

EMS System Operation
Do Not Resuscitate (DNR)**Date: 02/01/2021****Policy #4120**

- I. Purpose:** To establish the documentation and circumstances, in which, EMS personnel may withhold or withdraw resuscitative measures based on the patient's or the legally appointed proxy's wishes.
- II. Authority:** California Emergency Medical Services, Health and Safety Code Division 2.5, Section and California Code of Regulations, Title 22, Division 5, Section 1797.200, 1798. Probate Code Section 4780. EMS Personnel Guidelines Limiting Pre-Hospital Care. EMSA #111 5th Revision
- III. Definitions:**
 1. Advance Health Care Directive or "Advanced Directive": A document executed pursuant to the Health Care Decisions Law. This document allows either or both of the following:
 - a. Appoints another person as the patient's "health care agent" or "attorney-in-fact."
 - b. The patient may write specific health care wishes.
 2. Attorney-in-Fact: A person granted authority to act for the person as governed by the Uniform Health Care Decisions Act (Division 4.5, commencing with Section 4780 of the Probate Code). This person has legal authority to make decisions about the named individual's medical care.
 3. Medical Power of Attorney (MPOA): A legal document that allows the patient to name a healthcare agent, someone who will make medical decisions in the event the patient becomes incapacitated and unable to communicate their wishes. The MPOA's role is to advocate for the patient's care and ensure the patient's medical wishes are followed.
 4. Do-Not-Resuscitate (DNR): A legal order written either in the hospital or on a legal form to withhold cardiopulmonary resuscitation (CPR) or advanced cardiac life support (ACLS), in respect of the wishes of a patient in case their heart were to stop or they were to stop breathing.
 5. DNR Directive: A DNR document that is :
 - a. An approved State of California Emergency Medical Services Authority (EMSA)/ California Medical Association (CMA) pre-hospital DNR request or equivalent document.
 - b. DNR orders written by a physician for patients in hospices, skilled nursing facilities or other licensed facilities.
 6. DNR Medallion: A medallion/bracelet engraved with the words "Do Not Resuscitate, or the letters "DNR", a patient identification number, 24 hour toll-free telephone number issued by a person pursuant to an agreement with the Emergency Medical Services Authority.

EMS System Operation
Do Not Resuscitate (DNR)**Date: 02/01/2021****Policy #4120**

7. EMS Personnel: Includes firefighters, law enforcement officers, EMTs, AEMTs, paramedics, and employees and volunteer members of legally organized volunteer organizations.
8. Immediate Family, or “Next of Kin”: Spouse, adult child/children, parent of patient, adult sibling, or domestic partner.
9. Physician Orders for Life-Sustaining Treatment (POLST): Create specific medical orders to be honored by health care workers during a medical crisis. Sometimes includes DNR, or do not intubate (DNI), or comfort care measures.

IV. Policy:

1. Application:
 - a. EMS personnel shall recognize that an adult has the fundamental right to control the decisions related to his or her own health care, including the decision to have life sustaining treatment withheld or withdrawn.
 - b. This policy shall apply to individuals in a private residence or other location who have expressed a desire to avoid resuscitated measures or modified measures, and to individuals in any licensed health care facility.
- A. Do Not Resuscitate (DNR) Form (See Appendix A – [DNR EMSA Form](#))
 1. The Do Not Resuscitate form defines none of the follow measures shall be initiated, unless otherwise stated on the form:
 - a. Chest compressions
 - b. Defibrillation
 - c. Endotracheal intubation
 - d. Assisted ventilations
 - e. Cardiotonic drugs
 2. Patient shall receive all other care not identified above for all other medical conditions, in accordance with Imperial County treatment protocols.
 3. Requests shall be signed and dated by a **physician**. No witness signature is necessary. Ensuring appropriate informed consent is the responsibility of the attending physician, not EMS or prehospital personnel.
 4. If a patient has a DNR, a copy or original of the DNR shall be taken to the emergency room.

