

ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): 1 March 2022

Response Date: 2 March 2022

Type of TA Request: Standard

Request:

The requestor asked ASPR TRACIE for articles specific to do-not-resuscitate/do-not-intubate (DNR/DNI) orders and historical policies during crisis.

Response:

The ASPR TRACIE Team reviewed existing materials in our resource library. We also conducted a search online for relevant materials and suggest the following resources for consideration:

Adams, J. (2012). [Prehospital Do-Not-Resuscitate Orders: A Survey of State Policies in the United States](#). (Abstract only.) *Prehospital and Disaster Medicine*. 8(4).

The author of this study assessed which states have statutes governing DNR orders for the prehospital setting, which statutes authorize DNR orders in ways other than by specific state statute, and identified those states that had regional protocols that address prehospital DNR orders.

American Medical Association. (2020). [DNR Orders in a Public Health Crisis](#).

This brief article provides opinions of healthcare professionals related to DNR orders during a public health crisis.

Dutton, A. (2021). [No, Idaho is not Under a “Universal DNR.” Hospitals Won’t Just Let Everyone Die](#). Idaho Capital Sun.

This article addresses the misconception that circulated during the COVID-19 pandemic when Idaho declared crisis standards of care (CSC). There was confusion related to what that declaration meant; some thought patients would not be revived if their hearts stopped in a hospital. The author also provides a list of what must happen before any DNR order can be acted upon during a CSC declaration.

Koenig, K.L. and Tamkin, G.W. (1993). [Do-Not-Resuscitate Orders. Where Are They in the Prehospital Setting?](#) (Abstract only.) *Prehospital and Disaster Medicine*. 8(1):51-4.

This article, dated from 1993, provides a historical perspective of prehospital DNR systems that were in place for emergency medical service (EMS) providers. At that time,

policies stated that EMS providers must resuscitate all patients who access the system, regardless of the patients' wishes and what makes ethical or economic sense.

Ornstein, C. and Fink, S. (2009). [Key Panel Presses for Clearer Guidance on Who Gets Scarce Resources in Major Medical Disasters](#). ProPublica.

This article addresses gaps identified by a panel of experts related to planning for a public health disaster and national guidelines for making ethical and medical decisions in crisis situations. One expert noted that DNR status has been considered in allocation of scarce resources schemes in the past. However, the same expert noted that DNR orders are not useful parameters for considering the allocation of scarce resources.

Parent, B., Rivera-Agosto, J.L., and Walsh, B.C. (2021). [Legal Foundation for Crisis Clinical DRN Orders](#). Journal of General Internal Medicine. 36, pages3210–3211.

This article addresses the legal foundation for crisis clinical DNR orders during catastrophic pandemics such as COVID-19.

Sasson, C., Forman, J., Krass, D., et al. (2009). [A Qualitative Study to Identify Barriers to Local Implementation of Prehospital Termination of Resuscitation Protocols](#). Circulation Cardiovascular Quality and Outcomes.2:361-368.

The authors of this study conducted three focus groups with participants at the National Association of Emergency Medical Services Physicians meeting in January 2008 to identify themes regarding EMS policies and perceptions specific to the Termination of Resuscitation (TOR) protocols. The authors noted that public policies and local perceptions may serve as barriers or facilitators to implementing national TOR guidelines at the local level. **NOTE:** Users must download the PDF version of this resource.

Schaffer, A. (2013). [The Moral Dilemmas of Doctors During Disasters](#). The New Yorker.

This article addresses the predicaments doctors experienced at Memorial Medical Center in New Orleans, LA after Hurricane Katrina, including whether patients with DNR orders should receive the lowest priority for evacuation.