

المملكة العربية السعودية
Kingdom Of Saudi Arabia
المجلس الصحي السعودي
Saudi Health Council



الأمانة العامة
(١٥٧)

NATIONAL POLICY AND PROCEDURE FOR DO-NOT-RESUSCITATE (DNR) STATUS

Prepared by

Taskforce to prepare NATIONAL POLICY AND PROCEDURE FOR
DO-NOT-RESUSCITATE (DNR) STATUS WHEN HEART STOP

SAUDI HEALTH COUNCIL

14Jumada II 1438 (13march 2017)

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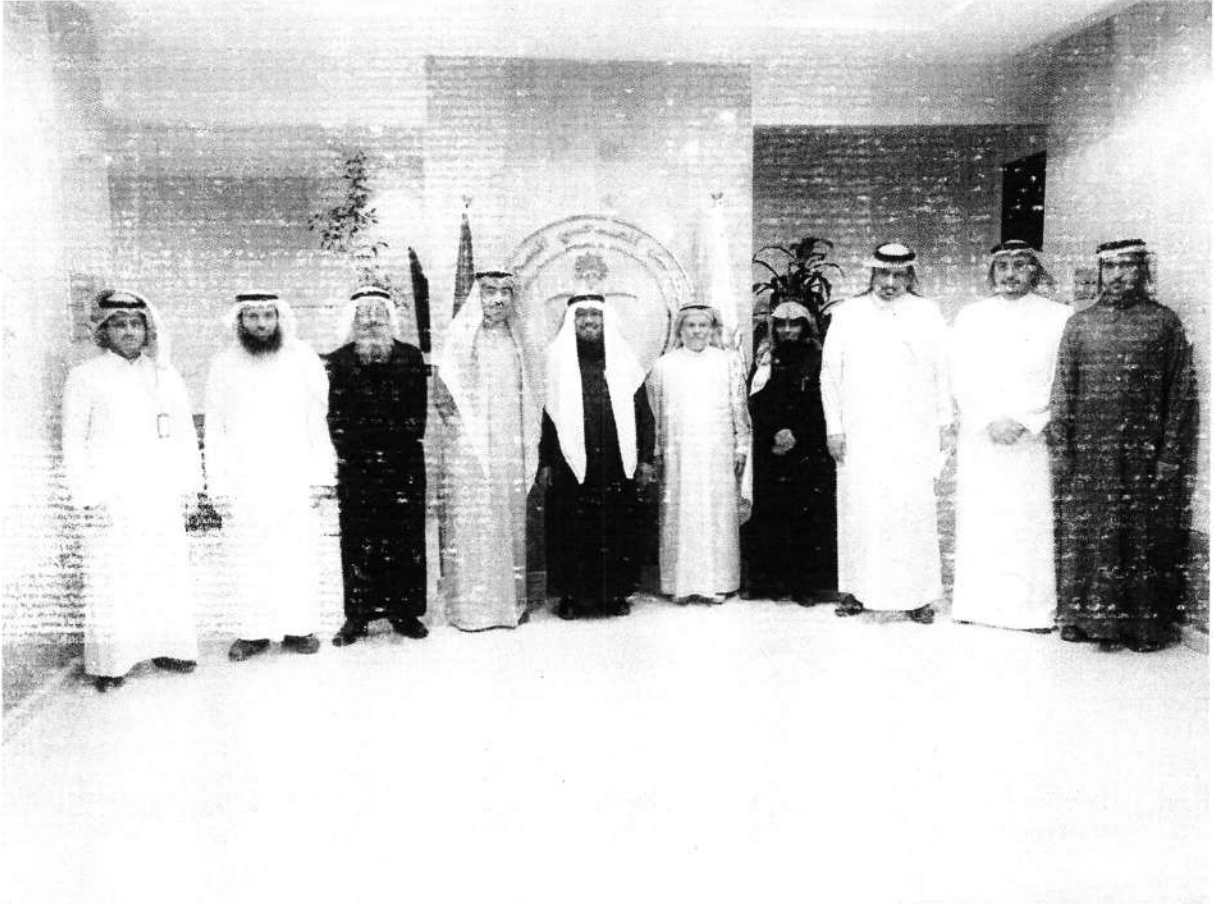
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بيننا وبينكم

