

Definitions

Advance Healthcare Directive: a document in which a person writes down their health care wishes.

CPR: emergency treatment used when someone's heart or breathing stops ("code blue").

Decision-Making Capacity: the ability to understand and clearly tell people about what kind of treatment you want.

Do Not Attempt Resuscitation (DNAR)

Order: an order written by a physician that tells other healthcare workers not to try CPR or other emergency treatment to save your life. Resuscitation means using treatment to bring a person back from death.

Durable Power of Attorney for Health Care:

a legal document in which a person chooses someone else to make health care decisions for them when they cannot.

Living Will: a document in which a person states their wishes about life saving treatment in case they lose the ability to make their own decisions.

Limitation of Treatment (LOT) Order: an order written by a physician that limits the use of life saving treatments other than CPR—such as feeding tubes, breathing tubes, IV medication, and kidney dialysis—that a patient does not want.



The University of Missouri and the MU Center for Health Ethics are here to help you with these important decisions. The MU Center for Health Ethics has people on call and available 24 hours a day and 7 days a week. Our team is made up of doctors, nurses, other health professionals, lawyers, clergy, and other members who are trained in ethics.

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End-of-Life Care: Questions about Resuscitation and Limiting Treatment



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What Is CPR?

When a person stops breathing or their heart stops, the person may receive CPR, which stands for cardiopulmonary resuscitation (car-di-o-pul-mo-nar-y re-sus-ci-ta-tion). This is an attempt to get oxygen to the body's organs.

CPR is done by pressing on the chest to circulate blood while also using a mouth-to-mouth method to breathe air through the patient's mouth and into the lungs. Breathing air into the lungs will give the patient oxygen, and pushing down on the chest helps send blood to the heart, brain, and other organs.



The person in the picture is giving CPR to the person lying down.

CPR can help save a person's life, but CPR will not work for all people. For example, CPR usually does not work when a person is severely or terminally ill. Terminally (ter-mi-nal-ly) ill means a person has a disease which cannot be cured, and they will die soon. Also, there is a risk of injuring the patient when doing CPR.

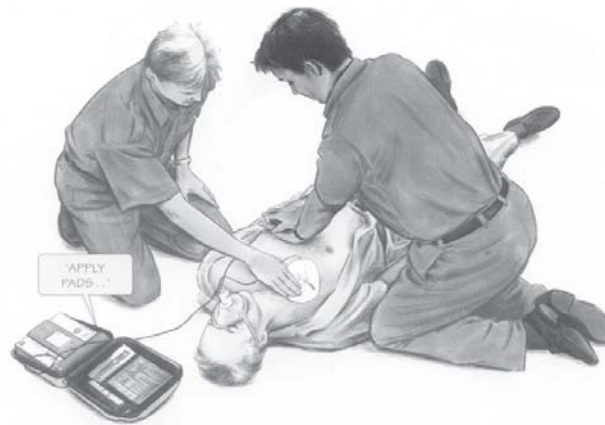
What Is DNAR?

DNAR stands for "Do Not Attempt Resuscitation." If a person does not want to receive CPR, they can have their physician write a DNAR order in the hospital. The patient will have a purple band placed on their arm which says DNAR. If a person unexpectedly dies in the hospital a "code blue" is called and they will receive CPR unless a DNAR order is written; if a DNAR order is written no "code blue" will be called.

Treatment in a "Code Blue"

When a "code blue" is called, CPR is started. There are other treatments that are also used when trying to save the patient's life. These other treatments may include:

- Putting a breathing tube through the mouth and into the lungs
- Giving IV medicines
- Using a defibrillator (de-fib-ril-la-tor) to send an electric shock to the heart to correct an irregular heartbeat



The people in this picture are using a defibrillator.

Limiting Other Treatment (LOT)

Sometimes there are other kinds of treatment other than CPR that patients do not want, even if those treatments could save their life, such as blood transfusion, feeding tubes, breathing machines, kidney dialysis, or other treatments. If a person does not want to get these treatments, they can ask the doctor to write a LOT order. LOT stands for "limitation of treatment." LOT orders tell hospital workers not to give the treatments listed in the order. If a patient chooses not to have those treatments, they can still get CPR if they want it, but the treatments chosen will still not be given. If a LOT order is written, a blue band is placed on the arm with LOT written on it.

How are decisions like this made?

You should talk with your doctor, family, and the other important people in your life about this information. If you become ill and cannot tell your doctors what you want, a family member or someone else you choose can speak for you. That person needs to know what treatment you do and do not want so they can tell the doctors.

The University of Missouri Health Care System is here to help you make the best decision. As you decide about CPR and LOT, your health care team or a member of the ethics consult team can help you decide. You can call the ethics team anytime at 573-882-2738.