

**Rationale:** The Adult Resuscitation Status form is revised to decrease patient/family confusion, eliminate clinically inappropriate code choices and address goals of care as part of the resuscitation status decision making process.

**New:** The following are updated:

- Paper form **POS-29 ADULT RESUSCITATION STATUS**
- **MED Adult Resuscitation Code Status**
- **Limited Code Blue Orders**

### Adult Resuscitation Status Form POS-29

|  |      |   |  |
|--|------|---|--|
| Patient Name: _____  |      | Date of Birth: _____  |  |
| <b>POS-29 (rev. 01/21)</b>   |      | Page 1 of 1   |  |
| ALL Number orders are active unless: 1. Order is manually lined through to inactivate 2. Orders with check boxes <input type="checkbox"/> are unchecked. |      |   |  |
| DATE   | TIME | <b>DRUG AND TREATMENT ORDERS</b>  |  |
|  |      | <b>ADULT RESUSCITATION STATUS</b>   |  |
|  |      | <b>SECTION I. GOALS OF CARE</b>   |  |
|  |      | <b>SECTION II. RESUSCITATION STATUS (In the Event of Cardiac/Pulmonary Arrest)</b>  |  |
|  |      | I. <input type="checkbox"/> <b>Comfort Care:</b> This includes ongoing nursing care and physician evaluation to prevent and/or relieve suffering.   |  |
|  |      | II. <input type="checkbox"/> <b>No Escalation of Care:</b> Continue current management without additional artificial (medicinal, procedural or mechanical) interventions.   |  |
|  |      | III. <input type="checkbox"/> <b>Active Treatment:</b> goals focused on active treatment of current disease process(es). In the event of a cardiac/pulmonary arrest: please see below.  |  |
|  |      | <b>SECTION II. RESUSCITATION STATUS (In the Event of Cardiac/Pulmonary Arrest)</b>  |  |
|  |      | I. <input type="checkbox"/> <b>Allow Natural Death.</b><br>Resuscitation will not be attempted in the event of a cardiac and/or respiratory arrest.   |  |
|  |      | II. <input type="checkbox"/> <b>Limited Resuscitation Efforts.</b> Please mark the measures a patient is to <b>RECEIVE</b> if a limited code is selected.   |  |
|  |      | <input type="checkbox"/> <b>Circulatory Resuscitation:</b> Defibrillation, Chest Compressions, and Advanced Cardiac Life Support (ACLS)<br>Medications may be attempted if indicated. If you are experiencing respiratory failure or primary respiratory arrest and do not wish to be intubated, resuscitation will not be attempted. |  |
|  |      | <b>OR</b>   |  |
|  |      | <input type="checkbox"/> <b>Invasive Ventilation Assistance:</b> Endotracheal intubation/mechanical ventilation may be attempted if indicated.<br><b>THIS DOES NOT INCLUDE</b> Manual Ventilation/Non-Invasive Positive Pressure Ventilation (CPAP/BiPAP) which <b>CAN BE</b> used as standard of care and/or comfort care.           |  |
|  |      | III. <input type="checkbox"/> <b>Full Resuscitation Efforts.</b>  |  |

New "Goals of Care" section.

II.  **Limited Resuscitation Efforts.** Please mark the measures a patient is to **RECEIVE** if a limited code is selected.

**Circulatory Resuscitation:** Defibrillation, Chest Compressions, and Advanced Cardiac Life Support (ACLS)  
Medications may be attempted if indicated. If you are experiencing respiratory failure or primary respiratory arrest and do not wish to be intubated, resuscitation will not be attempted.

**OR**

**Invasive Ventilation Assistance:** Endotracheal intubation/mechanical ventilation may be attempted if indicated.  
**THIS DOES NOT INCLUDE** Manual Ventilation/Non-Invasive Positive Pressure Ventilation (CPAP/BiPAP) which **CAN BE** used as standard of care and/or comfort care.

Updated "Limited Resuscitation Efforts" with two selections:

- Circulatory Resuscitation**
- Invasive Ventilation Assistance**

### MED Adult Resuscitation Code Status PowerPlan update

- ✓ Orders updated to match paper documentation.
- ✓ Order-linking allows only one order to be selected.

| MED Adult Resuscitation Code Status (Planned Pending)                        |   |
|--|---|
| Condition/Status   |   |
| <input type="checkbox"/> Allow Natural Death                                 |   |
| <input type="checkbox"/> Limited Code Blue - CIRCULATORY RESUSCITATION       |   |
| <input type="checkbox"/> Limited Code Blue (Limited Code Blue (Adult))       | Compression: Yes, Intubation: No, Mechanical Ventilation: No, Defib/Cardiovert: Yes, CIRCULATORY RESUSCITATION: Defibrillation, Chest Com |
| <input type="checkbox"/> Limited Code Blue - INVASIVE VENTILATION ASSISTANCE |   |
| <input type="checkbox"/> Limited Code Blue (Limited Code Blue (Adult))       | Compression: No, Intubation: Yes, Mechanical Ventilation: Yes, Defib/Cardiovert: No, INVASIVE VENTILATION ASSISTANCE                      |
| <input type="checkbox"/> Full Code Blue                                      |   |

- ✓ Limited Code Blue Orders, two orders available with appropriate details completed:

**Circulatory Resuscitation Order**

|   |   |
|---|---|
| Order details                             | Detail values   |
| Requested Start Date/Time [T;N]           | CIRCULATORY RESUSCITATION: Defibrillation, Chest Compressions, and Advanced Cardiac Life Support (ACLS) |
| Compression/Cardiac Massage [Yes]         | Medications may be attempted if indicated.  |
| Intubation [No]                           |   |
| Mechanical Ventilation [No]               |   |
| Defibrillation/Cardioversion [Yes]        |   |
| Special Instructions [CIRCULATORY RES...] |   |

**Invasive Ventilation Assistance Order**

|   |                                 |
|---|---------------------------------|
| Order details                             | Detail values                   |
| Requested Start Date/Time [T;N]           | INVASIVE VENTILATION ASSISTANCE |
| Compression/Cardiac Massage [No]          |                                 |
| Intubation [Yes]                          |                                 |
| Mechanical Ventilation [Yes]              |                                 |
| Defibrillation/Cardioversion [No]         |                                 |
| Special Instructions [INVASIVE VENTIL...] |                                 |