EMS System Operation
Do Not Resuscitate (DNR)**Date: 02/01/2021****Policy #4120**

5. EMS shall visualize the written DNR form, unless the patient's physician is present and issues a DNR order.
 6. In the absence of a DNR forum, EMS personnel may accept a verbal request to withhold or withdraw resuscitative measures under the following circumstances:
 1. If the person is the patient's physician, MPOA, or the patient's "attorney-in-fact."
 2. The name of the physician, MPOA, or attorney-in-fact shall be noted in the PCR, and that person shall sign the PCR.
 7. Emergency response personnel shall note on all PCRs if a DNR is present, and if was honored.
2. Physician Orders for Life-Sustaining Treatment (POLST) Form (See Appendix B – [EMSA POLST Form](#))
- A. EMS personnel who encounter an approved POLST form should be aware of the different levels of care defined in Section A & B of the POLST form.
 - a. Section A:

Applies to only to patients who do NOT have a pulse and are NOT breathing:
 - B. If "Attempt Resuscitation/CPR" is checked, EMS personnel should treat the individual to the fullest extent possible per Imperial County Treatment protocols.
 - C. If "Do Not Attempt Resuscitation/CPR" then no attempts should be made to resuscitate the individual. EMS personnel shall follow Policy #4140 Determination of Death in the Field.
 - a. Section B:

Section B applies only to individuals who have checked "Do Not Attempt Resuscitation/DNR" in Section A AND who have a pulse and/or are breathing upon arrival of EMS personnel.
 - D. If the patient has checked "Full Treatment", they should be treated to the fullest extent possible, per Imperial County treatment protocols.
 - E. If the patient has checked "Selective Treatment" the following care may provided, or what is otherwise noted on the form, as is within the provider's scope of practice:
 - a. Administration of IV Fluids
 - b. Non-invasive positive pressure ventilation (CPAP, BiPAP, and/or BVM)
 - c. Comfort-focused transport

EMS System Operation
Do Not Resuscitate (DNR)**Date: 02/01/2021****Policy #4120**

- F. EMS personnel shall contact base hospital prior to following any orders listed under “Additional Orders”
 - G. EMS personnel shall follow Imperial County policies and protocols regarding patient treatment, and contact base hospital for further guidance, if any part of POLST is unclear.
 - a. CA EMSA approved POLST forms must be signed and dated by a **physician, nurse practitioner, or physician assistant**, and by the **patient or legally recognized decision-maker of the patient**.
 - b. Emergency response personnel shall note on all PCR’s if a POLST is present and if it was honored.
 - H. EMS personnel shall visualize the written POLST form, unless the representatives listed above are present and submit a DNR order.
3. Do Not Resuscitate (DNR) Medallion or Jewelry
- A. All EMS personnel shall accept the CA EMSA approved DNR bracelet or medallion.
 - B. All approved DNR medallions must include the following information:
 - a. A 24 hour, 7 days a week, telephone number that is toll free to the person calling.
 - b. The words “CALIFORNIA DO NOT RESUSCITATE – EMS” or “CALIFORNIA DNR – EMS”
 - c. An individual specific identification number to be used to identify the enrollee’s medical information file.
 - C. If EMS personnel encounter a DNR medallion, the DNR policy shall be followed.
 - D. If EMS personnel encounter a POLST medallion, treatment shall follow the treatment indicated on the POLST form. If form cannot be located, EMS should perform full treatment until the POLST can be produced.
4. Base Hospital Contact
- A. Base Hospital Physicians retain the authority to determine the appropriateness of resuscitation.
 - B. EMS personnel shall contact base hospital physician and initiate resuscitation if:
 - a. Resuscitation appears warranted.
 - b. Any questions regarding validity of the DNR order.
 - c. DNR directive is incomplete or not signed.

EMS System Operation
Do Not Resuscitate (DNR)**Date: 02/01/2021****Policy #4120**

- d. Concerns regarding the persons at bedside stating the patient is DNR. This can include by is not limited to: persons self-identifying as the MPOA, “attorney in fact,” spouse, next of kin, children, etc.
- e. Disagreement among family members regarding resuscitative measures.
- f. Anytime EMS personnel have concerns or require assistance.
- g. If a DNR is thought to exist but cannot be found, every effort should be made to contact the Base Station to determine the best treatment of the patient.

