

## **ETHICS ROUNDS**

### **Wristbands for DNR?**

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Wristbands or other special identifiers that distinguish patients with do-not-resuscitate (DNR) orders are intended to prevent unwanted resuscitation attempts by assuring that patient "code status" is readily apparent in case of emergency. However, DNR identifiers also raise important privacy and confidentiality concerns. While national VHA policy is silent on this topic, local VA medical centers have addressed the issue in a variety of different ways. This brief overview describes national and local VHA policies, current practices beyond the VA system, and practical suggestions from the National Center for Ethics.

National VHA policy does not directly address the question of how to identify patients with DNR orders. [\*Do Not Resuscitate \(DNR\) Protocols Within the Department of Veterans Affairs\*](#), found at M-2, Part I Chapter 30, states that "VA medical centers, assisted by District Counsel, shall develop protocols for dealing with issues involved when terminally ill patients request ... DNR orders" (Section 30.02). The policy then states that medical centers may include various items within the DNR protocols, such as "[r]equirements for flagging or otherwise highlighting the medical record in such a way as to indicate the entry of a DNR order therein" (Section 30.03.a.7). The policy does not specify how patients with DNR orders should be identified.

Local VAMC policies on the use of special identifiers for patients with DNR orders vary. Review of a small sample of policies reveals that many are silent on the issue. Some VAMCs require that charts be flagged with special stickers indicating the writing, dating, and renewing of DNR orders. At the Central Texas VA Health Care System, the protocol states that following the writing of a DNR order, "the outside of a veteran's chart should be marked accordingly, and the in-patient given a blue armband while the order is in effect." At the Salisbury VAMC NC, the protocol reads that "the patient's data card and armband [be marked] with a strip of yellow tape to the right of the patient's name."<sup>1</sup> At the Harry S. Truman VAMC MO, the protocol reads " [the] nurse will apply red tape to the wristband when the DNR order is transcribed and verified."<sup>2</sup> The protocol at the Roseburg VAMC OR requires that "patients who are on DNR status will be identified by BLUE armbands. This will be used in conjunction with other armbands that we have in current use. Please note that it may be possible for a patient to be wearing two armbands, a red armband indicating a patient has an allergy and a blue armband indicating the patient is DNR."<sup>3</sup>

Some private sector hospitals<sup>4</sup> also use color-coded wristbands or wristbands with punched holes to indicate that DNR orders have been written. At the University of Missouri Hospitals, Columbia MO, patients with DNR orders have heart-shaped holes punched next to their names on their wristbands and special labels attached to the back of the bands that indicate the type of treatment limitations they have chosen.

The use of wristband identifiers is not specifically addressed in the current standards of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). Although some state laws or protocols governing out-of-hospital DNR orders support the use of wristbands, new DNR orders may need to be written and different wristbands applied once a patient is admitted to the hospital.

The ethical challenge in implementing a wristband policy is balancing the benefit of preventing unwanted resuscitation against the risk of compromising patient privacy and confidentiality. DNR orders may be written in the chart or entered into the computer, but this fact could be missed when a patient leaves the unit or when staff are unfamiliar with the patient. In one study, 40% of hospital radiology departments reported resuscitating an inpatient who had a written DNR order.<sup>5</sup>

Patients or their families may be reluctant to authorize the use of wristbands or other labels that indicate DNR status. Understandably, they may consider resuscitation preferences to be a personal matter that is not for public display. They may also worry about stigmatization, abandonment, and substandard care. Such fears are not entirely unfounded. In fact, empirical studies have shown that patients with DNR orders may be less likely to receive other forms of aggressive care.<sup>6,7</sup>

The National Center for Ethics supports the use of special identifiers for patients who have DNR orders provided that patient privacy is respected. Patients (or their surrogates) should be given the opportunity to accept or decline the use of wristbands or identifiers and should be informed of the small risk that DNR orders may not be recognized if the wristband is not used. Consideration should also be given to making DNR identifiers as inconspicuous as possible.

1. Department of Veterans Affairs Medical Center, Salisbury, NC; MCM 11-16; March 23, 1999.

2. Harry S. Truman VAMC, Columbia, MO, PROF 11-98-09, June 26, 1998. Readers who want to read this facility's pertinent material may request it via e-mail from Mr. Jon Deal at [Jon.Deal@med.va.gov](mailto:Jon.Deal@med.va.gov).

3. VA Roseburg Health Care System, Roseburg, OR, Memorandum 1109, July 10, 1998.

4. Rosier PK. Wristband identification of DNR patients. *MedSurg Nsg* 1997;6(6):371-372. Readers who want to read materials used by a private sector hospital may request them from Patricia Rosier, [prosier@bhs1.org](mailto:prosier@bhs1.org), Berkshire Medical Center, Springfield, MA.
5. Heffner JE, Barbieri C. Compliance with do-not-resuscitate orders for hospitalized patients transported to radiology departments. *Ann Intern Med.*1998;129(10):801-805.
6. LaPuma J, Silverstein MD, Stocking CB, Roland D, Siegler M. Life-sustaining treatment: a prospective study of patients with DNR orders in a teaching hospital. *Arch Intern Med.* 1998;148:2193-2198.
7. Stolman CJ, Gregory JJ, Dunn D, Ripley B. Evaluation of the do not resuscitate orders at a community hospital. *Arch Intern Med.* 1989;149(8):1851-1856.