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Contents

#	Subject	Page No.
1	Introduction	5
2	Methodology	5
3	Definition	6
4	Policy statement	7
5	Procedure	8-9-10
	1. DNR order initiation	8
	2. Communication with patient/family	8
	3. DNR order decision	8
	4. DNR order validity	8
	5. DNR order during transfer	9
	6. Conflict resolution	9
	7. In case of surgery	9
	8. Women with viable pregnancy	9
	9. DNR order reversal/revision	10
	10. Special circumstances	10
	11. Patient's rights	10
6	References	11
7	Jurisprudence References	12
8	List of DNR Taskforce Members	13-14-15
9	List of Medical Referees	16



INTRODUCTION:

Based on the mission of the Saudi Health Council in coordinating between health sectors in Saudi Arabia to achieve improved and enhanced health services provided to citizens and residents. Due to variability in policy and procedure, concerning cases of DO-NOT- RESUSCITATE (DNR) in hospitals of various health sectors. The Saudi Health Council decided in its sixty-fourth meeting with resolution number 3/64 dated 1/3/1434H corresponding to 13 January 2013 to formulate a committee representing most of the health sectors in Saudi Arabia, for the preparation of the national policy and procedure to unify the clinical application of DNR in Saudi Arabia.

METHODOLOGY:

The committee has reviewed all DNR policies and procedures followed in most of the large hospitals of different health sectors in Saudi Arabia. The committee has also reviewed international policies and procedures, particularly in some hospitals of North America, Europe and Australia. This national policy and procedure was formulated in accordance with the provisions of Islamic law, with an emphasis on taking into account the Saudi patients and cultural backgrounds and social needs. After preparing the initial draft of the policy and procedure, it was sent for arbitration and revision to distinguished group of consultants and specialized doctors in the reference hospitals of most of the various health sectors in the Kingdom of Saudi Arabia. The arbitrators disciplines included doctors in intensive care, and emergency medicine and oncology. After that we summarize the observations of the arbitrators of doctors and the revision of the initial version in the light of the fundamental observations that convinced the members of the Committee. After the completion of the revised version of the policy and procedure, it has been audited linguistically and then translated into Arabic by King Abdullah Institute for Translation and Arabization at Imam Muhammad bin Saud Islamic University. Then it was sent in Arabic and English versions to a selected group of their excellences' of judges and lawyers for opinion, advice and legal legitimacy. It was also sent to His Excellency the Mufti of Saudi Arabia for his consideration and to judge legitimate side and presented to the Standing Committee for Fatwa. Then, in light of what is stated in the referees and the words of guidance of the Mufti and the Standing Committee for Fatwa number 37020019 and the date of 14/11/1437H, the final changes to the policy and procedure was made to have it ready for approval by the Saudi health Council.



DEFINITIONS:

1. **CPR** stands for **cardiopulmonary resuscitation**, which refer to the following: intubation, bag-mask ventilation, mechanical ventilation, chest compression, administration of rescue cardiac and vasoactive medications, cardioversion, and defibrillation.
2. **DNR** stands for **do not resuscitate**, which refer to that, in the event of a cardiac and/or pulmonary deterioration or arrest, cardiopulmonary resuscitative measures will not be initiated
3. **Withholding**, in this document, refers to refraining from starting cardiopulmonary resuscitative measures or declining of starting life support measures.
4. **Withdrawing**, in this document, refers to stopping cardiopulmonary resuscitative measures or life support measures.
5. **Limited escalation**, in this document, refers to clinical guidance setting out limits to appropriate treatment choices for patients approaching the end of life, in the event they become acutely unwell.
6. **Attending consultant**, in this document, refers to the most responsible physician (MRP) at the time and clinical area when the concerning decision is being made.
7. **Physician**, in this document, refers to any medical doctor who holds valid registration in the Saudi Commission for Health Specialties as a registrar/specialist.
8. **Terminally ill patient** refers to a patient who is afflicted with a terminal illness. A terminal illness is a life-threatening disease that has reached to a far advanced stage and will eventually result in the death of the patient regardless of any treatment intervention. Survival following cardiopulmonary resuscitative efforts in these patients is extremely unlikely. Examples of terminal illness may include (but are not limited to): advanced-stage cancer for which no disease modifying options are available, irreversible multi-organ failure, inoperable malformations that are incompatible with life, fatal chromosomal anomalies, and untreatable advanced neuromuscular diseases.



