

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.00.01	Page 1 of 14
	Original Effective Date: 05/01/02; 05/15/03	New Effective Date: 09/22/15
	Supersedes: 500.00.01	Dated: 05/06/13
	Administrator's Approval: Cathy A. Jess, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Advance Directives for Health Care		

POLICY

All Division of Adult Institutions facilities shall permit inmate patients to execute Advance Directives, including Power of Attorney for Health Care instrument or documents, Declaration to Physicians (Living Will) declarations and requests of Do-Not-Resuscitate orders.

REFERENCES

Wisconsin Statutes ss.154.02 –154.15 – Declaration to Physicians
Wisconsin Statutes ss.154.17 –154.29 – Do-Not-Resuscitate Orders
Wisconsin Statutes Ch. 155 – Power of Attorney for Health Care

DEFINITIONS, ACRONYMS, AND FORMS

Advance Directive – Legal document that includes instructions about a person's wishes, goals and values regarding what will be done in case he/she becomes incapable of making decisions about medical care.

Advanced Care Provider (ACP) – Provider with prescriptive authority including advanced practice nurse (under Wisconsin Statutes s. 441.16) and physician assistant (under Wisconsin Statutes s. 448.21(3)).

CMR – Central Medical Records

DAI – Division of Adult Institutions

Declaration to Physicians – A written, witnessed document voluntarily executed by the declarant under Wisconsin Statutes s. 154.03(1). A declarant may not authorize the withholding or withdrawal of any medication, life-sustaining procedure or feeding tube if the declarant's attending physician advises that, in his or her professional judgment, withholding or withdrawal will cause the declarant pain or reduce the declarant's comfort and the pain or discomfort cannot be alleviated through pain relief measures. A declarant may not authorize the withholding or withdrawal of nutrition or hydration that is administered or otherwise received by the declarant through means other than a feeding tube unless the declarant's attending physician advises that, in his or her professional judgment, the administration is medically contraindicated.

Do-Not-Resuscitate Order (DNR) – Written order issued under Chapter 154 that directs emergency medical technicians, first responders and emergency health care facilities

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personnel not to attempt cardiopulmonary resuscitation on a person for whom the order is issued if that person suffers cardiac or respiratory arrest.

DOC – Department of Corrections

DOC-3021 – Progress Notes

DOC-3023 – Prescriber's Orders

DOC-3183 – Referral for On-Site Health Services

DOC-3391 – Activation/Deactivation of a Declaration to Physicians

DOC-3391A – Advance Directives Log

DOC-3614 – Activation/De-Activation or Power of Attorney for Health Care

DOC-3615 – Acknowledgment of Revocation of Power of Attorney for Health Care

DOC-3616 – Acknowledgment of Revocation of Declaration to Physicians

DOC-3617 – Patient Revocation of Declaration to Physicians

DOC-3618 – Patient Revocation of Power of Attorney for Health Care

DPH F-00060 – Declaration to Physicians (Wisconsin Living Will) Document (includes instructions with form) Department of Health Services Division of Public Health (Rev. 09/13/)

DPH F-00085 – Wisconsin Power of Attorney for Health Care Document (includes instructions with form) Department of Health Services Division of Public Health (Rev. 06/11)

DPH F-44763 – Do Not Resuscitate Order – Department of Health Services – Division of Public Health (Rev. 05/15) EMERGENCY CARE DO NOT RESUSCITATE ORDER (DNR) (includes instructions and guidelines for completing form ordering plastic bracelet, metal bracelet)

DSU – Dental Services Unit

Feeding tube – A medical tube through which nutrition or hydration is administered into the vein, stomach, nose, mouth or other body opening of a qualified patient.

Health Care – Any care, treatment, service or procedure to maintain, diagnose or treat an individual's physical or mental condition.

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Health Care Agent – An individual designated by a person (known as the principal) to make health care decisions on behalf of the principal who is no longer able to make decisions due to mental incapacity.

