[NM-296] Pediatric DNR: Is everyone on the same page?

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Introduction
It is not uncommon to see pediatric patients with do not resuscitate (DNR) orders in the perioperative period. Many personnel believe that DNR orders are automatically suspended perioperatively. This misconception leads to confusion in the perioperative period. As leaders in the operative arena, we need to have a clear understanding of these guidelines and issues in order to orchestrate a smooth perioperative course for such patients. We report the case of an infant with DNR orders, to illustrate the key issues and challenges in appropriately coordinating care of these patients.

Case report
A 4 month old male born at 23 weeks gestation was scheduled for a palliative tracheostomy. History included respiratory failure complicated by pulmonary hypertension, pneumothorax, recurrent pneumonia and failure to wean. At 15 weeks of age, a multidisciplinary meeting with the family resulted in the institution of a DNR specified code status consisting of no chest compression, no resuscitative drugs and no needling of chest. There were no specific written hospital policies on management of the DNR order in the operating room. The ICU and surgical teams believed that suspension of the DNR was indicated. The anesthesia team was consulted for pre-surgical evaluation on the day of surgery. Consensus after interdisciplinary discussion was that holding all DNR orders was not appropriate and that the family needed to be involved in making that decision. Surgery had to be postponed several times until a consensus was reached by the mother and perioperative care team to suspend the DNR orders. Surgery proceeded uneventfully. Upon transfer back to the ICU there was further discussion and confusion regarding responsibility for reinstating the DNR orders. Ultimately this was done by the attending physician of the primary service.
Discussion
15% of surgical patients have preexisting DNR orders. About one third of physicians believe that DNR orders are automatically suspended in the perioperative period (1).But, more than 90% of patients believe that there should be a discussion before DNR orders are changed in the perioperative period. The ASA recommendations for perioperative DNR orders are based on the primary principles of patient autonomy and required reconsideration. Anesthesia is an ongoing process which is inherently at odds with the concept of DNR. The multiple delays in taking an acutely ill child such as the one in our report to the operating room have emotional costs to patient and family. Moreover, anything negatively impacting the operating room work flow will have serious repercussions. We are now implementing our hospital’s recently adopted DNR guidelines for pediatric surgical patients to address these clinical situations
Conclusion
Anesthesiologists as leaders in the perioperative care are positioned to educate other perioperative personnel and develop hospital policies and awareness about the existence of guidelines. Laws regarding DNR vary from state to state. We recommend that institutions caring for pediatric patients establish clearly written guidelines for implementing DNR orders intra and peri-operatively.
Reference:
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