



Improving lives THROUGH  
supports and services  
THAT FOSTER self-determination.

# Process to Implement Do Not Resuscitate Orders for Individuals Receiving Contracted Services

## Division Directive 3.120



# Today's Objectives



**Participants will better understand:**

**What is a**

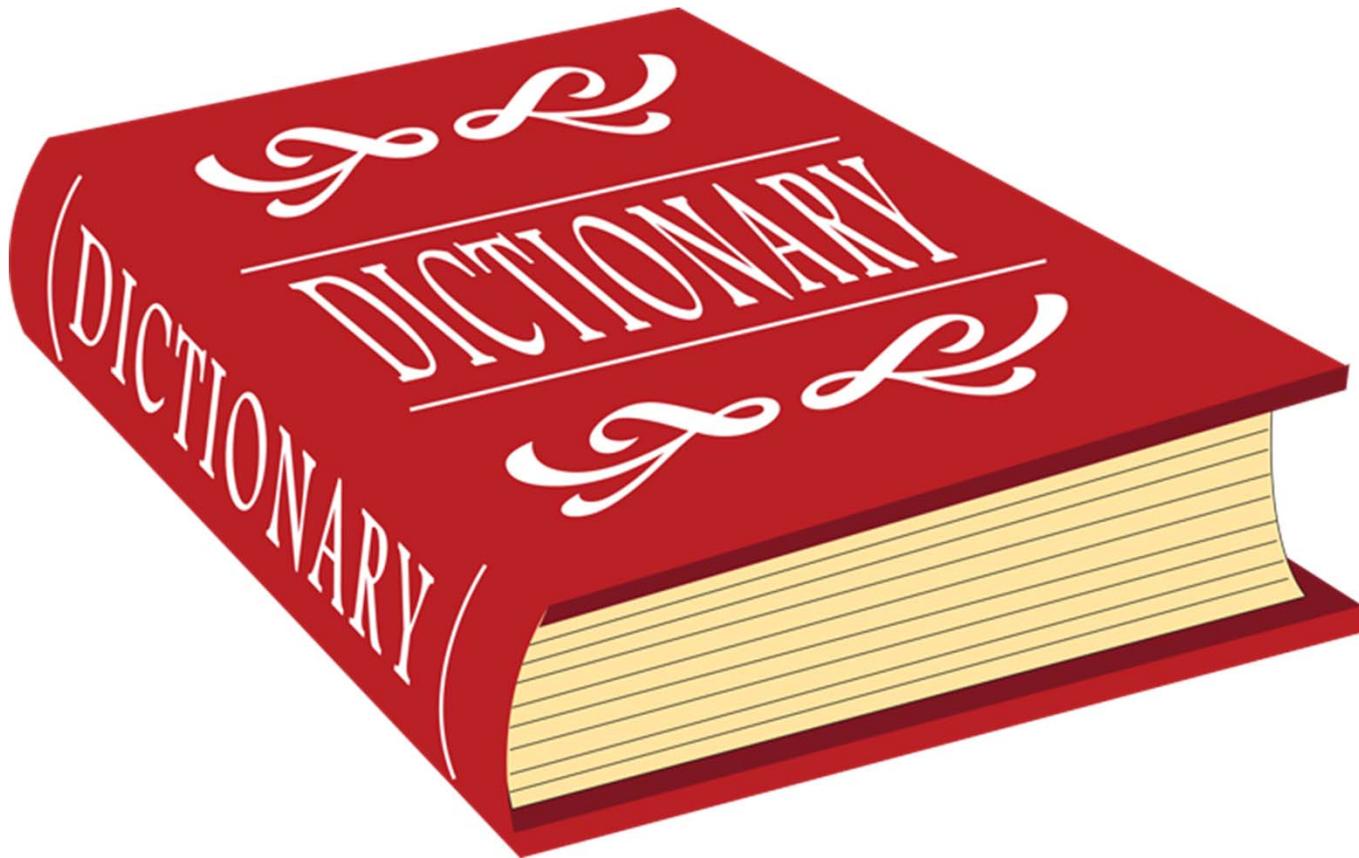
- **DMH Non-Hospital DNR**
- **Outside-The-Hospital DNR (OHDNR)**
- **Alternative to CPR**