Health Care Decision – An informed decision in the exercise of the right to accept, maintain, discontinue or refuse health care.

Health Care Staff – PSU staff and HSU staff or “Health Care Professional”. A person licensed, certified or registered under Wisconsin Statutes Ch. 441 (Board of Nursing), 448 (Medical Practices), 455 (Psychology Examining Board).

Health Services Unit (HSU) Staff – Employees classified as HSU Manager, Psychiatrist, Physician, Physician Assistant, Pharmacist, Dentist, Nurse Practitioner, Optometrist, Registered Nurse, Licensed Practical Nurse, Physical Therapist, Radiologic Technician, or any other clinical classification that is directly supervised by Health Services.

Incapacity – The inmate patient is unable to receive and evaluate information effectively or communicate decisions to such an extent that the individual lacks the capacity to manage his or her health care decisions.

Life-sustaining procedure – Any medical procedure or intervention that, in the judgment of the attending physician, would serve only to prolong the dying process but not avert death when applied to a qualified inmate patient. Includes assistance in respiration, artificial maintenance of blood pressure and heart rate, blood transfusion, kidney dialysis and other similar procedures. Does not include alleviation of pain by administering medication or by performing any medical procedure or provision of nutrition or hydration.

Medical Chart – One component of the Health Care Record (HCR) as defined by the Bureau of Health Services.

Persistent Vegetative State – A condition that reasonable medical judgment finds constitutes a complete and irreversible loss of all of the functions of the cerebral cortex and results in a complete, chronic, and irreversible cessation of all cognitive functioning and consciousness and a complete lack of behavioral responses that indicate cognitive functioning, although autonomic functions continue.

POC-0087– Advance Directives Brochure for Inmate Patients

Power of Attorney for Health Care (POA-HC) – Designation, by an individual, of another as his or her health care agent for the purpose of making health care decisions on his or her behalf if the individual cannot, due to incapacity.

PSU – Psychological Services Unit

PSU Staff – Employees classified as Psychologist Supervisor, Psychologist-Licensed, Psychological Associate A or B, Crisis Intervention Worker, Psychological Services

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Assistant, Clinical Social Worker, or any other clinical classification that is directly supervised by Psychological Services.

Qualified Patient (for the purpose of DNR) – A person who has attained the age of 18 and to whom any of the following conditions applies:

- The person has a terminal condition.
- The person has a medical condition such that, were the person to suffer cardiac or pulmonary failure, resuscitation would be unsuccessful in restoring cardiac or respiratory function or the person would experience repeated cardiac or pulmonary failure within a short period before death occurs.
- The person has a medical condition such that, were the person to suffer cardiac or pulmonary failure, resuscitation of that person would cause significant physical pain or harm that would outweigh the possibility that resuscitation would successfully restore cardiac or respiratory function for an indefinite period of time.

Qualified Patient (for the purpose of Declaration to Physicians) – A declarant who has been diagnosed and certified in writing to be afflicted with a terminal condition or to be in a persistent vegetative state by two physicians, one of whom is the attending physician, who have personally examined the declarant.

Resuscitation – Cardiopulmonary resuscitation or any component of cardiopulmonary resuscitation, including cardiac compression, endotracheal intubation and any other advanced airway management, artificial ventilation, defibrillation, administration of cardiac resuscitation medications and related procedures. This does not include:

- Maintaining an adequate airway by suctioning of the mouth, pharynx, and trachea or Heimlich maneuver or similar procedure used to expel an obstruction from the throat.
- Other indicated medical and surgical therapy, including antibiotics, tube feedings, intravenous hydration and feeding, blood products, pain medication, oxygen and presser drugs.

Sound mind – The inmate patient at the time of making the advance directive will be free of any incapacity and sufficiently understand the meaning and effect of the advance directive.

Terminal Condition – An incurable condition caused by injury or illness that reasonable medical judgment finds would cause death imminently, so that the application of life-sustaining procedures serves only to postpone the moment of death.

