

**STEPS TO OBTAIN A DO NOT RESUCITATE (DNR) ORDER
OR TERMINATION OF LIFE SUPPORT**

1. Worker completes questionnaire, attaches court order which sets forth the type of custody that the Cabinet has, and sends by facsimile to the Medical Support Section (Quality Central in Frankfort)

Fax number: (502) 564-3096

2. Medical Support Section (MSS) shall immediately send a letter to treating physician (preferably by fax) which sets forth what the Cabinet needs to proceed (diagnosis, medical status of child, and Baby Doe requirements-included in form letter to doctor).

3. Contemporaneous with Step 2, the MSS will advise Office of the General Counsel (OGC) of worker's request.

4. When MSS receives a signed written statement from treating physician setting forth requirements from step 2, the MSS will prepare a cover memorandum summarizing the contents of this documentation. The MSS will provide this memorandum with the doctor's statement, custody order and other supporting documentation to the Director of Protection and Permanency. The Director will provide to the Commissioner, and the Commissioner will provide to the Secretary of the Cabinet. The MSS will also provide copies to the Office of the General Counsel.

5. The Secretary reviews and gives approval for: a) motion by Cabinet to court for a DNR order or order for discontinuance of life support; b) whether to object to a motion in court filed by hospital, doctor, etc. requesting a DNR order or discontinuance of life support.

*** If parental rights are not terminated, the Cabinet must make every effort to obtain the consent of the parent(s).

*** If parental rights are terminated, the Secretary could approve without a court order, but the strong preference is for the Court to order any such actions.

6. If Secretary approves, OGC is advised so regional attorney can seek court order or indicate the Cabinet's position on any motion filed by hospital, doctor, etc.

WORKER CHECKLIST FOR DO NOT RESUCITATE (DNR)

- **CUSTODY:** Please check the type of custody that has been granted to the Cabinet. ATTACH A COPY OF THE COURT ORDER.

_____ Emergency Custody: _____ date

_____ Temporary Custody: _____ date

_____ Commitment: _____ date

_____ Ward – TPR has been granted: _____ date
*** If TPR, is there an appeal pending?

- **If parental rights have not been terminated, what efforts have been made to obtain consent of the parents?**

_____ Parent(s) located and consent (If this is the case, attach a notarized signed statement from the parent(s) indicating that consent is given)

_____ Parent(s) located but refused consent

_____ Parent(s) cannot be found: If this is checked, explain in area immediately below, what efforts were made to locate parent(s):

- **If parent(s) consent, does worker/supervisor have any reason to question whether their decision and judgment was made in the best interest of the child? If so, explain:**

- If parent(s) denies consent, does the worker/supervisor have any reason to question their decision and judgment as it pertains to the best interest of the child? If so, explain:

- Please provide the following regarding the treating physician:

Name:

Address:

Phone number:

Fax number (if known):

- Is the treating physician recommending DNR

_____ Yes

_____ No

- Is the treating physician recommending discontinuance of life support?

_____ Yes

_____ No

Date

Name
Address

Re:

Dear Dr. :

This letter is in regard to you patient, _____. The child's social worker has advised the Cabinet's Medically Fragile Staff (MFS) that a request has been made (to discontinue life support) or (for a do not resuscitate order). In order for us to proceed on this matter, the Cabinet would request that a signed written statement or letter be provided by you addressing the following:

diagnosis of the child
child's current medical status

In addition, your statement must address whether, in your reasonable medical judgment, the following criteria apply:

- 1. The child is chronically and irreversibly comotose;**
- 2. The provision of such treatment would merely prolong dying, not be effective in ameliorating or correcting all of the child's life threatening conditions, or otherwise be futile in terms of the survival of the child;**

OR

- 3. The provision of such treatment would be virtually futile in terms of the survival of the child and the treatment itself under such circumstances would be inhumane.**

Please address your statement or letter to the Cabinet Secretary, _____. Please fax your statement or letter to me at (502) 564-3096 or mail it to me at 275 East Main Street, 3E-A, Frankfort, Kentucky 40621. Thank you for your assistance in this matter.

Sincerely,

cc: Medical Support Section