**What is the process for implementation**



## Directive 3.120 Applies To

- 👤 State Operated Waiver Programs
- 👤 Regional Offices
- 👤 Senate Bill 40 Boards
- 👤 Not-for-Profit TCM entities
- 👤 Agencies Contracted with the Department of Mental Health Division of DD  
(Exception: Self Directed Model)



# Do Not Resuscitate (DNR) Order



A legal order written to withhold CPR or Cardio Pulmonary Resuscitation (compressions/ventilation)

A DNR order does not affect any treatment other than that which would require CPR.



# Terminal Condition

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

# Outside-the- Hospital DNR (OHDNR)



An **Outside-the-Hospital DNR** authorizes emergency medical services personnel to withhold or withdraw cardiopulmonary resuscitation (CPR) from an individual in a non-hospital setting in the event of cardiac or respiratory arrest.

Department of Health & Senior Services(DHSS)  
**19 CSR 30-40.600** Outside-the-Hospital  
Do-Not-Resuscitate (OHDNR)

# DMH Non-Hospital DNR



**A DMH Non-Hospital DNR order authorizes DMH contracted service provider to withhold CPR from an individual with a terminal condition in DMH contracted services in the event of cardiac or respiratory arrest service.**

# Alternative to CPR Order



**An Alternative to CPR Order is a physician's direction for the emergency action to be taken to preserve life when CPR (chest compressions) are contraindicated (do more harm than good).**

**An Alternative to CPR is NOT a Do-Not-Resuscitate Order.**



# Division Directive 3.120 Overview



# Division Directive 3.120



The Department supports the rights of individuals receiving services to obtain, refuse, or discontinue life-sustaining treatment.

# 9 CSR 10-5.180



In accordance with the department's statutory mission to habilitate, treat, or rehabilitate the individuals it serves, DMH Contractors shall not withhold or withdraw:

- ❖ food, hydration, antibiotics or anti-seizure medication for the purpose of ending life;
- ❖ psychotropic drugs essential to the 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 ...**

9 CSR 10-5.180



...Shall not withhold  
Cardiopulmonary  
Resuscitation (CPR) or other  
resuscitative measures  
unless one of the following  
are in place:



A) The individual has been granted a DMH Non-Hospital DNR authorization while in receipt of contracted services; or



B) The individual presents a properly executed Outside the Hospital DNR Order (OHDNR) that conforms with 19 CSR 30-40.600 **and** proof that the individual is currently receiving hospice services.



# CPR

MISSOURI DIVISION OF  
DEVELOPMENTAL  
DISABILITIES



# Alternative To CPR



Alternative to CPR Form (Appendix D):

<https://dmh.mo.gov/dd/directives/docs/directive3120appd.pdf>

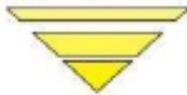


# Alternative to CPR Form

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DISABILITIES



## Alternative to Cardiopulmonary Resuscitation (CPR) Order

This document is an individualized physician order directing staff/caregivers how to respond to the medical emergency of being breathless and pulseless, when the performance of chest compressions are contraindicated due to a physical or medical condition. Staff/caregivers are expected to perform the medical procedure indicated below. This order shall be good for up to one year from signed date.

An Alternative to CPR Order is not a Do Not Resuscitate (DNR) order

Individual's Full Name: \_\_\_\_\_

DMH ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In the event of cardiopulmonary arrest of this individual, efforts at cardiopulmonary resuscitation of the patient using chest compressions SHOULD NOT be initiated due to the following:

\_\_\_\_\_  
\_\_\_\_\_

Due to the condition above, in addition to calling 911, the following emergency procedure(s) should be implemented in case of cardiopulmonary arrest.