POLICY STATEMENT:

1. Every patient will receive cardiopulmonary resuscitation and/or other appropriate resuscitative procedures necessary to sustain the patient's life until the patient's DNR status has been confirmed.
2. The DNR order is appropriately recommended when the patient is terminally ill and when resuscitation measures, in the best judgment of the attending consultant, would be ineffective at saving the patient's life.
3. For patients who are already admitted to a critical care unit, and have no response to aggressive life support interventions, and who are assigned a DNR order, the attending consultant may consider withholding any further life support measures; withdrawing current life support measures, or de-escalating, setting no further escalation, or setting limited escalation to the life-sustaining measures only when the burden on the patient overly outweighs the expected benefit according to the physician's best judgment.
4. All hospitals recognize their responsibility to provide ethically acceptable care while safeguarding the cultural, psychosocial, and religious values of each patient in accordance with sharia law (Islamic law). The primary interest of the hospital is to sustain life while respecting a patient's wishes regarding dignity, respect, and comfort in the dying process. DNR orders shall by no means compromise the healthcare provided to the patient. Patients with DNR orders shall continue to receive the highest possible quality of healthcare, including palliative care, to maintain their comfort, dignity, and wellbeing until they die.



PROCEDURE:

1. DNR order initiation: The DNR order to be recommended by THREE doctors. ONE is the attending physician as a consultant and the other TWO doctors not less than specialists. The three physicians must be well informed about the patient's condition in order to make a decision on the DNR status of the patient, and they should all sign the medical record of the patient. The recommendation should include:

- A brief description of the patient's medical condition, supporting the terminal nature of the life threatening disease.
- Reference to any medical consultations supporting the decision of DNR.
- Refer to the discussions concerning the prognosis or the decision on DNR with the patient, his/her family, significant other or guardian.

2. Communication with patient/family: When appropriate or necessary, the attending consultant will personally (or designate one of the other TWO physicians signing the DNR order) discuss the DNR decision with the patient and/or an adult next of kin (or surrogate decision-maker) to inform about the decision. The appropriateness (or otherwise) of this communication is the decision of the attending consultant who knows the patient, and the family may be in a better position to predict the patient's response to such discussion.

3. DNR order decision: All DNR orders for a patient must be documented and signed by the attending consultant and two other specialist physicians (a total of three) on the patient's medical record with the DNR order form.

The order may be initially given by telephone to his/her designee if the consultant is not available at the hospital, in accordance with the existing telephone order procedure for general clinical orders, but such orders must be signed by the consultant within 24 hours.

4. DNR order validity: Orders must be reviewed, updated, and clearly documented, periodically -- at most every six months for inpatients to reflect the changes in the patient's condition, if any. For outpatients, the most recent DNR (up to 1 year) order is in effect in any emergency situation, unless changed by further evaluation. In all situations this is done by three doctors one is a consultant, and the other two at least specialist. All sign the patient's record.



5. **DNR order during transfer:** Upon or during transferring or receiving a patient to/from other national or international health institutes, signed orders of DNR from other facilities are valid for 24 hours, and a copy must accompany the patient. In this case, the following should be applied:
- The patient's name MUST appear on the DNR order form.
 - If staff discovers during a code that the patient possesses an order and determines the person is the one named on the DNR order, the code should be stopped.
 - Identity of the patient must be verified, and the DNR order belongs to the patient using the following ways:
 - Communicate with the patient or a family member or care giver or his/her friend to identify the patient.
 - Communicate with a one of the medical team members who knows the patient personally.
 - The verification of the national identity or iqama or any other identity with picture like the passport or driving license or equivalent.
6. **Conflict resolution:** When there is disagreement or conflict regarding the DNR decision between the attending consultant and other physicians, a departmental chairperson or medical director shall be consulted in accordance with existing procedures for resolving such conflict.
7. **In case of surgery:** If a patient has a written DNR order in place prior to surgery, the order is automatically reversed in the event of surgery and automatically reactivated 48 hours after the surgical procedure.
8. **Women with viable pregnancy:** If a female patient has a written DNR order, in the case of a viable pregnancy, the DNR order shall be on hold until an emergency cesarean section is appropriately performed to save the baby.