PROCEDURE

I. General Guidelines for Advance Directives

- A. All inmate patients on intake, periodically and especially upon a significant change in health status shall be provided with information regarding Advance Directives.
- B. An inmate patient shall be 18 years or older and of sound mind to execute an Advance Directive which must be done voluntarily and in writing.

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- C. The Medical Chart documents that inmate patients executing Advance Directives have been provided with sufficient and appropriate information to make voluntary and informed decisions.
- D. Licensed Nurses, ACPs and Social Workers can educate and provide sufficient information including the meaning and consequences of signing Advance Directives to inmate patients.
 - 1. Health and social work staff shall collaborate and document all Advance Directive Activity on the DOC-3391 – Advance Directives Log.
 - 2. Only HSU (or health care professional) and Social Workers shall provide free forms for the completion of Advance Directives as requested.
 - 3. HSU shall place or remove the approved Advance Directive sticker on the outside cover of the Medical Chart as applicable.
 - 4. HSU staff shall file all Advance Directives in a plastic sleeve and place as the first document in the front of the Medical Chart.
 - 5. An Advance Directive in its original form or a legible photocopy or electronic facsimile is presumed to be valid. The inmate patient may choose to retain the original.
- E. Staff shall provide a copy of an Advance Directive and any activation documents to off-site health providers who are treating inmate patients.
- F. Emergency responders shall be notified of the existence of an Advance Directive.

II. POA-HC

A. DOC Policy

- 1. An inmate patient may not designate a DOC staff member, or the staff member's spouse, as a health care agent, unless the staff member is a relative of the individual. A relative is defined as:
 - a. An individual related by blood as defined within Wisconsin Statutes s. 155.01(1)(12).
 - b. A spouse, domestic partner under Ch. 770.
 - c. An individual related to a spouse or domestic partner within this statutory section and includes an individual in an adoptive relationship within this statutory section.
- 2. An inmate patient may not designate another inmate as a health care agent.
- 3. An inmate patient may choose to have someone on their visiting list witness the signing of the POA-HC if the individual meets the statutory requirements.
- 4. Emergency responders shall be notified of the existence of an Advance Directive.

B. A valid POA-HC is all of the following:

- 1. In writing.

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2. Dated and signed by the principal or by an individual who has attained age 18, at the express direction and in the presence of the principal.
3. Signed in the presence of two witnesses who meet the criteria for witnesses.
4. Voluntarily executed.

C. Witnesses

1. A witness to the signing of a POA-HC at the time of completion shall not be:
 - a. An inmate.
 - b. A relative of the individual (as defined in Section II.A.1.)
 - c. A person with knowledge that he or she is entitled to or has any claim to the inmate patient's estate.
 - d. Directly financially responsible for the inmate patient's health care.
 - e. A health care provider or an employee of the health care provider, other than a Social Worker or Chaplain, who is serving the inmate patient at the time of completion.
 - f. The inmate patient's health care agent.
2. A witness signs a statement on the POA-HC that the witness:
 - a. Personally knows the inmate.
 - b. Believes inmate to be of sound mind.
 - c. Is at least 18 years of age.
 - d. Believes execution of the POA-HC is voluntary.
 - e. Is not related to the inmate.
 - f. Is not a health care provider or an employee of the health care provider, other than a Social Worker or Chaplain, who is serving the inmate patient at the time of completion.
 - g. Is not inmate's health care agent.
 - h. Is not entitled to or have a claim on inmate's estate.

D. Authority of Health Care Agent to Make Decisions for Inmate Patient

1. Inmate patients have the ability to make relevant health care decisions.
2. The health care agent and alternate agent have no authority to make health care decisions for the inmate patient until the POA-HC is activated.
3. Only if the inmate patient lacks decision making capacity or if decision making capacity is impaired shall a POA-HC be considered.
4. If inmate patient has decision making capacity (is able to receive and evaluate information effectively), the desires of the inmate patient supersede the effect of POA-HC at all times.

