

I. AUTHORITY AND REFERENCES:

Health and Safety Code, Division 2.5, Section 1798; California Code of Regulations, Title 22, Division 5, Section 72527; Probate Code Sections 4000-4026, 4600-4643, and 4780-4786.

II. PURPOSE:

This policy identifies the types of documents and the circumstances in which emergency response employees may withhold or withdraw resuscitative measures.

III. APPLICATION:

A. Emergency response employees shall recognize that an adult has the fundamental right to control the decisions relating to his or her own health care, including the decision to have life sustaining treatment withheld or withdrawn.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 resuscitative measures, and to individuals in any licensed health care facility (e.g., long term health care facilities, skilled nursing facilities, hospice/other facilities).

C. Emergency response employees may withhold or withdraw resuscitative measures when presented with an acceptable DNR order, as long as it can be reasonably determined that the patient is the subject of the document or request.

D. Exception:

1. Relief of airway obstruction in a patient who is still conscious.

IV. DEFINITIONS:

A. **“Advance Health Care Directive”** or “advance directive” means a document executed pursuant to the Health Care Decisions Law. This document allows either or both of the following:

1. Appoints another person as the patient’s “health care agent” or “attorney-in-fact.”
2. The patient may write specific health care wishes.

B. **“Attorney-in-Fact”** or “health care agent” means a person granted authority to act for the person as governed by the Uniform Health Care Decisions Act (Division 4.5, commencing with Section 4670 of the Probate Code). This person has legal authority to make decisions about the named individual’s medical care.

C. **“Do-Not-Resuscitate (DNR)”** means no chest compressions, no defibrillation, no assisted ventilation, no basic airway adjuncts, no advanced airway adjuncts (endotracheal tube, Combitube), no cardiotoxic medications or other medications or means intended to initiate a heartbeat or to treat a non-perfusing rhythm.

D. **“DNR Directive”** means a DNR document or order that is:

1. An approved State of California Emergency Medical Services Authority (EMSA)/California Medical Association (CMA) prehospital DNR request or an equivalent document from another jurisdiction.

2. DNR orders written by a physician for patients in hospices, skilled nursing facilities, or other licensed facilities.

E. **“DNR Medallion”** means a Medic Alert ® medallion/bracelet engraved with the words “do not resuscitate”, or the letters “DNR”, or “DNR-EMS”, a patient identification number, and a 24-hour toll-free telephone number issued by a person pursuant to an agreement with the Emergency Medical Services Authority.

F. **“Emergency Response Employees”** includes firefighters, law enforcement officers, emergency medical technicians I and II, paramedics, and employees and volunteer members of legally organized and recognized volunteer organizations.

G. **“Immediate Family”** means the spouse, adult child(ren), parent of a patient, adult sibling, or domestic partner (pursuant to Section 297 of the Family Code).

V. GUIDELINES FOR HONORING A DO-NOT-RESUSCITATE ORDER:

A. Emergency response employees shall, at all times, respect the patient’s right to dignity and privacy. DNR patients shall receive necessary supportive care and other comfort measures.

B. The DNR order shall be disregarded if the patient requests resuscitative measures.

C. Emergency response employees shall honor a DNR request when it can be reasonably established that the patient is the subject of the DNR request, and

1. Emergency response employees have identified a DNR Directive or DNR medallion as defined elsewhere in this document, or
2. The emergency response employee has personally seen the DNR order in the patient's medical record in a licensed facility.

- a. The emergency response employee shall document on the prehospital care report (PCR) the name of the physician writing the order and the date the order was signed.

D. Emergency response employees may accept a verbal request to withhold or withdraw resuscitative measures under the following circumstances:

1. A licensed physician and surgeon, identified as the patient's physician, gives the emergency response employee a verbal order.

- a. The physician should write the DNR order on the PCR and sign the order, if possible. If not, EMS personnel should record the order.

- b. The physician's name, address, telephone number, and medical license number should also be recorded on the PCR.

2. A DNR request is communicated by an "attorney-in-fact" or "health care agent."

- a. The attorney-in-fact must specifically identify themselves as the prescribed attorney-in-fact in the written document.

- b. The attorney-in-fact should sign the PCR as the "attorney-in-fact."

3. Immediate family, present at the scene, may decline resuscitative measures on behalf of the patient.

- a. The name(s) of the immediate family who made the decision to withhold or withdraw resuscitative measures shall be documented on the PCR.

- b. The immediate family member shall sign the PCR.

E. Emergency response employees should note on the PCR that a DNR order was present and honored.

F. Base contact should be made and the Base Physician consulted and resuscitation should be initiated:

1. If there are any questions regarding validity of the DNR order, or
2. If DNR directive is incomplete or not signed, or

3. When a document other than those listed in this policy is presented to emergency response employees, or

4. If there is a concern regarding identification of "immediate family," or

5. If there is disagreement among family members regarding the provision or withdrawal of resuscitative measures, or

6. Anytime emergency response employees have concerns or require assistance.

G. DNR patients who are in cardiopulmonary arrest should not be transported. Emergency response employees will contact the local police agency and/or coroner's office. Support to family members on scene should be offered as indicated.

H. DNR patients who decline transport to the hospital, including those patients for whom transport is declined on their behalf, should not be transported.

I. If a DNR patient is transported to a hospital, the following shall apply:

1. A DNR order shall be honored by emergency response employees during transport of the patient.

2. In general, a DNR patient should not be transported Code 3.

3. The DNR order/directive should accompany the patient; the hospital should include a copy of the DNR order in the patient's hospital medical record.

APPROVAL



Bruce E. Haynes, M.D.
EMS Medical Director



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 to forgo resuscitation attempts in the event of a patient's cardiopulmonary arrest. Resuscitative measures to be withheld include chest compressions, assisted ventilation, endotracheal intubation, defibrillation, and cardiotoxic drugs. The form does **not** affect the provision of other emergency medical care, including 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 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 an appropriate surrogate decision-maker if the patient is unable to make or communicate informed health care decisions. The surrogate should be the patient's legal representative (e.g., a Durable Power of Attorney for Health Care agent, a court-appointed conservator, a spouse or other family member) if one exists. The patient's physician must also sign the form, affirming that the patient/surrogate 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 (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.*

REVOCATION

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.



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/Surrogate Signature Date

Surrogate's Relationship to Patient

By signing this form, the surrogate 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 this form.

I affirm that this patient/surrogate is making an informed decision and that this directive is the expressed wish of the patient/surrogate. 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
Goldenrod 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