9. **DNR order reversal/revision:** The DNR order may be reversed/ revised by the attending consultant according to the changes in the patient condition, in this case the following must be applied:

- a. An order to reverse/revise the DNR order must be documented in the patient's medical record (DNR Form) by the attending consultant.
- b. The order may be initially given by telephone to his/her board certified designee if the consultant is not available at the hospital, in accordance with existing telephone orders for general clinical orders, but such orders must be signed by the attending consultant within 24 hours.

10. **Special circumstances:** If the patient record possesses a DNR order and he/she is being transferred to a consultant who is unwilling or unable to comply with the order, the patient may be transferred to another consultant who will honor the order, after consulting with the departmental chairperson or medical director.

11. **Patient's rights:** The DNR order shall have no effect on other medical/nursing care provided by health care staff. Care will be provided to maintain the patient's dignity, privacy, and emotional and religious needs and may include but are not limited to: sedation, analgesia, fluid, enteral feeding, and personal hygiene.



References:

1. National Guard Health Affairs Administrative Policy and Procedure, APP Number 1420-01, Titled "NO CODE STATUS", Dated May 2007, Revised January 2012.
2. King Fahad Medical City Corporate Policy and Procedure, CPP Number 1430-60, Titled "ALLOW NATURAL DEATH ORDER", Dated Muharram 3, 1432 (28th November 2011)
3. King Fahad Medical City Corporate Policy and Procedure, CPP Number 1432-209, Titled "END-OF-LIFE CARE", Dated Ramadan 6, 1432 (6th August 2011)
4. King Faisal Specialist Hospital and Research Center Internal Policy and/or Procedure (IPP), Index Number MCO-MC-ADM-07-008, Titled "Do Not Attempt Resuscitation (DNR)", Dated 26 Safar 1434 (08 January 2013).
5. King Khalid University Hospital Policy Number HWCPP-046, Titled "DO NOT RESUSCITATE (DNR)", Dated October 2010, Revised March 2012.
6. Ministry of Defense Policy and Procedure, Titled "DO NOT RESUSCITATE", Dated 1 May 2012.
7. Mayo Clinic DNR document N.1 "Withholding Resuscitative Services for Patients in a Non-ICU Setting (DNR or DNR/DNI Orders)".
8. Mayo clinic DNR document N.2 "Withholding and/or Withdrawing Life Support".
9. Mayo clinic DNR document N.3 "Withholding Resuscitative Services for Patients in the ICU Setting (DNI, DNR or DNR/DNI orders)".
10. Wirral University Teaching Hospital, NHS Foundation Trust, UK, Policy Number GP4, Issue Version 3, Titled "DO NOT RESUSCITATE POLICY (DNR)", Dated August 2010.

Jurisprudence References:

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1. قرار هيئة كبار العلماء في المملكة العربية السعودية رقم (190) وتاريخ 6/4/1419هـ.
2. فتاوى اللجنة الدائمة للبحوث العلمية و الإفتاء في المملكة العربية السعودية
- الفتوى رقم (12086) وتاريخ 30/6/1409هـ
- الفتوى رقم (12762) وتاريخ 1410/4/9هـ
- الفتوى رقم (15964) وتاريخ 1414/4/13هـ
3. قرارات مجمع الفقه الإسلامي (الدولي) (المنبثق عن منظمة التعاون الإسلامي)
- قرار رقم 17/3/5 بشأن أجهزة الإنعاش.
- قرار رقم 67/7/5 بشأن العلاج الطبي.



* List of DNR Taskforce Members:

#	Name	Institution	Title & Position
1	Prof. Khalid A. Bin Abdulrahman, MD, ABFM, IAF, MHSC (MEd) - (Chairperson)	Ministry of Education Al Imam Mohammad Ibn Saud Islamic University	Professor of Family Medicine & Medical Education. Dean, college of medicine. General supervisor of medical Services President, Saudi Society for Studies in Medical Jurisprudence Head of DNR Taskforce in Saudi health council
2	Dr. Ahmed Al-Jabbary, MD, FRCPC	King Saud bin Abdulaziz University for Health Sciences. Ministry of National Guard – Health Affairs	Chairman, Saudi Intensive Care Association (SICA) Assistant Professor, College of Medicine King Saud bin Abdulaziz University for Health Sciences Section Head, Neurocritical Care Unit (NCCU) The Intensive Care Department King Abdulaziz Medical City – Riyadh
3	Dr. Abdullah Alturki, MD, FAAP	King Faisal Specialist Hospital and Research Center	Director and Section Head Pediatric Critical Care Department of Pediatrics Arab board of pediatrics American board of pediatric critical care Fellow of American Academy of pediatrics