5. Transportation

- A. DNR patients in cardiopulmonary arrest shall not be transported.
- B. If transporting from a 9-1-1 response, and patient goes into cardiopulmonary during transport, continue to receiving emergency room.
- C. In the event any patient expires in an ambulance either before or during transport, the following shall be considered:
 - a. Unless specifically requested, the patient should not be returned to a private residence or skilled nursing facility, continue to the destination hospital.
 - b. If between hospitals, return to the originating hospital if time is not excessive. If time would be excessive, divert to the closest hospital with Emergency receiving facility.
 - c. In rural area in cases where the Medical Examiner has not waived the case, the transporting agency and Medical Examiner shall arrange for a mutually acceptable rendezvous location, where the patient may be left in the custody of law enforcement, to allow transporting unit to return to service.
- D. EMS personnel shall notify local law enforcement/coroner’s office of death.
- E. If a patient, who has a DNR, is transported to the hospital, the following shall apply:
 - a. The DNR or POLST shall be honored by EMS personnel, during the transport of the patient.
 - b. DNR/POLST shall accompany the patient to the hospital; the hospital shall include a copy of the DNR order in the patient’s medical record.
- F. If a patient is transported with an unclear DNR, the accepting attending ED physician and RN should made aware of the unclear resuscitation status at the time of hand-off.

APPROVED:

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Do Not Resuscitate (DNR)

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Policy #4120

Signature on File

Katherine Staats, M.D.

EMS Medical Director

EMS System Operation
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CMA PUBLICATIONS 1(800) 882-1262 WWW.CMANET.ORG

**EMERGENCY MEDICAL SERVICES**
PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM**PURPOSE**

The Prehospital Do Not Resuscitate (DNR) Form has been developed by the California Emergency Medical Services Authority, in concert with the California Medical Association and emergency medical services (EMS) providers, for the purpose of instructing EMS personnel regarding a patient's decision to forego resuscitative measures in the event of cardiopulmonary arrest. Resuscitative measures to be withheld include chest compressions, assisted ventilation, endotracheal intubation, defibrillation, and cardiotoxic drugs. This form does **not** affect the provision of life sustaining measures such as artificial nutrition or hydration or the provision of other emergency medical care, such as palliative treatment for pain, dyspnea, major hemorrhage, or other medical conditions.

APPLICABILITY

This form was designed for use in **prehospital settings** --i.e., in a patient's home, in a long-term care facility, during transport to or from a health care facility, and in other locations outside acute care hospitals. However, hospitals are encouraged to honor the form when a patient is transported to an emergency room. California law protects any health care provider (including emergency response personnel) who honors a properly completed request regarding resuscitative measures, including a Prehospital Do Not Resuscitate Form (or an approved wrist or neck medallion), from criminal prosecution, civil liability, discipline for unprofessional conduct, administrative sanction, or any other sanction, if the provider believes in good faith that the action or decision is consistent with the law and the provider has no knowledge that the action or decision would be inconsistent with a health care decision that the individual signing the request would have made on his or her own behalf under like circumstances. This form does not replace other DNR orders that may be required pursuant to a health care facility's own policies and procedures governing resuscitation attempts by facility personnel. Patients should be advised that their prehospital DNR instruction may not be honored in other states or jurisdictions.

INSTRUCTIONS

The Prehospital Do Not Resuscitate (DNR) Form **must** be signed by the patient or by the patient's legally recognized health care decisionmaker if the patient is unable to make or communicate informed health care decisions. The legally recognized health care decisionmaker should be the patient's legal representative, such as a health care agent as designated in a power of attorney for health care, a court-appointed conservator, or a spouse or other family member if one exists. The patient's physician **must** also sign the form, affirming that the patient/legally recognized health care decisionmaker has given informed consent to the DNR instruction.

The **white** copy of the form should be retained by the patient. *The completed form (or the approved wrist or neck medallion—see below) must be readily available to EMS personnel in order for the DNR instruction to be honored.* Resuscitation attempts may be initiated until the form (or medallion) is presented and the identity of the patient is confirmed.

The **goldenrod** copy of the form should be retained by the physician and made part of the patient's permanent medical record.

The **pink** copy of the form may be used by the patient to order an optional wrist or neck medallion inscribed with the words "DO NOT RESUSCITATE-EMS." The Medic Alert Foundation (1(888)755-1448, 2323 Colorado Avenue, Turlock, CA 95381) is an EMS Authority-approved supplier of the medallions, which will be issued only upon receipt of a properly completed Prehospital Do Not Resuscitate (DNR) Form (together with an enrollment form and the appropriate fee). Although optional, use of a wrist or neck medallion facilitates prompt identification of the patient, avoids the problem of lost or misplaced forms, and is strongly encouraged.