E. Activation of POA-HC due to Incapacity

1. To activate a POA-HC, two licensed physicians, or one physician and one licensed psychologist, who have personally examined the person and signed a statement that specifically expresses opinion that person is unable to receive and evaluate information effectively or to communicate decisions to an extent that person lacks the capacity to manage his or her health care decision.

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2. The examining physician and psychologist shall complete Part One of DOC-3614 – Activation/De-Activation of Power of Attorney for Health Care, including the name and contact information of the health care agent.
 - a. HSU shall notify the health care agent of the activation of the POA-HC.
 - b. HSU shall forward a copy of the DOC-3614 – Activation/De-Activation of Power of Attorney for Health Care to the DSU and PSU.
 - c. HSU shall file the DOC-3614 – Activation/De-Activation of Power of Attorney for Health Care on top of the POA-HC.
 - d. The HSU, DSU and PSU shall each place an approved sticker on the front of the chart, with the line checked: “POA-HC: activated”.
 - e. DSU and PSU shall file the DOC-3614 – Activation/De-Activation of Power of Attorney for Health Care in their chart.
 - f. HSU shall note the activation on the DOC-3391A – Advance Directives Log.

F. Deactivation of POA-HC

Incapacitation may be a temporary condition and deactivation may be necessary. When two licensed physicians, or one physician and one licensed psychologist determine that an inmate patient has regained capacity for medical decision making they shall complete Part Two of DOC-3614 – Activation/De-Activation of Power of Attorney for Health Care.

1. HSU shall notify the health care agent and alternate agent that the POA-HC has been deactivated, thereby terminating the authority of the agent to make health care decisions.
2. HSU shall move the DOC-3614 – Activation/De-Activation of Power of Attorney for Health Care in the Medical Chart to the Miscellaneous Section.
3. HSU shall note the deactivation on the DOC-3391A – Advance Directives Log.
4. HSU shall forward to the DSU and PSU a copy of the DOC-3614 – Activation/De-Activation of Power of Attorney for Health Care deactivating the POA-HC.
5. DSU and PSU shall file the copy of the DOC-3614 – Activation/De-Activation of Power of Attorney for Health Care deactivating the POA-HC on top of the prior DOC-3614.
6. HSU, DSU and PSU shall remove the sticker from the chart that indicates that an activated POA-HC is in effect.
7. If the health care agent is a spouse or domestic partner and subsequent to the execution of a POA-HC, the marriage is annulled or a divorce from the spouse is obtained or the domestic partnership is terminated, the POA-HC also is revoked.
8. A court may revoke and invalidate the POA-HC.
9. HSU shall acknowledge the revocation by completing a DOC-3615 – Acknowledgement of Revocation of Power of Attorney for Healthcare, and noting the revocation on the DOC-3391A – Advance Directives Log.

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- a. HSU shall file the revoked POA-HC in the Medical Chart, Miscellaneous Section, with the inmate patient's written statement or DOC-3618 – Patient Revocation of Power of Attorney for Health Care attached.
 - b. If the inmate patient has requested the document be destroyed, staff shall destroy all but the first page and file the first page, and the revocation statement or DOC-3618 – Patient Revocation of Power of Attorney for Health Care in the Medical Chart, Miscellaneous Section.
 - c. HSU shall provide a copy of the DOC-3618 – Patient Revocation of Power of Attorney for Health Care to the DSU and PSU.
 - d. HSU, DSU and PSU shall remove the sticker from the cover of their records that indicates a POA-HC is in effect.
 - e. HSU staff or Social Worker shall communicate the revocation to any community facility or individual that has a copy of the POA-HC.
10. An inmate patient shall complete a new POA-HC when desiring to make changes to a prior POA-HC, thereby revoking the prior POA-HC.