4	Brig.gen. Dr. Mohammed Al Barrak, MD, FRCP (C) FCCP, ABIM	Prince Sultan Military Medical City Prince Sultan Cardiac Centre	Director Department Of cardiac Intensive Care Services
5	Brig.gen. Dr. Mohammad Al Fifi, MD, FRCPC (C)	Security Forces Hospital, Riyadh Associate professor king Faisal medical school	Chief of Internal Medicine.
6	Dr. Saif Aldeen Abuzaid	Saudi Red Crescent Authority	President advisor. chairman of Saudi team for Aid& Human relieve (Saudi heart). Director, SRCA Center for international trauma life support (ITLS), chairman Saudi Arabia chapter. Director, SRCA CPR Training center (AHA). Director SRCA Prehospital Trauma life support (PHTLS). Director, SRCA Center of stroke, ACS, AIRWAY Management. International instructor for heart Saver, first Aid, BLS, ACLS,ITLS,EMS.



7	Prof. Saleh M. Al-Fouzan PhD Comparative Jurisprudence, Shariah College in Riyadh Researcher and Referee in Medical Jurisprudence	Ministry of Education- King Saud University	Professor Of Comparative Jurisprudence in Islamic Studies department , College Culture Education Member of Saudi Society for Studies in Medical Jurisprudence Member of permanent Committee Research Ethics in King Saud University
8	Dr. Ayman Al Eyadhy	King Saud University King Saud Medical City	Head, pediatric intensive care unit, department of pediatric. Director of academic quality unit. College of Medicine. Chairman of IRB, health sciences college researcher of human subjects. King Saud University Chairman of PCCM fellowship scientific committee. Saudi commission for health specialties.
9	Dr. Amin Mohammed Yousif	Ministry of Health	Consultant Intensivist, President of Saudi critical care society



List of Medical Referees:

#	Name	Job Title	Institution
1	Dr. Hassan Alrayes	Chief Quality Officer	King Faisal Specialist Hospital & Research Center
2	Dr. Khalid Abdulrazzag Maghrabi	Adult Critical Care Medicine	King Faisal Specialist Hospital & Research Center
3	Dr. Avedis Kalloghlian	Cardiac Critical Care	King Faisal Specialist Hospital & Research Center
4	Dr. Mohammad Zafir Al Shehri	Palliative Care Medicine	King Faisal Specialist Hospital & Research Center
5	Dr. Amani Al Kofide	Chairman/ Pediatric Hematology/Oncology	King Faisal Specialist Hospital & Research Center
6	Dr. Khalid Alsaleh	Associate Medical Director For Medical Affairs	King Saud Medical City
7	Dr. Ahmad abdulmomen	Chairman Of Critical Care Department	King Saud Medical City
8	Dr. Tariq Alzahrani	Chairman Department Of Anesthesiology	King Saud Medical City
9	Dr. Saad Al Assiri	Director of Emergency Department	Security Force Hospital Riyadh
10	Dr. Haradan Aljabbah	Deputy Chairman Medicine	King Abdul-Aziz Medical City -- Ministry of National Guard Riyadh
11	Dr. Fahad Hamzeo	Chairman ICU - Jeddah	King Abdul-Aziz Medical City – Ministry of National Guard Jeddah
12	Dr. Waleed Alyafi	Executive Director – NGHA- Madinah	King Abdul-Aziz Medical City – Ministry of National Guard Jeddah
13	Dr. Ameen Kashmeery	Head of Bioethics Section	King Abdul-Aziz Medical City – Ministry of National Guard Jeddah
14	Dr. Sami Alsolamy	ICU/ER Consultant	King Abdul-Aziz Medical City – Ministry of National Guard Riyadh
15	Dr. Faisal Al Swaidan	Intensivist	King Fahad Medical City – Riyadh MOH
16	Dr. Ramiz Al Swailem	Rheumatology	Ministry of Defense - Medical Services - Riyadh
17	Dr. Abdullah Al Wohaiby	Emergency	Ministry of Defense - Medical Services - Riyadh
18	Dr. ZHAIR ALASIRI	Associate professor and consultant emergency medicine and ICU, chairman MPH	MINISTRY OF EDUCATION- King Saud University- MEDICAL CITY KING KHALED UNIVERSTY HOSPITAL