# Alternative To CPR Form Page 2

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DISABILITIES



Appendix D 11/06/2018

## Review and Renewal of Alternative to Cardiopulmonary Resuscitation (CPR) Order

If the order reflected on page 1 requires change, a new Alternative to CPR Order form is required. The Alternative to CPR Order shall be reviewed and ordered at least annually. The need and justification for an alternative emergency procedures shall be incorporated into the individual's support plan.

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Order Renewal Date

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Printed Name of Attending Physician

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Signature of Attending Physician



# Supporting Someone Facing a Terminal Diagnosis

<https://dmh.mo.gov/dd/directives/docs/directive3120appe.pdf>



# End Of Life Choices



<https://dmh.mo.gov/dd/directives/docs/directive3120appe.pdf>

# Two Options for DNR Orders Within DMH Contracted Services



## 1. OHDNR & HOSPICE Together



OR

## 2. DMH NON-HOSPITAL DNR ORDER

# Outside-The-Hospital DNR (OHDNR)

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Department of Health & Senior Services (DHSS)  
**19 CSR 30-40.600** Outside the Hospital Do-Not-Resuscitate (OHDNR)

CSR:

<https://www.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c30-40a.pdf>

The form, with instructions, is available at the Emergency Medical Services Bureau office (<http://www.dhss.mo.gov/EMS> ) or at the Department of Health & Senior Services (<https://health.mo.gov/safety/ems/forms.php>)



**OUTSIDE THE HOSPITAL DO-NOT-RESUSCITATE (OHDNR) ORDER**

I, \_\_\_\_\_, authorize emergency medical services personnel to  
(name)  
withhold or withdraw cardiopulmonary resuscitation from me in the event I suffer cardiac or respiratory  
arrest. Cardiac arrest means my heart stops beating and respiratory arrest means I stop breathing.

I understand that in the event that I suffer cardiac or respiratory arrest, this OHDNR order will take effect  
and no medical procedure to restart breathing or heart functioning will be instituted.

I understand this decision will **not** prevent me from obtaining other emergency medical care and medical  
interventions, such as intravenous fluids, oxygen or therapies other than cardiopulmonary resuscitation  
such as those deemed necessary to provide comfort care or to alleviate pain by any health care provider  
(e.g. paramedics) and/or medical care directed by a physician prior to my death.

I understand I may revoke this order at any time.

I give permission for this OHDNR order to be given to outside the hospital care providers (e.g.  
paramedics), doctors, nurses, or other health care personnel as necessary to implement this order.

I hereby agree to the "Outside The Hospital Do-Not-Resuscitate" (OHDNR) Order.

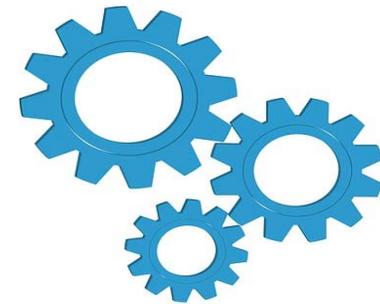
Patient – Printed or Typed Name		Date
Patient's Signature or Patient Representative's Signature		Date
<b>REVOCATION PROVISION</b>		
I hereby revoke the above declaration.		
Patient's Signature or Patient Representative's Signature		Date
<b>I AUTHORIZE EMERGENCY MEDICAL SERVICES PERSONNEL TO WITHHOLD OR WITHDRAW CARDIOPULMONARY RESUSCITATION FROM THE PATIENT IN THE EVENT OF CARDIAC OR RESPIRATORY ARREST.</b>		
I affirm this order is the expressed wish of the patient/patient's representative, medically appropriate and documented in the patient's permanent medical record.		
Attending Physician's Signature (Mandatory)		Date
Attending Physician – Printed or Typed Name	Attending Physician's License No.	Attending Physician's Telephone No.
Address – Printed or Typed		Facility or Agency Name

**THIS OHDNR ORDER SHALL REMAIN WITH THE PATIENT WHEN TRANSFERRED OUTSIDE THE  
HEALTH CARE FACILITY.**

Emergency Medical Services personnel shall not comply with an outside the hospital do-not-resuscitate order when  
the patient or the patient's representative expresses to such personnel in any manner, before or after the onset of a  
cardiac or respiratory arrest, the desire to be resuscitated or if the patient is or is believed to be pregnant.



