Decisions to limit resuscitation efforts or to not attempt resuscitation on behalf of a child are carefully deliberated and thoughtfully made by family members and guardians with the understanding that they can be changed as needed. An opportunity for change arises if the child needs sedation, anesthesia, or surgery. This opportunity should not prompt an automatic discontinuation of the orders, but a required reconsideration of the choice to continue, discontinue, or amend the orders. These are not typically emergency situations and this should be a team effort such that the family has access to the full range of providers and support services needed to make a decision. This is a time when patient and family centered care should be at the forefront of the medical care provided to the family unit, particularly the patient who has a life limiting condition and wishes to die with dignity.

Please join us to discuss these and other questions:

1. What would be your approach if a child needed surgery and had a DNAR?
2. What are the differences between goal and procedure directed orders and their effects on the decisions made by providers during a procedure?
3. If a person with resuscitation limits dies in the operating room or in the PICU during a procedure, should the death be viewed as a sentinel event?

Selected readings: (email linda.carrlee@hsc.utah.edu for copies)

2. Walker RM. DNR in the OR: resuscitation as an operative risk. JAMA. 1991;266:2407-2412