

DNR orders linked to increased mortality in older adults

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(HealthDay)—For hospitalized older patients, the presence of a do-not-

resuscitate (DNR) order is associated with poor short-term clinical outcomes, including mortality, according to a study recently published in the *Journal of the American Geriatrics Society*.

Karishma Patel, M.D., from Northwell Health in Manhasset, N.Y., and colleagues conducted a [retrospective cohort study](#) with propensity score matching to explore the effect of the presence and timing of DNR orders on short-term outcomes among hospitalized medical patients aged 65 years and older. Data were included for 1,347 patients in the DNR group and 9,182 in the no-DNR group.

After [propensity score](#) matching, the researchers found that the DNR group had significantly longer stays and were more likely to be discharged to hospice and to die. A significant difference in median length of stay was seen for those who had a DNR written within 24 hours of admission versus those who had a DNR written more than 24 hours after admission (6 days versus 10 days). Patients with early DNR were less likely to spend time in intensive care, receive a palliative care consultation, be restrained, have an order for nothing by mouth, have a bladder catheter, or die in the hospital; they were more likely to be discharged home.

"Further studies are necessary to better understand the presence and timing of DNR orders in hospitalized older adults," the authors write.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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