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- Arbitrated by General Presidency of Scientific Research and Ifta at Senior Scholars in Saudi Arabia, and a group of judges, lawyers and legal professionals in the medical affairs, including a legal advisor Mr. Hisham Dawood at Security Forces Hospital.
- Reviewed by Medical and Legal Administration at Mayo Clinic in USA.



نموذج أمر عدم الإنعاش
Do Not Resuscitate (DNR) Order Form

Note: - This form should be kept as THE FIRST SHEET in the Medical Record
- For further details regarding this form, please see the National DNR Policy and Procedure

DIAGNOSIS(ES):					
Part I: THE ATTENDING PHYSICIAN WILL SELECT THE APPROPRIATE MANAGEMENT INTERVENTION:					
<input type="checkbox"/> WITHHOLDING الامتناع		<input type="checkbox"/> WITHDRAWING الإيقاف		<input type="checkbox"/> LIMITED ESCALATION التصعيد المحدود	
LIMITED TO:					
	Yes	No		Yes	No
Call RRT/ICU Admit	<input type="checkbox"/>	<input type="checkbox"/>	Non-invasive Ventilation	<input type="checkbox"/>	<input type="checkbox"/>
Inotropes/Vasopressors	<input type="checkbox"/>	<input type="checkbox"/>	Dialysis	<input type="checkbox"/>	<input type="checkbox"/>
			Cardioversion	<input type="checkbox"/>	<input type="checkbox"/>
			Others (Please describe)		
JUSTIFICATION:					

THREE SIGNATURES ARE REQUIRED FOR THIS PART TO BE VALID (Attending Physician and two (2) others at least specialist:						
No.	NAME	HOSPITAL ID	CONTACT #	SIGNATURE	DATE	TIME
1						
2						
3						

PATIENT OR FAMILY MEMBER INFORMED IF APPROPRIATE	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(NAME/RELATION/PHONE):		

VERBAL ORDER	NAME	HOSPITAL ID	CONTACT #	SIGNATURE	DATE	TIME
TAKEN BY						
WITNESS 1						
WITNESS 2						

Part II: THE DNR ORDER HAS BEEN MODIFIED TO THE FOLLOWING:					
TO REVERSE OR REVISE THE DNR ORDER: Please place a diagonal line across part I of the form, write in large letters "VOID" , and sign next, select the new code status by completing the following:					
PLEASE SELECT THE APPROPRIATE MANAGEMENT INTERVENTION:					
<input type="checkbox"/> Full Code (CPR) الإنعاش القلبي الرئوي					
<input type="checkbox"/> WITHHOLDING الامتناع		<input type="checkbox"/> WITHDRAWING الإيقاف		<input type="checkbox"/> LIMITED ESCALATION التصعيد المحدود	
LIMITED TO:					
	Yes	No		Yes	No
Call RRT/ICU Admit	<input type="checkbox"/>	<input type="checkbox"/>	Non-invasive Ventilation	<input type="checkbox"/>	<input type="checkbox"/>
Inotropes/Vasopressors	<input type="checkbox"/>	<input type="checkbox"/>	Dialysis	<input type="checkbox"/>	<input type="checkbox"/>
			Cardioversion	<input type="checkbox"/>	<input type="checkbox"/>
			Others (Please describe)		
JUSTIFICATION FOR REVERSION OR REVISION:					
SIGNATURE OF THE ATTENDING PHYSICIAN IS REQUIRED:					
NAME	HOSPITAL ID	CONTACT #	SIGNATURE	DATE	TIME

Note: This form remains valid for SIX MONTHS for inpatients, and for ONE YEAR for outpatients, unless otherwise replaced by the Attending Physician as per the National DNR policy and procedure.