

Types of dnr

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Everyone at any stage of their life can be faced with life changing issues. Should this happen it would be nice for your family to know what your wishes are. Do you want life support? Would you want drugs only used? Does your family know of your wishes? These are not questions that can wait to be addressed. When a family is dealing with their own grief they can not always make your wishes known. There are many ways in which an individual can make their wishes known about end of life care. An advance directive tells your doctor what kind of care you would like to have if you become unable to make medical decisions.

With these documents in place decisions are a lot easier on the family members. "A good advance directive describes the kind of treatment you would want depending on how sick you are," Sally Austin explained in her article Families making decisions, dying death and DNR status. "For example, the directives would describe what kind of care you want if you have an illness that you are unlikely to recover from, or if you are permanently unconscious." Advance directives usually tell your doctor that you don't want certain kinds of treatment.

However, they can also say that you want a certain treatment no matter how ill you are. There are many types of advance directives. Laws about advance directives are different in each state. There are also policies and procedures for each hospital or office, clinic so make sure you know your policy. You should be aware of the laws in your state. If you are in a situation where you have a patient that has a DNR however you do not have it in hand and a code is called most places with perform the code as if no DNR is in place.

Therefore a copy must always accompany the patient to whatever department they go to (Edwards, 66). A Do Not Resuscitate (DNR) order is one kind of advance directive. A DNR is a request not to have cardiopulmonary resuscitation (CPR) if your heart stops or if you stop breathing. (Unless given other instructions, hospital staff will try to help all patients whose heart has stopped or who have stopped breathing.) You can use an advance directive form or tell your doctor that you don't want to be resuscitated. In this case, a DNR order is put in your medical chart by your doctor.

DNR orders are accepted by doctors and hospitals in all states. Most patients who die in a hospital have had a DNR order written for them (Edwards, 66). Patients who are not likely to benefit from CPR include people who have cancer that has spread, people whose kidneys don't work well, people who need a lot of help with daily activities, or people who have severe infections such as pneumonia that require hospitalization. If you already have one or more of these conditions, you should discuss your wishes about CPR with your doctor, either in the doctor's office or when you go to the hospital.

It's best to do this early, before you are very sick and are considered unable to make your own decisions. A living will is another type of advance directive(LegacyWriter's). It only comes into effect when you are terminally ill. Being terminally ill generally means that you have less than six months to live. In a living will, you can describe the kind of treatment you want in certain situations. A living will doesn't let you select someone to make

decisions for you. A Medical Power of Attorney (MPA) is also another kind of advance directive.

A MPA states whom you have chosen to make healthcare decisions for you. It becomes active any time you are unconscious or unable to make medical decisions. A MPA is generally more useful than a living will. But a MPA may not be a good choice if you don't have another person you trust to make these decisions for you. Families can be faced with life alternating decisions at any time. There are several forms of advanced directives, and since no one knows when they will face these situations it is a good idea to talk to with family and loved ones so you know their wishes as well they know yours.