G. Revocation of POA-HC

1. The inmate patient may revoke or invalidate a POA-HC at any time by any of the following:
 - a. Verbally expressing intent to revoke POA-HC in the presence of two witnesses.
 - b. Execution of a subsequent POA-HC.
 - c. A written statement.
 - d. Canceling, defacing, obliterating, or otherwise destroying the POA-HC instrument.
 - e. Completing a DOC-3618 – Patient Revocation of Power of Attorney for Health Care.
2. Revocation may be done before or after activation.

H. Other Procedures

1. Inmate patient not believed to be of sound mind
 - a. If a Social Worker or Chaplain who is asked to sign as a witness does not believe the inmate patient is of sound mind, the Social Worker or Chaplain shall refer the inmate patient to Psychological Services for a competency evaluation using DOC-3183 – Referral for On-Site Health Services.
 - b. The Social Worker shall forward the completed DOC-3183 to HSU for filing in the Medical Chart.
2. Filing the Advance Directive

HSU shall place the approved Advance Directive sticker on the front of the Medical Chart.

III. Declaration to Physicians (Living Will)

A. DOC Policy

1. An inmate may not witness a Declaration to Physicians (Living Will) for another inmate.

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2. An inmate patient may choose to have someone on the inmate patient's visiting list witness the completion of the Declaration to Physicians (Living Will).
- B. Execution of Declaration to Physicians (Living Will)
An inmate patient meeting the following (at any time):
1. Sound mind.
 2. 18 years of age or older.
 3. Voluntarily execute.
 4. May authorize withholding or withdrawal of life-sustaining procedures or feeding tubes:
 - a. When the person is in a terminal condition, or;
 - b. Is in persistent vegetative state.
 5. May not authorize the withholding or withdrawal of any medication, life-sustaining procedure or feeding tube:
 - a. If inmate patient's attending physician advises that, in his or her professional judgment, the withholding or withdrawal will cause the inmate patient pain or reduce the inmate patient's comfort and the pain or discomfort cannot be alleviated through pain relief measures.
 - b. May not authorize withholding or withdrawal of nutrition or hydration that is administered or otherwise received by the inmate patient through means other than a feeding tube unless the inmate patient's attending physician advises that, in his or professional judgment, the administration is medically contraindicated.
- C. Witnesses
An inmate patient must sign the Declaration to Physicians (Living Will) in the presence of two witnesses or if physically unable to sign a Declaration, the Declaration must be signed in the declarant's name by one of the witnesses or other person at the declarant's express direction and in his or her presence. No witness to the execution of the declaration may, at the time of the execution, be any of the following:
1. 18 years of age.
 2. Related to the inmate patient by blood, marriage or adoption.
 3. Directly financially responsible for the inmate patient's health care.
 4. Have knowledge that he or she is entitled to or has a claim on any portion of the inmate patient's estate.
 5. A health care provider or an employee of the health care provider, other than a Chaplain or Social Worker, who is serving the inmate patient at the time of completion.
- D. Activation of Declaration to Physicians (Living Will)
Directives to Attending Physician authorization by inmate patient:
1. When two physicians:
 - a. Have personally examined the inmate patient.
 - b. Determine the inmate patient has a terminal condition or in a persistent vegetative state.

