



Frequently Asked Questions

iMedConsent™ Software Update: Do Not Resuscitate (DNR) Wizard

October 22, 2014

1. What is iMedConsent™?

iMedConsent™ is a software package that supports electronic access, completion, electronically captured signatures, and storage of documents, such as informed consent forms and advance directives. [VHA Handbook 1004.05, iMedCONSENT™](#), sets forth procedures related to the use of iMedConsent™.

[VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures](#), discusses the goals, scope, and key concepts related to patients' informed consent for clinical treatments and procedures and the related responsibilities of VHA staff. Handbook 1004.01 mandates the use of the iMedConsent™ software program to document the signature informed consent process, except in specific circumstances.

2. Why was the DNR Wizard developed?

The wizard development was prompted by a recommendation from the Office of the Medical Inspector to help ensure that practitioners discuss and document the patient's preferences about whether to discontinue or maintain their DNR order during a procedure with a risk of cardio-pulmonary arrest.

3. What does the new wizard look like?

The wizard has 2 panels. The first panel asks the practitioner to choose whether the planned procedure poses a risk that might require the patient to be resuscitated. If the planned procedure includes such a risk, practitioners must check that box. This checked box prompts a second wizard panel to open. This is where the practitioner can document the patient's wishes for the DNR order in relation to the planned procedure or treatment. If the procedure doesn't pose a risk that might require the patient to be resuscitated, the practitioner may simply select "Next" and the second screen will be bypassed.

First panel

Help | Policy

Screen for DNR Discussion

A patient's DNR order must not be automatically suspended during a treatment or procedure. When a patient with a DNR order is referred for a procedure involving general anesthesia or any procedure that poses a high risk of serious arrhythmia or cardiopulmonary arrest (e.g., hemodialysis, cardiac catheterization, electrophysiology studies), the referring practitioner or the practitioner performing the procedure must discuss DNR with the patient/surrogate and document the patient/surrogate's decision in the consent form. In addition, if the patient/surrogate decides that the patient's current DNR order will be discontinued, the practitioner must write orders in CPRS to discontinue the existing DNR order during the procedure and reinstitute the DNR order after the procedure,

The patient has a DNR order and the procedure/treatment will require anesthesia care by anesthesia providers.

The patient has a DNR order and the procedure/treatment poses a high risk of serious arrhythmia or cardiopulmonary arrest (e.g., hemodialysis, cardiac catheterization, electrophysiology studies).

Note: Selecting either option will require you to document the patient or surrogate's decision regarding DNR for the period of the procedure/treatment under discussion in this consent process.

Cancel < Back **Next >** Finish

Selecting either check box option will generate second panel. May bypass by selecting "Next" if not relevant.

Second panel

Help | Policy

DNR Decision

Select the appropriate option. A selection is required. Once selected, the text that will appear in the consent form and the associated progress note will populate in the box below. This may be edited as needed to reflect the discussion with the patient/surrogate.

iMedConsent WILL NOT automatically discontinue orders in CPRS. If the patient/surrogate decides that the patient's current DNR order will be discontinued, the practitioner must write orders in CPRS to discontinue the existing DNR order during the procedure and to reinstitute the DNR order after the procedure, as appropriate.

Patient/surrogate has decided that the DNR order WILL REMAIN IN PLACE during this treatment/procedure.

Patient/surrogate has decided that the DNR order WILL BE DISCONTINUED during this treatment/procedure.

Note: Selecting an option above WILL NOT generate or change any orders in CPRS. The practitioner must write appropriate orders in the orders section of CPRS before and after treatment.

Text appearing on consent form (EDIT AS NEEDED)

Cancel < Back **Next >** Finish

Must select one of these two options to move forward.

4. What has been changed?

Before this wizard was created, there was no detailed prompt in iMedConsent™ for the practitioner to discuss with the patient the option of whether or not to keep a DNR order in place during a treatment or procedure in which the patient may need resuscitation. The only feature to remind the practitioner to have this discussion was an option on the “Comments” wizard panel.

5. How can the wizard be accessed?

The new DNR wizard panels have been imbedded in the standard consent wizards for treatments and procedures. The DNR wizard panels will open automatically in standard consent forms for treatments/procedures (e.g., cardiac catheterization, craniotomy, etc.) The DNR wizard panels will be presented immediately following the wizard panel for verifying a patient’s decision-making capacity.

6. Are there any changes to the current features of iMedConsent™ because of this new wizard?

Yes. First, the option to document a DNR order suspension in the current “Comments” wizard panel has been removed. Second, text has been added to the “Reminders” pop-up screen to remind practitioners before they sign the consent form that a patient’s DNR order is not automatically discontinued but must be discontinued manually in CPRS.

7. When can I get the new DNR wizard?

The wizard is being delivered by iMedConsent™ Patch 3.837.000.033, and will be installed at all VHA facilities through that patch.

8. Do practitioners have to use the new DNR wizard?

If the practitioner determines that the planned procedure poses a risk that might require a patient with a DNR order to be resuscitated, then the practitioner must use the wizard panel.

Please check for updates to this FAQ document on the National Center for Ethics in Health Care’s website: <http://vaww.ethics.va.gov/activities/policy.asp>.

For specific ethics concerns about informed consent, please contact your local Ethics Consultation Service. For questions regarding this FAQ document, please email vhaethics@va.gov or call 202-632-8457.

~end~