REVOCAION

In the absence of knowledge to the contrary, a health care provider may presume that a request regarding resuscitative measures is valid and unrevoked. Thus, if a decision is made to revoke the DNR instruction, the patient's physician should be notified immediately and all copies of the form should be destroyed, including any copies on file with the Medic Alert Foundation or other EMS Authority-approved supplier. Medallions and associated wallet cards should also be destroyed or returned to the supplier.

Questions about implementation of the Prehospital Do Not Resuscitate (DNR) Form should be directed to the local EMS agency.

EMS System Operation
Do Not Resuscitate (DNR)

Date: 02/01/2021
Policy #4120

CMA PUBLICATIONS 1(800) 882-1262 WWW.CMA.NET.ORG



EMERGENCY MEDICAL SERVICES
PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM



An Advance Request to Limit the Scope of Emergency Medical Care

I, _____, request limited emergency care as herein described.
(print patient's name)

I understand DNR means that if my heart stops beating or if I stop breathing, no medical procedure to restart breathing or heart functioning will be instituted.

I understand this decision will **not** prevent me from obtaining other emergency medical care by prehospital emergency medical care personnel and/or medical care directed by a physician prior to my death.

I understand I may revoke this directive at any time by destroying this form and removing any "DNR" medallions.

I give permission for this information to be given to the prehospital emergency care personnel, doctors, nurses or other health personnel as necessary to implement this directive.

I hereby agree to the "Do Not Resuscitate" (DNR) order.

Patient/Legally Recognized Health Care Decisionmaker Signature

Date

Legally Recognized Health Care Decisionmaker's Relationship to Patient

By signing this form, the legally recognized health care decisionmaker acknowledges that this request to forego resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

I affirm that this patient/legally recognized health care decisionmaker is making an informed decision and that this directive is the expressed wish of the patient/legally recognized health care decisionmaker. A copy of this form is in the patient's permanent medical record.

In the event of cardiac or respiratory arrest, no chest compressions, assisted ventilations, intubation, defibrillation, or cardiotoxic medications are to be initiated.

Physician Signature

Date

Print Name

Telephone

THIS FORM WILL NOT BE ACCEPTED IF IT HAS BEEN AMENDED OR ALTERED IN ANY WAY

PREHOSPITAL DNR REQUEST FORM


White Copy: To be kept by patient

Yellow Copy: To be kept in patient's permanent medical record

Pink Copy: If authorized DNR medallion desired, submit this form with Medic Alert enrollment form to: Medic Alert Foundation, Turlock, CA 95381

EMS System Operation
Do Not Resuscitate (DNR)

