

C-61 Management of Perioperative DNR Status

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Objective

After completion of this session, the participant will be able to:

- Devise management options for a surgical patient with an active DNR/DNI order.

Case Stem Question

You are caring for Avery, a 76-year-old patient with a history of pancreatic cancer. After previous surgical resection, the disease has recurred, with liver metastases and resulting biliary obstruction. Avery has been admitted to the hospital for management of fatigue and jaundice and is now referred for endoscopic retrograde cholangiopancreatography (ERCP) and biliary stent placement.

At your institution, both deep sedation and general anesthesia with endotracheal intubation are used for ERCP, depending on patient status. When reviewing the medical record, you note that Avery has a DNR order which was recently established during a medical oncology appointment.

When you introduce yourself as the anesthesiologist, Avery expresses anxiety about a breathing tube and has many questions about anesthesia. Your goal is to review Avery's resuscitation preferences and establish an anesthetic plan for this procedure.

Guiding Questions for Discussion

- 1) How are the ethical principles of patient autonomy, beneficence, and non-maleficence applicable in the management of perioperative/periprocedural code status?
- 2) What are the options for managing the perioperative DNR order (e.g. procedure-directed vs. goal-directed)? What are the pros and cons of these different approaches?
- 3) When should DNR orders, if suspended for an operation or procedure, be reinstated?
- 4) What communication strategies or tools could aid your preoperative discussion? What resources are available for improving communication skills in the perioperative setting?
- 5) Is it possible to avoid intubation for this case? How would your approach change if your patient were scheduled for an exploratory laparotomy?
- 6) What if the proceduralist does not agree with your proposed anesthetic plan?
- 7) Which procedures or interventions might be considered resuscitative measures? How would you manage an unanticipated intraoperative complication?
- 8) Why might operative/procedural staff feel hesitant about honoring a patient's perioperative DNR order?
- 9) Whose responsibility is it to discuss perioperative code status? What is the anesthesiologist's role? What is your hospital policy?
- 10) What if you have a strong objection to the decision to limit interventions?

- 11) What are the legal implications of honoring a perioperative DNR order?
- 12) What if patient preferences conflict with interventions that you determine are necessary to safely proceed with anesthetic care? How can these conflicts or disagreements about code status be resolved?
- 13) How might a patient's sociocultural background impact their code status preferences?
- 14) Your patient has decided to maintain a perioperative DNR order, but family members do not agree with this decision – how would you manage this disagreement?
- 15) When you meet the patient, they are more ill than you initially thought, and you believe that they may not be a good candidate for this procedure. How would you handle this situation?

References

Sumrall WD, Mahanna E, Sabharwal V, Marshall T. Do Not Resuscitate, Anesthesia, and Perioperative Care: A Not So Clear Order. *Ochsner J.* 2016 Summer;16(2):176-9. PMID: 27303230; PMCID: PMC4896664.

Truog RD, Waisel DB. Do-not-resuscitate orders: from the ward to the operating room; from procedures to goals. *Int Anesthesiol Clin.* 2001 Summer;39(3):53-65. doi: 10.1097/00004311-200107000-00006. PMID: 11524600.

Burkle CM, Swetz KM, Armstrong MH, Keegan MT. Patient and doctor attitudes and beliefs concerning perioperative do not resuscitate orders: anesthesiologists' growing compliance with patient autonomy and self determination guidelines. *BMC Anesthesiol.* 2013 Jan 15;13:2. doi: 10.1186/1471-2253-13-2. PMID: 23320623; PMCID: PMC3548687.

Shapiro ME, Singer EA. Perioperative Advance Directives: Do Not Resuscitate in the Operating Room. *Surg Clin North Am.* 2019 Oct;99(5):859-865. doi: 10.1016/j.suc.2019.06.006. Epub 2019 Jul 20. PMID: 31446914; PMCID: PMC6729135.

Cushman T, Hays E, Nagengast AK. Perioperative Care of the Patient with Directives Limiting Life-Sustaining Treatments. *Anesthesiol Clin.* 2024 Sep;42(3):393-406. doi: 10.1016/j.anclin.2023.12.005. Epub 2024 Jan 5. PMID: 39054015.

Ewanchuk M, Brindley PG. Perioperative do-not-resuscitate orders--doing 'nothing' when 'something' can be done. *Crit Care.* 2006;10(4):219. doi: 10.1186/cc4929. PMID: 16834763; PMCID: PMC1751011.

Ballard HA. Remapping End of Life Discussions. *Anesth Analg.* 2021 Feb 1;132(2):e25-e26. doi: 10.1213/ANE.0000000000005277. PMID: 33449564.

Waisel D, Jackson S, Fine P. Should do-not-resuscitate orders be suspended for surgical cases? *Curr Opin Anaesthesiol.* 2003 Apr;16(2):209-13. doi: 10.1097/00001503-

200304000-00016. PMID: 17021462.

Kopecky K, Pelletier P, Miller P. Strategies for Collaborative Consideration of Patients' Resuscitation Preferences. *AMA J Ethics*. 2020 Apr 1;22(4):E325-332. doi: 10.1001/amajethics.2020.325. PMID: 32345426.

Kim C, Keneally R. The Do Not Resuscitate (DNR) order in the perioperative setting: practical considerations. *Curr Opin Anaesthesiol*. 2021 Apr 1;34(2):141-144. doi: 10.1097/ACO.0000000000000974. PMID: 33630773.

Devinney MJ, Treggiari MM. The role of Advance Directives and Living Wills in Anesthesia Practice. *Anesthesiol Clin*. 2024 Sep;42(3):377-392. doi: 10.1016/j.anclin.2024.02.001. Epub 2024 Mar 12. PMID: 39054014.

Cushman T, Waisel DB, Treggiari MM. The Role of Anesthesiologists in Perioperative Limitation of Potentially Life-Sustaining Medical Treatments: A Narrative Review and Perspective. *Anesth Analg*. 2021 Sep 1;133(3):663-675. doi: 10.1213/ANE.0000000000005559. PMID: 34014183.

Loeb AE, Jia SY, Humbyrd CJ. What Should an Anesthesiologist and Surgeon Do When They Disagree About Terms of Perioperative DNR Suspension? *AMA J Ethics*. 2020 Apr 1;22(4):E283-290. doi: 10.1001/amajethics.2020.283. PMID: 32345420.