DATE	TIME	SERVICE
ATTENDING		RESIDENT
DIAGNOSIS		CONDITION

***PREPARATIONS* (Complete the following):**

- Do Not Attempt Resuscitation (DNAR) order written
- Note written in chart that documents rationale for withdrawal of life-sustaining treatments, discussions with attending and discussions with family (or attempts to contact family)
- Discontinue all previous orders including routine vital signs, medication, enteral feeding, intravenous drips, radiographs, laboratory tests. See below for new orders.
- Remove devices not necessary for comfort including monitors, blood pressure cuffs, and leg compression devices. See below for orders related to the ventilator.
- Remove all devices (such as cardiac output computer, intra-aortic balloon pump) from ICU room.
- Liberalize visitation
- Verify LCNW has evaluated patient for Donation after Cardiac Death before withdrawal; 1-888-543-3287

SEDATION AND ANALGESIA:

- Document symptoms or signs of discomfort for increase in sedation or analgesia; see principle 7 on reverse.

1) Analgesia – select one:

- ❑ Morphine _____ mg IV every _____ min PRN dyspnea or pain
- ❑ Fentanyl _____ micrograms IV every _____ min PRN dyspnea or pain
- ❑ Morphine drip at current rate (if patient comfortable at that dose) or 10 mg/hr or ___ mg/hr. For signs of discomfort may give additional IV morphine up to 50% the current hourly rate Q5min; may increase infusion rate by 20% Q30min for signs of discomfort not relieved by bolus.
- ❑ Fentanyl drip at current rate (if patient comfortable at that dose) or 100 micrograms/hr or _______ micrograms /hr. For signs of discomfort may give additional IV fentanyl up equal to 50% the current hourly rate Q5min; may increase infusion rate by 20% Q30min for signs of discomfort not relieved by bolus
- ❑ Other opiate: ____
- ❑ None; notify physician if patient shows signs of pain, dyspnea, or other symptoms.

2) Sedation – select one:

- ❑ Lorazepam or midazolam (circle one) _____ mg IV every _____ minutes PRN anxiety, dyspnea or distress
- ❑ Lorazepam drip at current rate (assuming patient comfortable at that dose) or 5 mg/hr or ____ mg/hr. For signs of discomfort may give additional IV lorazepam up to 50% the current hourly rate Q5min; may increase infusion rate by 20% Q30min for signs of discomfort not relieved by bolus.
- ❑ Midazolam drip at current rate (assuming patient comfortable at that dose) or 10 mg/hr or ___ mg/hr. For signs of discomfort may give additional IV midazolam up to 50% the current hourly rate Q5min; may increase infusion rate by 20% Q30min for signs of discomfort not relieved by bolus.
- ❑ Other sedative: ____
- ❑ None; notify physician if patient shows signs of pain, dyspnea, or other symptoms.

VENTILATOR:

1) Initial ventilator setting: IMV rate __, PS level __, (choose IMV or PS, not both), F_iO_2 __, PEEP __.
2) Reduce apnea, heater, and other ventilator alarms to minimum setting.
3) Reduce F_iO_2 to room air and PEEP to zero over <5 minutes and titrate sedation as indicated for discomfort.
4) As indicated by level of comfort, wean IMV to 4 or PS to 5 over 5-20 minutes; titrate sedation for comfort.
5) When patient is comfortable on IMV rate 4 or PS of 5, select one:
   - ❑ Extubate patient to air
   - ❑ T-piece with air (not CPAP on ventilator)

PHYSICIAN SIGNATURE	PAGER	UPIN

PT.NO

NAME

DOB

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington

WITHDRAWAL OF LIFE-SUSTAINING MEASURES ORDER FORM

H01450

H01450

HMC0000 REV APR 05

WHITE - MEDICAL RECORD
CANARY – NURSING/DEPT

PHYSICIAN ORDER — YELLOW

PRINCIPLES FOR WITHHOLDING AND WITHDRAWING LIFE-SUSTAINING TREATMENT

1) Death occurs as a consequence of the underlying disease. The goals of care outlined on the reverse are to relieve suffering and not to hasten death.
2) Withdrawing life-sustaining treatment is a medical procedure that requires the same degree of physician participation and quality assurance as any other medical procedure.
3) Withholding life-sustaining treatment is morally and legally equivalent to withdrawing treatment. When any life-sustaining treatment is withheld, the goals of care should be reassessed and strong consideration should be given to withdrawing other life-sustaining treatments.
4) Any treatment can be withdrawn or withheld, including nutrition, fluids, antibiotics, or blood products.
5) Actions solely intended to hasten death are morally unacceptable (for example, administering a high dose of potassium or a paralytic drug).
6) Any dose of analgesic or anxiolytic medication may be reasonably used in order to relieve suffering, even if the medication has the potential to hasten death. Although concerns about hastening death with medications are understandable, it is important to remember that patients can develop tolerance to medications so that unusually high doses may be necessary to adequately relieve suffering.
7) Clinicians should be extremely sensitive to the difficulties in assessing suffering in critically-ill patients and should be wary of under-treating discomfort when life-sustaining treatment is withheld or withdrawn. When determining the need for medication, the following signs should be assessed and documented in the medical record: tachypnea, tachycardia, diaphoresis, grimacing, accessory muscle use, nasal flaring, and restlessness.
8) Patients with severe brain injury may not experience the typical suffering of pain or dyspnea, and so they may not require typical sedation or analgesia. If brain death has been formally documented, there is no need for medications to relieve suffering.
9) Life-sustaining treatment should not be withdrawn while a patient is receiving paralytic drugs. After paralytic drugs have been discontinued, life-sustaining treatment may be withdrawn, as long as the patient demonstrates sufficient motor activity to allow thorough clinical assessment.
10) Cultural and religious views influence the perspectives of patients and family members regarding life-sustaining treatment. These issues should be discussed with patients and family members, and efforts should be taken to accommodate various perspectives. Social workers, spiritual care providers, palliative care consultants, and/or cultural mediators from Interpreter Services are available to help address these issues.

PHYSICIAN ORDER — **YELLOW**