

PERI-OPERATIVE DNAR

A PRIMER FOR SURGEONS

CONTEXT

When a patient with a pre-existing DNAR (Do Not Attempt Resuscitation) requires surgery, the goal is to respect autonomy while ensuring informed, individualized care. Some institutions automatically suspend DNAR in context of surgery. We recommend reassessing patients DNAR status prior to surgery, in a way that respects autonomy while ensuring informed, individualized care as able, within your institutional policies.

VERIFY

- Confirm DNAR status is accurately documented
- Confirm MPOA (medical power of attorney)-surrogate decision maker and obtain paperwork if possible
- Identify one of three perioperative approaches:
 - Suspend DNAR temporarily
 - Conditional DNAR
 - No suspension

DISCUSS

- Assess patient capacity. Involve surrogate if needed.
- Clarify values, acceptable outcomes, and goals of care that originated the DNAR order
 - What clinical states would the patient find unacceptable?
 - What is currently most important to the patient? Will the procedure help the patient reach that goal?
- Explain potential perioperative complications emphasizing reversible vs irreversible
- Align plan with likely benefit to quality of life
- Define goals of perioperative resuscitation with communication and agreement with anesthesia colleagues. Consider tailoring discussion to defining levels of related LSTs (life-sustaining treatments) to avoid unrealistic checklists
 - Level I: IV fluids, intubation, pressors
 - Level II: Transfusions, antiarrhythmics, cardioversion
 - Level III: Chest compressions, defibrillation, E-CPR
- Determine when perioperative DNAR modifications begin and end (e.g.: PACU, ward, etc.)
- Consider time trials for DNAR suspension with clear reassessment intervals

COLLABORATE

- Communicate plan during surgical time-out
- Clarify acceptable resuscitation measures and limits. (Ex. "Patient consents to Level II resuscitation. We will not perform chest compressions or defibrillation under any circumstance.")
- Ensure all peri-operative and post-operative staff understand the plan
- Document the defined peri-operative period

DOCUMENT

- Record DNAR status, goals, perioperative plan, and timeline for reinstatement
- Include rationale and details of discussions

REEVALUATE

- Revisit goals and DNAR status post-op at predetermined times
- Reassess within 24-48 hours if DNAR was suspended

SPECIAL CONSIDERATIONS

- In emergencies without patient/surrogate input:
- Temporary unilateral suspension may be necessary
 - Document reasoning and plan to readdress
 - Consider reassessment within 24-48 hours
 - Support ethical consultation or team reassignment if conflicts arise

IMPORTANT POINTS

1. Surrogate decision making
2. Limitations- avoid checklists
3. Duration and time-limited trials

PROGNOSTICALLY-INFORMED DISCUSSION

Disclose potential adverse scenarios and peri-operative complications (reversible and irreversible.)

- Procedure likely to enhance, maintain, or diminish current quality of life.
- Any outcomes NOT acceptable to patient's goals.
- Abort procedure if risks of unacceptable outcomes outweigh potential benefits of an intervention.



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- OR Locker Room
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