# Division Directive 3.120



## Process to Utilize an Outside-of-Hospital (OHDNR) & Hospice Services Notification in DMH Services

Form:

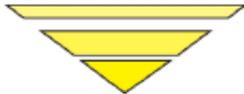
<https://dmh.mo.gov/dd/directives/docs/directive3120appa.pdf>

# OHDNR and Hospice Services Notification Form Section I

MISSOURI DIVISION OF  
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**OUTSIDE THE HOSPITAL DNR (OHDNR) AND  
HOSPICE SERVICES NOTIFICATION FORM**

**FOR INDIVIDUALS IN RECEIPT OF  
DMH CONTRACTED SERVICES**

**SECTION I: Notification of OHDNR Order and Hospice Services  
For DMH DD State Operated Waiver or Contracted Provider Use Only**

*\*Attach copy of OHDNR Order and Hospice Services Order*

<b>Name of Individual / DMH ID #</b>	
<b>Provider Agency</b>	
<b>Date of OHDNR Order</b>	
<b>Date of Hospice Services Order and Date of Hospice Services Authorization</b>	
<b>Support Coordinator</b>	
<b>Date of Notification to Support Coordinator</b>	
<b>Date of Notification to Regional Office</b>	
<b>Additional Information</b>	

# OHDNR and Hospice Services Notification Form Section II



<b>SECTION II: For DMH DD Regional Office Use Only</b>	
<b>Date Notification Received</b>	
<b>Name of Regional Office Reviewer</b>	
<b>Date of Notification to DMH DD Director/Designee</b>	
<b>Date of Notification to DMH Medical Director/Designee</b>	
<b>Additional Information</b>	

# OHDNR and Hospice Services Notification Form Section III



**SECTION III: Notification of Rescinding of OHDNR and/or Discontinuation of Hospice Services**

**For DMH DD State Operated Waiver or Contracted Provider Use Only**

*\*Attach copy of Document to rescind OHDNR and/or Order for discontinuation of Hospice Services.*

<b>Date OHDNR Rescinded</b>	
<b>Date Hospice Services Order Rescinded</b>	
<b>Date of Notification to Support Coordinator</b>	
<b>Date of Notification to Regional Office</b>	
<b>Additional Information</b>	

# OHDNR and Hospice Services Notification Form Section IV

MISSOURI DIVISION OF  
DEVELOPMENTAL  
DISABILITIES



**SECTION IV: For DMH DD Regional Office Use Only**

<b>Date Notification Received</b>	
<b>Name of Regional Office Reviewer</b>	
<b>Date of Notification to DMH DD Director/Designee</b>	
<b>Date of Notification to DMH Chief Medical Director/Designee</b>	
<b>Additional Information</b>	



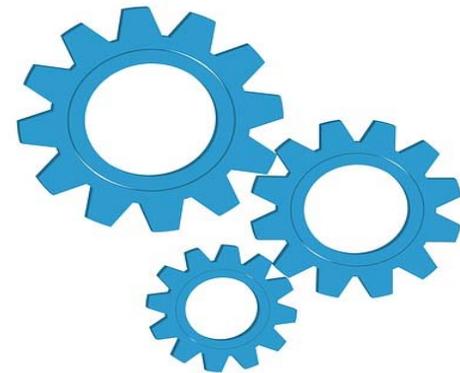
## OHDNR Only

Anyone may have an OHDNR order to present to First Responders. However, when an OHDNR is used alone (without Hospice) in a DMH contracted service, the Provider would be expected to respond to the emergency initiating CPR. Once EMS arrives the OHDNR can be presented and EMS can determine if it is medically appropriate to discontinue CPR.



