DO NOT RESUSCITATE (DNR) / ADVANCE DIRECTIVES

Effective: September 12, 2014
Replaces: January 28, 2009
Review: November 12, 2017

Resources:
Prehospital Do Not Resuscitate Order

I. Purpose

The purpose of this policy is to establish criteria for prehospital care personnel to determine when to withhold resuscitative measures.

II. Definitions

A. **“No Code” / “No CPR”:** Shall be held as equivalents to "Do-Not-Resuscitate" (DNR).

B. **DNR Form:** DNR Form means the "California Emergency Medical Services Authority - California Medical Association, Emergency Medical Services, Prehospital Do Not Resuscitate (DNR) Form," approved by the EMSA and the CMA, and bearing the insignias of both organizations.

C. **CDNR Medallion:** DNR medallion means a metal or permanently imprinted insignia, worn by a patient, that has been manufactured and distributed in accordance with State of California "Emergency Medical Services Authority Criteria for Selection of Medallion/Bracelet/Necklace for DNR Purposes" as defined in the "Guidelines for EMS Personnel Regarding Do-Not-Resuscitate (DNR) Directives," and is imprinted with the words "Do-Not-Resuscitate, EMS." The manufacturers of DNR medallions must be approved by the State of California EMS Authority in order for their medallions to be recognized by prehospital personnel.

D. **Durable Power of Attorney for Health Care (DPAHC) / Advance Health Care Directives:** A written advance health care directive is a document that may authorize another person to make health care decisions for a patient when the patient is no longer able to make decisions for themself. The advance directive may contain written specifications of what types of treatment or the intensity of care an individual desires, including information about a patient’s desires concerning end-of-life care. A patient may also designate another person to make health care decisions even if the patient is still capable of making their own decisions. (The individual appointed to make health care

decisions is prohibited from consenting to certain treatments, including placement in a mental health facility, convulsive therapy, psychosurgery, sterilization, and abortion.) A health care provider, including emergency responders, acting in good faith and in accordance with generally accepted health care standards, is not subject to civil or criminal liability or to discipline for unprofessional conduct for any actions in compliance with the DPAHC, or advance health care directive.

E. **Physician Orders for Life Sustaining Treatment (POLST):** The POLST is a standardized form that includes specific orders from a physician regarding prescribed treatment for the patient. The POLST form is signed by the physician, and the patient or the patient's guardian or surrogate. The original POLST form should be kept with the patient at all times, although faxed and photocopied forms are legal and valid as long as signed by the physician and patient or patient's guardian or surrogate. The POLST contains orders pertaining to CPR, medical interventions, antibiotics, and artificially administered nutrition.

III. Procedure

A. If, upon prehospital personnel arrival, the patient is determined to be pulseless and apneic:

1. Establish DNR / Advance Directives / Code Status

2. A prehospital care provider may withhold or discontinue resuscitative efforts in the following circumstances:

    a. The prehospital care provider identifies a signed DNR Form (original or copy), a No Code order on the chart, a DNR Medallion, a POLST, *or* a DPAHC that clearly states Do Not Resuscitate

    b. When appropriate DNR paperwork is not immediately available, prehospital personnel shall begin resuscitative measures until the resuscitation status is confirmed. If resuscitative efforts have been initiated and a DNR Form, DNR medallion, DNR order, or a POLST with a DNR order, is subsequently identified, these efforts shall be discontinued immediately. Base Contact shall be made for any clarification or as needed by paramedics

    c. During transport between medical/nursing facilities (hospitals, clinics, nursing homes, doctor's offices, etc.) and a valid, signed DNR order or a POLST exists in the patient's medical record and the prehospital care provider has been given a copy to accompany the patient. The presence of a DNR order or a POLST in a medical record or a DNR Form must be documented on the prehospital

Care Report (PCR), including the name of the signing physician and date signed

3. If the patient is conscious and states he/she wishes resuscitative measures, the DNR order or POLST must be ignored. Such decisions must be documented in the Prehospital Care Report

4. In the event that a patient presents with any DNR form with which the prehospital personnel is not familiar, continue CPR and immediately contact the Base Hospital for direction. Every effort shall be made to honor the wishes of the patient even if the patient's family requests the DNR or POLST be ignored (in cases of conflict, maintain supportive care as defined below and contact the Base). BLS units shall ensure ALS response and remain on-scene until paramedics arrive. The paramedics shall then make Base contact

5. All instances where resuscitation is withheld because of a DNR Form, DNR Medallion, POLST, or DNR Order, constitute a patient contact, and require generation of a Prehospital Care Report, documenting the time the decision to withhold resuscitation was made

6. If the DNR Order cannot be confirmed or if there is a good faith belief that the POLST is not valid because of lack of a required signature or any other reason, the patient is to receive full resuscitative measures

B. If, on prehospital personnel arrival, the patient *is not* pulseless and apneic, and patient has a confirmed DNR / No Code / DPAHC, or a valid POLST:

1. The patient is to receive the care indicated for supportive care only. Resuscitative measures shall **not** be implemented, including:

   a. Chest compressions

   b. Defibrillation

   c. Assisted ventilation

   d. Intubation (Endotracheal or Dual Lumen)

   e. Cardiotonic drugs (e.g. dopamine, epinephrine, atropine, etc.)

   f. Transcutaneous Pacing

2. Supportive care for DNR patients consists of, but is not limited to, the following:

   a. Oxygen by nasal cannula or mask, or continuous positive airway pressure (CPAP) device. Devices such as bag-valve mask that provide artificial respirations should not be used. Suctioning and oropharyngeal or nasopharyngeal airways are acceptable provided they are tolerated by patient

   b. Medication by any route (except intraosseous (IO)), positioning, wound care and other measures to relieve pain and suffering. Refer to pain management protocols

   c. Intravenous hydration as indicated

   d. Patients suffering from acute airway obstruction, major hemorrhage, anaphylaxis, chest pain, etc. shall receive care as provided in approved clinical care protocols except when the resuscitative measures identified above are required

3. Transport Decision

   If patient is transported, one of the following must accompany the patient:

   a. The DNR / DPAHC Form (original or copy), or

   b. The DNR medallion, or

   c. A copy of the valid DNR order from the patient's medical record (during transport from medical/nursing facilities)

   d. A copy of the POLST form if one exists

C. Once resuscitation is withheld, the procedure for handling the decedent will vary depending upon location:

1. If the decedent is in a public place, the local public safety agency retains jurisdiction and responsibility for disposition of the decedent

2. If the decedent is at home and the local police or fire agency is present, the local police or fire shall retain jurisdiction and responsibility for disposition of the decedent

3. If the decedent is at a residential care facility (skilled nursing facility, etc.) the staff of the facility will make the appropriate arrangements

4. If the patient expires during transport, transport without BLS or ALS interventions

D. Destination

When a patient dies en route the following options exist:

1. Transport to the pre-arranged destination equipped and prepared to maintain the decedent including notification of local law enforcement

2. Return to the point of departure as appropriate

3. Transport to the closest emergency department of an acute care hospital