no positive outcome expected in the patient's condition or prognosis. Such cases are as follow:

1. Irreversible end-stage cardiac, hepatic or pulmonary failure with no chance for organ transplantation
2. Multi-organ dysfunction in patients with terminal conditions
3. Refractory shock with multi-organ dysfunction on maximum support
4. Vegetative state due to permanent neurological damage
5. Patients with documented brain death, except potential organs donors
6. Patients dead on arrival to health care facility with clear signs of death

**Article (5)**

The medical team is entitled to inform the patient with terminal illness of the futility of the CPR, and in this case the capable patient

is entitled to express verbally or in writing his/her willingness of the DNAR.

**Article (6)**

The DNAR Decision for pregnant women shall be solely restricted to the Medical Ethics Committee only.

**Article (7):**

The public and private health establishments entitled for the DNAR Decision shall be named with a qarar issued by the Minister, and each establishment shall accordingly form its own medical ethics committee of no less than three (3) doctors with the designation of specialist and above.

**Article (8)**

The Medical Ethics Committee shall decide on the following:

1. The DNAR Decision for pregnant woman.
2. The conflicts arising from the validity of the DNAR Decision.
3. The request for opinion submitted by a medical team member in case of doubting the validity of the DNAR Decision.
4. Any DNAR conflicts not stated in this document.

And in all circumstances committee's decisions shall be considered final.

**Article (9)**

Upon making the DNAR Decision, the following criteria shall be ensured:

1. Thorough clinical assessment of the case, its progress and ability to recover.
2. Assessment of the feasibility of the CPR and its possible consequent agony and pain.
3. The ethical norms of the medical practice and the paramedical professions.
4. Indiscrimination among patients due to age, race, religion or social class.
5. No conflict of interest between the patient and the medical team participating in the decision of DNAR.
6. Informing and explaining to the patient about the merited reasons for the DNAR Decision, or informing his/her relatives in

case the patient is totally/partially incapacitated or [informing him/her deemed to cause more harm.](#)

#### **Article 10**

Prior to taking the DNAR Decision, the physician in-charge shall exert all necessary efforts towards assessing the patient's condition in terms of clinical examination, lab tests, radiographic images and other merited medical tests, with documentation of the same in patient file.

#### **Article (11)**

The DNAR Decision shall be taken jointly by both the physician in-charge and his following subordinate in the treating medical team, conditioned that both of them sign the Decision.

#### **Article 12**

The DNAR Decision shall be made independently from other medical decisions deemed necessary for the patient's care, without depriving the patient of other therapeutic interventions that would help alleviate the patient's agony and pain.

#### **Article (13)**

The DNAR Decision shall be considered permanently valid from the date of its documentation in the patient's file, unless the physician in-charge amend or determine a definite validity period for the same.

#### **Article (14)**

The medical team shall comply with the DNAR Decision once being confirmed as valid. However, In case of unavailability of a valid DNAR Decision, the CPR shall be attempted.

#### **Article 15**

Upon attending a patient for the first time with previous DNAR, the physician-in-charge is entitled to maintain, amend or revoke the DNAR Decision previously issued from another health institution after assessing the patient's condition, counseling the patient or his/her relatives, documenting the reasons and

complying with the conditions and procedures stated in this document.

#### **Article (16)**

In the Emergency department, the most senior physician is entitled to make the DNAR Decision when the CPR is deemed harmful, or futile in maintaining the cardiac and respiratory functions, or when a positive outcome is not expected in the patient's condition or prognosis. Such decisions shall accordingly be justified with reasons, documented and signed.

#### **Article (17)**

In emergency cases, the on duty physician is entitled to make the DNAR Decision when he/she considers futility of CPR, and after discussion with the physician in-charge; and shall thus document their discussion in the patient's file. The physician in-charge shall review and sign the decision after justification and scrutiny.

#### **Article (18)**

The physician in-charge shall document the DNAR Decision in the patient's file, including the following details:

1. Diagnosis
2. Prognosis
3. Recommendation of the medical team
4. Reasons for making the DNAR Decision
5. Types of medical interventions included in the Decision.
6. Any variation in the opinions among the medical team and the approaches taken to resolve them.
7. Discussion with patient or patient's relatives.
8. Other information relevant to the Decision.

#### **Article (19)**

The physician in-charge shall inform the members of the medical team with regard to the DNAR Decision once made and document the same in the patient's file.

### **Chapter (3)**

#### **The CPR for newborn babies**

### **Article (20)**

The CPR for the newborn baby shall be attempted with gestational age of 25 weeks or more, unless there are justified reasons to not consider the CPR, and such reasons shall be documented in the patient's file.

### **Article (21)**

The physician in-charge is entitled to not attempt the CPR for a newborn baby in the following two cases:

1. With a gestational age of 23 weeks to 24 weeks and 6 days, or where the gestational age cannot be confirmed, based on the evaluation of the medical condition of the newborn.
2. With a gestational age of less than 23 weeks, or of a weight less than 550 grams.

### **Article (22)**

The medical team is entitled to not attempt the CPR in the following cases:

1. Confirmed trisomy 13 or 18.
2. Confirmed head and brain malformations and genetic malformations with which life will be impossible.
3. Fatal chromosomal defects with which life will be impossible
4. Individual cases evaluated and found CPR is futile for them.

### **Chapter (4)**

#### **Duties and responsibilities of the Medical Team.**

### **Article (23)**

The Medical Team shall adhere to the DNAR Decision unless amended/cancelled by the physician in-charge.

#### **Article (24)**

The nursing staff in the medical team shall document the DNAR Decision in the patient's file and inform the rest of the nursing team with the same on a daily basis in each shift.

#### **Article (25)**

Patient with DNAR shall be followed up during the morning rounds and the Decision shall be reviewed when deemed necessary.

#### **Article (26)**

In case of re-admission of a previous DNAR patient to the same health establishment, the Decision shall be reevaluated by the medical team, unless stated by the physician in-charge in the first DNAR form that the validity period of the Decision is indefinite and applicable to future admissions.

#### **Article (27)**

In case the patient would need a medical/ surgical intervention that requires anesthesia, the DNAR Decision shall be reviewed by the medical team and discussed with the patient or patient's relatives. Accordingly, the DNAR Decision could be revoked, amended or maintained during the medical/ surgical intervention. Afterwards, the DNAR Decision shall be reinstalled according to the consideration of the physician in-charge.

#### **Article 28**

The medical team shall perform the CPR in emergency cases not directly related to the illness to which the DNAR Decision is applicable, such as choking with secretions, obstruction of airways, or unexpected bleeding. Documentation of justified reasons is required.

#### **Article 29**

The medical team shall maintain the confidentiality of the DNAR Decision in case the capable patient with terminal disease request to not inform his/herrelatives, and such request shall be documented in the patient's file and signed by the patient.

## **Chapter (5)**

### **Conclusion**

#### **Article (30)**

In case there is a conflict between the physician in-charge and the patient/ patient's relatives with regard to the validity of DNAR Decision, a secondopinion shall be sought from another physician to resolve this conflict; andIn case there is a conflict between the physician in-charge and the other physician, then the conflict shallbe resolved by the Medical Ethics Committee.

#### **Article (31)**

In case there isa conflict between a capable adultpatient and his/her relatives about DNAR decision, the patient's willingness shall prevail, conditioned the patient has previously requested DNAR whether in writing or verbally.