# Division Directive 3.120

## Process to Implement DMH Non-Hospital DNR Order



Directive:

<https://dmh.mo.gov/dd/directives/directives.html>



# Statement of Terminal Condition

 <https://dmh.mo.gov/dd/directives/docs/directive3120appb.pdf>



Appendix B 11/06/2018

## STATEMENT OF TERMINAL CONDITION

\_\_\_\_\_ has been under my medical care and has been diagnosed with the following terminal condition(s) \_\_\_\_\_

It is my professional opinion that the condition is such that death will occur within six (6) months or less regardless of the application of medical procedure(s).

Attending Physician \_\_\_\_\_ Date \_\_\_\_\_

Contact Number: \_\_\_\_\_

### Individual/Legally Responsible Person Request for DMH Non-Hospital DNR

In view of the above statement, it is desired that dying not be prolonged by administration of cardiopulmonary resuscitation (CPR).

I understand that my request for a Division of DD contracted provider to comply with a DMH Non-Hospital DNR order is subject to Department approval. If my request is not accepted, I have the right to appeal the decision and have been notified of the appeals process.



**FOR DMH USE ONLY**

I authorize / do not authorize the application of a DMH Non-Hospital DNR order by a Division of DD contracted/funded provider in the event cardiac and/or pulmonary arrest of the individual because of a terminal condition.

\_\_\_\_\_ Date: \_\_\_\_\_  
DMH Chief Medical Director/ Designee

Comments: (more information needed, reason denied, etc.)

**REVOCATION OF AUTHORIZATION**

I hereby revoke the above request to withhold CPR.

\_\_\_\_\_ Date: \_\_\_\_\_  
Competent Adult/Legally Responsible Person

1

Appendix B

Statement of Terminal Condition for Process to Implement DMH Non-Hospital Do Not Resuscitate Order for Individuals in receipt of Contracted Services.



# APPEAL

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**



# DMH Non-Hospital DNR Order

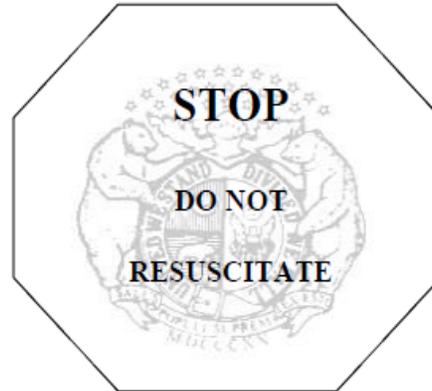
DMH Non-Hospital DNR Order Form

<https://dmh.mo.gov/dd/directives/docs/directive3120appc.pdf>



Appendix C 11/06/2018

Effective Date: \_\_\_\_\_ to \_\_\_\_\_  
(Not to exceed 6 months)



**DMH Non-Hospital  
DO NOT RESUSCITATE ORDER**

For Implementation by a  
DMH Division of Developmental Disabilities Contracted Service Provider

Individual's full name: \_\_\_\_\_ DOB \_\_\_\_\_

In the event of cardiac and/or pulmonary arrest of the individual as a result of the following terminal condition(s)

\_\_\_\_\_

\_\_\_\_\_

efforts at cardiopulmonary resuscitation of the individual SHOULD NOT be initiated. This order does not affect other medically indicated care or comfort care.

I have documented the basis for this order and the consent required by the Missouri Revised Statute 459.010-459.055.

Signature of Attending Physician \_\_\_\_\_

Printed Name of Attending Physician \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



**Regardless of a properly executed OHDNR or DMH Non-Hospital DNR, if an individual's respiration and cardiac function have ceased spontaneously as a result of an accident or event other than a known terminal condition, and/or complications thereof, (such as choking on food), the individual shall not be left unattended and shall receive intervention necessary to preserve his or her life.**



# Highlights of Changes

- 👤 OHDNR + Hospice Services only requires notification to DMH
- 👤 The Alternative to CPR order needs to be renewed at least annually
- 👤 There is second page to the Statement of Terminal Condition for renewal every 6 mo.



# Thank You

**Shari Whelan RN BSN, Clinical Operations**

**DMH Division of DD**

**Consumer Health & Wellness Coordinator**

**[Shari.Whelan@dmh.mo.gov](mailto:Shari.Whelan@dmh.mo.gov)**