Date: 02/01/2021
Policy #4120

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY		
 EMSA #111 B (Effective 4/1/2017)*	Physician Orders for Life-Sustaining Treatment (POLST)	
	First follow these orders, then contact Physician/NP/PA . A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. POLST complements an Advance Directive and is not intended to replace that document.	
	Patient Last Name: _____	Date Form Prepared: _____
	Patient First Name: _____	Patient Date of Birth: _____
	Patient Middle Name: _____	Medical Record #: <i>(optional)</i> _____
A <i>Check One</i>	CARDIOPULMONARY RESUSCITATION (CPR): <i>If patient has no pulse and is not breathing.</i> <i>If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.</i>	
	<input type="checkbox"/> Attempt Resuscitation/CPR (Selecting CPR in Section A <u>requires</u> selecting Full Treatment in Section B) <input type="checkbox"/> Do Not Attempt Resuscitation/DNR (<u>Allow Natural Death</u>)	
B <i>Check One</i>	MEDICAL INTERVENTIONS: <i>If patient is found with a pulse and/or is breathing.</i>	
	<input type="checkbox"/> Full Treatment – primary goal of prolonging life by all medically effective means. In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. <input type="checkbox"/> <i>Trial Period of Full Treatment.</i>	
	<input type="checkbox"/> Selective Treatment – goal of treating medical conditions while avoiding burdensome measures. In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care. <input type="checkbox"/> <i>Request transfer to hospital <u>only</u> if comfort needs cannot be met in current location.</i>	
	<input type="checkbox"/> Comfort-Focused Treatment – primary goal of maximizing comfort. Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. <i>Request transfer to hospital <u>only</u> if comfort needs cannot be met in current location.</i> Additional Orders: _____	
C <i>Check One</i>	ARTIFICIALLY ADMINISTERED NUTRITION: <i>Offer food by mouth if feasible and desired.</i>	
	<input type="checkbox"/> Long-term artificial nutrition, including feeding tubes. Additional Orders: _____ <input type="checkbox"/> Trial period of artificial nutrition, including feeding tubes. _____ <input type="checkbox"/> No artificial means of nutrition, including feeding tubes. _____	
D	INFORMATION AND SIGNATURES:	
	Discussed with: <input type="checkbox"/> Patient (Patient Has Capacity) <input type="checkbox"/> Legally Recognized Decisionmaker <input type="checkbox"/> Advance Directive dated _____, available and reviewed → Health Care Agent if named in Advance Directive: <input type="checkbox"/> Advance Directive not available Name: _____ <input type="checkbox"/> No Advance Directive Phone: _____	
	Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/NP/PA) My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical condition and preferences.	
	Print Physician/NP/PA Name: _____	Physician/NP/PA Phone #: _____ Physician/PA License #, NP Cert. #: _____
	Physician/NP/PA Signature: <i>(required)</i> _____	Date: _____
	Signature of Patient or Legally Recognized Decisionmaker I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.	
	Print Name: _____	Relationship: <i>(write self if patient)</i> _____
	Signature: <i>(required)</i> _____	Date: _____
	Mailing Address (street/city/state/zip): _____	Phone Number: _____
	Your POLST may be added to a secure electronic registry to be accessible by health providers, as permitted by HIPAA.	
SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED		

*Form versions with effective dates of 1/1/2009, 4/1/2011, 10/1/2014 or 01/01/2016 are also valid

EMS System Operation
Do Not Resuscitate (DNR)

Date: 02/01/2021
Policy #4120

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Patient Information		
Name (last, first, middle):	Date of Birth:	Gender: M F
NP/PA's Supervising Physician		Preparer Name (if other than signing Physician/NP/PA)
Name:	Name/Title:	Phone #:
Additional Contact <input type="checkbox"/> None		
Name:	Relationship to Patient:	Phone #:

Directions for Health Care Provider

Completing POLST

- **Completing a POLST form is voluntary.** California law requires that a POLST form be followed by healthcare providers, and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician, or a nurse practitioner (NP) or a physician assistant (PA) acting under the supervision of the physician, who will issue appropriate orders that are consistent with the patient's preferences.
- **POLST does not replace the Advance Directive.** When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.
- POLST must be completed by a health care provider based on patient preferences and medical indications.
- A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient's physician/NP/PA believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known.
- A legally recognized decisionmaker may execute the POLST form only if the patient lacks capacity or has designated that the decisionmaker's authority is effective immediately.
- To be valid a POLST form must be signed by (1) a physician, or by a nurse practitioner or a physician assistant acting under the supervision of a physician and within the scope of practice authorized by law and (2) the patient or decisionmaker. Verbal orders are acceptable with follow-up signature by physician/NP/PA in accordance with facility/community policy.
- If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient's medical record, on Ultra Pink paper when possible.

Using POLST

- Any incomplete section of POLST implies full treatment for that section.
- Section A:**
- If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a patient who has chosen "Do Not Attempt Resuscitation."
- Section B:**
- When comfort cannot be achieved in the current setting, the patient, including someone with "Comfort-Focused Treatment," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
 - Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
 - IV antibiotics and hydration generally are not "Comfort-Focused Treatment."
 - Treatment of dehydration prolongs life. If a patient desires IV fluids, indicate "Selective Treatment" or "Full Treatment."
 - Depending on local EMS protocol, "Additional Orders" written in Section B may not be implemented by EMS personnel.

Reviewing POLST

- It is recommended that POLST be reviewed periodically. Review is recommended when:
- The patient is transferred from one care setting or care level to another, or
 - There is a substantial change in the patient's health status, or
 - The patient's treatment preferences change.

Modifying and Voiding POLST

- A patient with capacity can, at any time, request alternative treatment or revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating this line.
- A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician/NP/PA, based on the known desires of the patient or, if unknown, the patient's best interests.

This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force. For more information or a copy of the form, visit www.caPOLST.org.

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED