

SUBJECT: **DO NOT RESUSCITATE (DNR) ORDERS IN THE PREHOSPITAL SETTING**

APPROVED BY:

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I. PURPOSE

This policy sets forth the procedures for establishing and carrying out orders to withhold resuscitative measures for patients who have documented the desire not to be resuscitated.

II. DEFINITIONS

- A. An EMS Do-Not-Resuscitate (DNR) Order is a written order by a physician in consultation with the patient to withhold life saving measures should the patient succumb to a cardiac arrest.
- B. Withholding life saving measures: No chest compressions, defibrillation, cardioversion, cardiotoxic drugs, artificial or assisted ventilation are provided if or when a patient succumbs to a cardiac arrest
- C. A surrogate is a patient's legal representative, e.g., a Durable Power of Attorney for Health Care agent, a court-appointed conservator, spouse or other family member.

III. ESTABLISHING A PREHOSPITAL DO NOT RESUSCITATE (DNR) ORDER

- A. The California EMSA/CMA Prehospital DNR Form shall be used and shall include the following:
 - 1. Patient's name.
 - 2. Patient's signature or surrogate signature.
 - 3. Date of signature.
 - 4. Identification of the surrogate's relationship to the patient (if applicable).
 - 5. Signature of attending physician, date of signature, printed name of physician, address, and telephone number.
- B. One copy of the DNR (the original white or photocopy) remains with the patient. The goldenrod copy remains in the patient's permanent medical record. The patient may use the pink copy to obtain a DNR medallion or other jewelry from the MedicAlert Foundation.

IV. DNR ORDERS HONORED BY PREHOSPITAL PERSONNEL

The following types of DNR orders may be honored by prehospital personnel:

- A. A Prehospital DNR Form signed by both the physician and patient (or surrogate).
- B. DNR orders signed by a physician in the medical record of licensed health facilities (e.g., acute care hospital, skilled nursing facilities, hospices, intermediate care facilities).
 - 1. Facility staff must have the patient's chart with the DNR order recorded in it immediately available for EMS personnel upon their arrival.
 - 2. Facilities are encouraged to use the EMSA/CMA approved DNR form to avoid confusion and potentially unwanted resuscitation.
- C. A verbal DNR order given by the patient's physician who is present at the scene. (EMS prehospital personnel may not accept verbal telephone orders without base hospital physician approval)
- D. A MedicAlert (or other EMSA approved) medallion/bracelet that says "DO NOT RESUSCITATE - EMS", even if the original or photocopy of the DNR form is not immediately available.

V. PROCEDURE FOR COMPLYING WITH A PREHOSPITAL DNR ORDER

DNR Orders only apply to patients in cardiac arrest. A patient with a DNR order that is not in cardiac arrest should be provided with treatment as appropriate for their complaint. **A patient (or patient's surrogate) may verbally rescind the DNR order at any time.**

A. An approved DNR is available.

1. Review the DNR order to verify that it is appropriately completed and that it does not appear to have been altered or amended.
2. Verify the identity of the patient as being the person for whom the DNR form is intended
3. Cancel the responding ambulance if not needed and not yet on scene.

B. A DNR Order is presented but on-scene relatives object to the DNR Order, or the validity of the DNR Order is in question:

1. Provide all appropriate care/resuscitative measures for the patient. Although patient's instructions should remain paramount, resuscitation is to be undertaken until the situation is clarified.
2. EMS personnel shall make base hospital contact. Base hospital physicians retain responsibility and authority for determining appropriateness and extent of prehospital resuscitation decisions.

C. CPR is initiated prior to the presentation of an approved DNR order

CPR may be discontinued without base hospital contact.

NOTE: EMS personnel shall document all relevant information on a PCR in all patients. Attach the DNR Order to the PCR if a patient expires and is not transported.

VI. AMBULANCE SERVICE--HOSPICE AGREEMENTS ON NON-EMERGENCY TRANSPORTS

Ambulance providers may develop procedures for responding to requests for non-emergency transport from a licensed Hospice program or from similar programs operated under the auspices of an acute care hospital as approved by the EMS Medical Director. These procedures must include a means for verifying Do Not Resuscitate orders not identified by policy and patient identification. Ambulance response procedures must be developed in accordance with the following:

1. If service for terminally ill patients is requested through the 9-1-1 system, prehospital response will be according to this policy.
2. Ambulance response (and subsequent transport) may be made without lights or siren when contacted privately by hospice pursuant to arrangements under this section.

If a patient is pulseless and/or non-breathing upon ambulance personnel's arrival at scene transport will not be made.

Reviewed:

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