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- c. Certified in writing that the inmate patient has a terminal condition or in a persistent vegetative state.
 2. Procedure:
 - a. Both physicians shall complete Section One of the DOC-3391 – Activation/De-Activation of Declaration to Physicians to activate the Declaration to Physicians.
 - b. HSU shall make an entry on the DOC-3391A – Advance Directives Log showing activation.
 - c. HSU shall affix to the front of the Medical Chart the approved sticker with the proper line checked: “Declaration to Physicians.”
- E. Revocation of Declaration to Physicians (Living Will)
- The inmate patient may revoke the Declaration to Physicians (Living Will) at any time by:
1. Verbal expression.
 2. Cancelling, defacing, obliterating, tearing or other otherwise destroying.
 3. Written statement revocation, signed and dated by the declarant expressing the intent to revoke (completing a DOC-3618 – Patient Revocation of Declaration to Physicians).
 4. Some person who is directed by the declarant and who acts in the presence of the declarant, executing a subsequent declaration, or by completing a DOC-3618 – Patient Revocation of Declaration to Physicians.
 5. A verbal request for revocation shall become effective only when the inmate patient, or person acting on behalf of the declarant on behalf of the inmate patient, notifies the attending physician of the revocation.
 6. If the inmate patient requests verbally or in writing that the Declaration to Physicians be destroyed, staff shall destroy the document.
 7. HSU shall complete a DOC-3616 – Acknowledgment of Revocation of Declaration to Physicians.
 8. HSU shall file the DOC-3616 on top of the written statement of revocation, or completed DOC-3618 – Patient Revocation of Declaration to Physicians, in the Medical Chart, Miscellaneous Section.
 9. HSU shall document the revocation on the DOC-3391A – Advance Directives Log.
 10. HSU shall remove from the front of the Medical Chart the sticker indicating that a Declaration to Physicians is in effect.
 11. Executing a subsequent Declaration.
- Staff shall communicate the revocation to any community facility or individual that has a copy.
- F. Deactivation of Declaration to Physicians (Living Will) is all of the following (or Recording of Revocation):
1. The attending physician shall record in the inmate patient’s medical chart the time, date and place of the revocation and the time, date and place, if different, that he or she was notified of the revocation.

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2. Two physicians, one whom must be the attending physician, shall complete Section Two of the DOC-3391 – Declaration to Physicians Activation/De-Activation to deactivate the Declaration to Physician (Living Will).
3. HSU shall move the document to the Medical Chart, Miscellaneous Section.
4. HSU shall make an entry on the DOC-3391A – Advance Directives Log showing deactivation.
5. HSU shall remove from the front of the Medical Chart the sticker indicating that a Declaration to Physicians is in effect.

G. Other Procedures

New forms shall be completed any time an inmate patient requests to make changes to a Declaration to Physicians.

IV. DNR Order

A. Only an attending physician may issue a DNR order.

B. An attending physician may issue a DNR order only if all of the following apply:

1. The inmate patient is a qualified patient.
2. The inmate patient, guardian of the person, or health care agent (of an incapacitated qualified patient) requests the order. Unless the court limits decision making authority, a guardian of the person or health care agent has authority to make medical treatment decisions, including requesting a DNR.
3. The inmate patient, legal guardian, or health care agent consents to the order and signs it after receiving written information about the resuscitation procedures the inmate patient has chosen to forego and the methods by which the inmate patient may revoke the DNR order.
4. The order is in writing.
5. The physician does not have knowledge the inmate patient is pregnant.

C. Initiating a DNR order:

1. The physician shall document in the DOC-3021 – Progress Notes the condition that qualifies the inmate patient for the DNR order and the presence of decision-making capacity of the inmate patient.
2. The physician shall complete a DPH F-44763 – Do Not Resuscitate Order and write a DNR order on the DOC-3023 – Prescriber's Orders.
3. The inmate patient or legal guardian of person or health care agent shall sign the DPH F-44763 – Do Not Resuscitate Order.
4. Both dated signatures of the physician and inmate patient or legal guardian of person or health care agent are required for the form to be valid and its intent carried out.
5. If the legal guardian of person or health care agent is not present to sign the DPH F-44763 – Do Not Resuscitate Order, the physician shall contact

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them by telephone and provide the required information including the following:

- a. Another health services staff shall witness the conversation.
 - b. The DPH F-44763 – Do Not Resuscitate Order shall be sent or faxed to the legal guardian or health care agent for their signature.
 - c. The physician may sign the DPH F-44763 – Do Not Resuscitate Order and the witness shall enter the guardian/health care agent's name in the signature area with their signature behind.
 - d. Follow-up with the legal guardian of person or health care agent shall be done to obtain the signed DPH F-44763 – Do Not Resuscitate Order.
 - e. Document the contact with the legal guardian of person or health care agent on the DOC-3021 – Progress Notes.
6. Affix to the front of the Medical Chart the approved sticker with the correct line checked: "DNR".
 7. Apply an approved DNR bracelet to the inmate patient's wrist. Requirements for a DNR bracelet include:
 - a. A clear standard hospital type bracelet at least $\frac{3}{4}$ of an inch in width.
 - b. A standardized insert DPH F-44763 – Do Not Resuscitate Order which has the preprinted words "Do Not Resuscitate" in blue and the state seal of Wisconsin.
 - c. The required information shall be printed in size eight font or greater.
 - d. On the left side is the inmate patient's name, address, date of birth, and gender.
 - e. The right side is the physician's name, business phone number and original signature.
 - f. Several bracelets may be prepared and stored in the front of the Medical Chart for spares as needed for when they become damaged.
 8. There will be an independent review, by a physician not directly involved in the inmate patient's treatment, of the inmate patient's course of care and prognosis.

D. Revocation

The desire of an inmate patient to be resuscitated supersedes the effect of the inmate patient's DNR order at all times.

1. A DNR may be revoked by the inmate patient, legal guardian of person or health care agent by:
 - a. Expressing to emergency medical technician, first responder, or health services staff the desire for the inmate patient to be resuscitated. The emergency medical technician, first responder or the member of the emergency health care facility shall promptly remove the DNR bracelet.
 - b. Defacing, burning or cutting, or otherwise destroying the DNR bracelet.
 - c. Removing the DNR bracelet or asking another person to remove the DNR bracelet.
2. Upon revocation the following shall occur:

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- a. The attending physician shall be notified as soon as practicable of the inmate patient's revocation and shall record in the inmate patient's medical record the time, date and place of the revocation, if known, and the time, date and place, if different, that he or she was notified of the revocation.
- b. The revocation is effective regardless of when the attending physician has been notified of that revocation.
- c. The physician shall write a discontinue order on the DOC-3023 – Prescriber's Orders.
- d. On the DPH F-44763 – Do Not Resuscitate Order write REVOKED in big letters, date and time of revocation and full signature of the person processing the revocation.
- e. Move the DNR Order to the Medical Chart, Miscellaneous Section.
- f. Document the revocation in the DOC-3391A – Advance Directives Log, Notes Section.
- g. Remove from the front of the Medical Chart the sticker indicating a DNR is in effect.

E. Reinstatement of DNR Order

If the inmate patient, legal guardian of person or health care agent requests the reinstatement of the DNR order, new documents and orders shall be completed.

F. Other Procedures

1. When a DNR order is written during hospitalization, upon return to the facility, the attending DOC physician shall evaluate, determine and order the inmate patient's resuscitation status in collaboration with the inmate patient/health care agent/guardian of the person.
2. If there are questions regarding the decision making capacity of the inmate patient who requests to complete a DNR, HSU staff shall make a referral to PSU or to a psychiatrist by completing a DOC-3183 – Referral for On-Site Health Services prior to writing a DNR Order.
3. Approved bracelets shall be obtained from authorized vendors only.

Bureau of Health Services: _____ **Date Signed:** _____

James Greer, Director

_____ **Date Signed:** _____

Ryan Holzmacher, MD, Medical Director

_____ **Date Signed:** _____

Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____

Cathy A. Jess, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.00.01	Page 14 of 14
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Chapter: 500 Health Services		
Subject: Advance Directives for Health Care		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES**DEFINITIONS, ACRONYMS, AND FORMS****FACILITY PROCEDURE****I.**

- A.
- B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
- C.

II.**III.****RESPONSIBILITY**

- I. Staff
- II. Inmate
- III. Other