

# Changing a Medical Code Status for Individuals Appointed to State Guardianship

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**DEPARTMENT FOR AGING AND INDEPENDENT LIVING (DAIL)**



CABINET FOR HEALTH  
AND FAMILY SERVICES

# Training Objectives

- Define Do Not Resuscitate (DNR) Order.
- Provide an overview of the process of changing the medical code status of an individual under state guardianship.
- Examine the State Guardianship DNR Request Form.
- Analyze DNR designations established prior to state guardianship.
- Provide contact information for the DAIL Nurse Consultants.

# What is a Do Not Resuscitate (DNR) Order?

- A DNR is a medical order instructing providers not to provide cardiopulmonary resuscitation when an individual stops breathing or their heart stops beating.
- A DNR does not change an individual's level of care.
- If an individual's health is declining, a DNR does not provide for end-of-life care, comfort measures, or anything other than continued aggressive care up until cardiac or respiratory arrest occurs.

# Who can recommend a DNR?

- Per [910 KAR 2:040](#), the DNR recommendation must come from a licensed physician, either MD or DO.
- Nurse Practitioners **cannot** make the recommendation for DNR code status change.

# State Guardianship DNR Request Form Overview

\*The [form](#) and [instructions](#) can be found on the Division of Adult Guardianship's [website](#).

Client Name: \_\_\_\_\_ Diagnoses: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
SSN: \_\_\_\_\_

**ONE OF THE FOLLOWING MUST BE CHECKED "YES" FOR DNR STATUS TO BE CONSIDERED:**

1. **Is the client in a terminal condition?** Yes \_\_\_\_ No \_\_\_\_  
(A terminal condition is defined as a condition caused by injury, disease, or illness which in your estimation is incurable and irreversible and will result in death within a relatively short time, and where the application of life prolonging treatment would serve only to artificially prolong the dying process.)
2. **Is the client permanently unconscious?** Yes \_\_\_\_ No \_\_\_\_  
(Permanently unconscious is defined as a condition characterized by an absence of cerebral cortical function)
3. **Does the client have comorbid conditions in which two (2) or more coexisting medical conditions compromise the chance of recovery or of benefiting from active treatment?**  
Yes \_\_\_\_ No \_\_\_\_

**REGARDLESS OF CODE STATUS, PALLIATIVE CARE WILL BE PROVIDED**

Palliative care is emotional and physical support for the relief of pain and suffering. It includes but is not limited to nutrition, hydration, and comfort measures unless specific authority to withhold/withdraw nutrition and hydration has been given.

**Physician Attestation**

Recommended Code Status: \_\_\_\_ DNR/Withhold cardiopulmonary resuscitation

Signature of Attending Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name/ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

*THIS FORM CAN NOT BE PROCESSED WITHOUT A LEGIBLE TITLE AFTER THE PRINTED NAME*

# DNR Request Form Overview

- The DNR form must be completed by a physician, either MD or DO.
- The individual's name must be spelled correctly.
- The individual's date of birth and social security number must be entered correctly.
- All writing on the form must be legible.

**Client Name:** \_\_\_\_\_

**Diagnoses:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

\_\_\_\_\_

**SSN:** \_\_\_\_\_

\_\_\_\_\_

- **Client Name:** print the individual's first and last name.
- **Date of Birth:** print the individual's date of birth.
- **SSN:** print the individual's social security number.
- **Diagnoses:** list the diagnoses that necessitate a change in code status. Diagnoses should include terminal conditions and/or comorbidities that compromise the chance of recovery.

**ONE OF THE FOLLOWING MUST BE CHECKED “YES” FOR DNR STATUS TO BE CONSIDERED:**

1. **Is the client in a terminal condition?** Yes \_\_\_\_ No \_\_\_\_

(A terminal condition is defined as a condition caused by injury, disease, or illness which in your estimation is incurable and irreversible and will result in death within a relatively short time, and where the application of life prolonging treatment would serve only to artificially prolong the dying process.)

2. **Is the client permanently unconscious?** Yes \_\_\_\_ No \_\_\_\_

(Permanently unconscious is defined as a condition characterized by an absence of cerebral cortical function)

3. **Does the client have comorbid conditions in which two (2) or more coexisting medical conditions compromise the chance of recovery or of benefiting from active treatment?**  
Yes \_\_\_\_ No \_\_\_\_

- Each question above **must** be answered YES or NO.
- For DNR code status to be considered, **at least one item** must be marked YES.



**Physician Attestation**

**Recommended Code Status: \_\_\_\_\_ DNR/Withhold cardiopulmonary resuscitation**

Signature of Attending Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name/ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

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- Use a checkmark to indicate DNR/Withhold. This is the only option.
- Sign and date where indicated.
- Print name legibly and include title (MD or DO).
- Include a phone number where the physician can be reached if necessary.

# Additional information that *must* be included with the completed DNR form:

- Medical records that support the diagnoses. These may include diagnostic test results, labs, consult notes, etc.
- The individual's most recent history and physical. This should include a complete list of diagnoses.
- A physician progress note. This must be from the same physician who completed and signed the form, be legible, and include a statement that DNR code status is recommended and why it is recommended.
- This recommendation must be **very clear**. For example:

*I am recommending DNR code status for \_\_\_\_\_ due to \_\_\_\_\_.*

# Submitting the DNR Request

- The completed request can be emailed to [DAILRN@ky.gov](mailto:DAILRN@ky.gov) or faxed to 502-564-1203, Attn: DAIL Nurse Consultant.
  - If the request is faxed, please include a cover sheet listing contact name, telephone number, and a fax number or email address.
  - A telephone number is required.
  - If additional information is needed, a DAIL Nurse Consultant will follow up by email, fax, or telephone.
- If information is missing or the form is incomplete, the **entire request** (history & physical, request form, progress notes, etc.) must be resubmitted.
- Once the review is complete, **an approval will be sent to the fax or email provided.**

# What if the individual had a DNR prior to being appointed to State Guardianship?

- Every individual appointed to the Cabinet for Guardianship has FULL CODE status upon appointment.
- If the individual had a DNR prior to being placed with the Cabinet, DAIL Nurse Consultants must review and approve the prior-signed DNR before it can be continued.
- Please submit the prior-signed DNR and include Healthcare POA or Guardianship papers if the DNR was signed by someone other than the individual.
  - Email prior-signed DNRs to [DAILRN@ky.gov](mailto:DAILRN@ky.gov) or fax to 502-564-1203, Attn: DAIL Nurse Consultant.

# Reasons a prior-signed DNR may not be approved for continued use

- The form is incomplete, missing information, or illegible.
- The form was signed by the individual **after** being referred to Guardianship due to the inability to make their own decisions.
- The form was signed by someone besides the individual and that person did not have legal authority to sign on behalf of the individual.
- The form was signed by someone besides the individual who did have legal authority, but the person has since been reported for neglect, exploitation, or abuse against the individual.

# Questions?

Please contact the DAIL Nurse Consultants  
at [DAILRN@ky.gov](mailto:DAILRN@ky.gov) or by telephone:

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