

# CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 564
Subject	Guidelines for EMS and Public Safety Personnel Regarding Do-Not-Resuscitate (DNR) Orders	Page 1 of 4
Reference	Emergency Medical Services Authority Guidelines for EMS Personnel Regarding Do-Not-Resuscitate Orders	Effective 01/01/92

## I. POLICY

EMS and Public Safety personnel shall follow Do-Not-Resuscitate (DNR) orders which are issued and appear valid consistent with approved procedures.

## II. PROCEDURE

- A. EMS and Public Safety personnel (including Public Safety First-Aid Personnel, EMTs, EMT-Paramedics, and Flight Nurses) responding to emergencies in long-term health care facilities (including hospice patients) or to a patient's private residence shall respect any written or verbal Do-Not-Resuscitate (DNR) order which appears valid. The form may be honored if it is readable and easily understandable. EMS or public safety personnel should not withhold resuscitative measures to interpret a complex form. It is essential to confirm the identity of the patient to ensure that the DNR order specifically applies to that individual. The following are examples of common DNR requests, which can be made by the patient or the patient's legal guardian (i.e., spouse, parent, conservator, etc.):

1. "Preferred Intensity of Care Form"
  - a. States health care preferences. May be signed by physician and/or family member if patient unable to sign.
  - b. The EMS provider shall attach a copy of the DNR order to the original white copy of the Prehospital Care Report (PCR), which will remain with the patient at the receiving hospital. An additional copy of the DNR shall be made and retained with the EMS provider agency records.
  - c. This form does not expire but may be revoked at any time by patient or legal guardian.

Approved By	Revision
EMS Division Manager	03/01/2013
EMS Medical Director	

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2. "Preferred Intensity of Treatment Form"
  - a. States health care preferences. May be signed by physician and/or family member if patient unable to sign. The EMS provider shall attach a copy of the DNR order to the original white copy of the Prehospital Care Report (PCR), which will remain with the patient at the receiving hospital. An additional copy of the DNR shall be made and retained with the EMS provider agency records.
  - c. This form does not expire but may be revoked at any time by patient or legal guardian.
3. "Emergency Medical Services Prehospital Do Not Resuscitate (DNR) Form"
  - a. States health care preferences. May be signed by physician and/or family member if patient unable to sign.
  - b. The EMS provider shall attach a copy of the DNR order to the original white copy of the Prehospital Care Report (PCR), which will remain with the patient at the receiving hospital. An additional copy of the DNR shall be made and retained with the EMS provider agency records.
  - c. This form does not expire but may be revoked at any time by patient or legal guardian.
4. "Advanced Health Care Directive"
  - a. States health care preferences and may designate a person who will have authority to make health care decisions for the person if the person is unable to do so.
  - b. The EMS provider shall attach a copy of the Advanced Health Care Directive to the original white copy of the Prehospital Care Report (PCR), which will remain with the patient at the receiving hospital. An additional copy of the Advanced Health Care Directive shall be made and retained with the EMS provider agency records.
  - c. This form does not expire but may be revoked at any time by patient or legal guardian.
5. "Health Care Power of Attorney"
  - a. Declares his/her intention that life sustaining procedures should be withheld or withdrawn under certain circumstances and may designate a person who will have authority to make health care decisions for the person if the person is unable to do so.
  - b. The EMS provider shall attach a copy of the Health Care Power of Attorney to the original white copy of the Prehospital Care Report (PCR), which will remain with the patient at the receiving hospital. An additional copy of the Health Care Power of Attorney shall be made and retained with the EMS provider agency records.
  - c. This form does not expire but may be revoked at any time by patient or legal guardian.

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6. "Living Will"
  - a. Declares his/her intention that life-sustaining procedures should be withheld or withdrawn under certain circumstances.
  - b. The EMS provider shall attach a copy of the Living Will to the original white copy of the Prehospital Care Report (PCR), which will remain with the patient at the receiving hospital. An additional copy of the Living Will shall be made and retained with the EMS provider agency records.
  - c. This form does not expire but may be revoked at any time by patient or legal guardian.
7. "Do-Not-Resuscitate EMS" Medallion
  - a. The "Emergency Medical Services Prehospital Do Not Resuscitate (DNR) Form" may also be accompanied with a "MedicAlert" bracelet or medallion. The bracelet or medallion must have the inscription "Do Not Resuscitate EMS" to be valid.
  - b. This form does not expire but may be revoked at any time by patient or legal guardian.
8. "Do-Not-Resuscitate" Order
  - a. A physician's order written and signed in the patient's medical chart.
  - b. The EMS provider shall attach a copy of the DNR order to the original white copy of the Prehospital Care Report (PCR), which will remain with the patient at the receiving hospital. An additional copy of the DNR shall be made and retained with the EMS provider agency records.
9. Verbal Order
  - a. You may accept a verbal order from the patient's physician, home health provider, registered nurse, conservator, an immediate family member (parent, spouse, or sibling), or other family member acting as a direct caretaker (providing day-to-day care), who states they are acting in the best interests of the patient. Any verbal order must be from an individual 18 years of age or older.
  - b. The EMS Provider shall document the verbal order on the PCR along with the name of the physician, home health provider, registered nurse, conservator, or family member. The individual issuing the verbal order must sign the PCR if they are present on scene. Orders taken by phone should be confirmed by two people who then sign the PCR (One should be the EMS personnel (paramedic/EMT) caring for the patient. The paramedic/EMT's partner should only be used if no one else is available.) If anyone refuses to sign the PCR, resuscitative efforts should begin and base hospital contact is recommended.

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- B. If the patient is conscious and states that he/she wishes resuscitative measures, the DNR order shall be ignored. If the patient is unable to state his/her desires, and the patient's legal representative or conservator (if patient legally incompetent) or a family member is present who wishes resuscitative measures be provided, resuscitation shall be undertaken, since such person's objection may raise questions about the validity or applicability of the DNR order. It is important to remember, however, that the patient ultimately has the right to determine the course of his or her own medical care. In situations where the DNR order does not seem to apply, then EMS personnel shall not honor the order and shall immediately initiate basic CPR and contact a Base Hospital for direction.
- C. If not specifically addressed in the patient's DNR request forms, DNR means no chest compressions, bag-valve-mask ventilation, defibrillation, endotracheal intubation, or cardiotoxic drugs (e.g., epinephrine, atropine, etc.) or as specified in the written document.
- D. During an interfacility transfer, EMS personnel shall determine what type of emergency care or services are being requested by the patient, legal representative or conservator (if patient legally incompetent), or family member. Medical care during such situations should be consistent with the direction of such person, provided the care is within the approved scope of practice. The patient should receive full treatment other than resuscitative measures (e.g., for pain, dyspnea, major hemorrhage, etc.) unless such treatment is in conflict with the patient's desires, legal representative or conservator (if patient legally incompetent) or, valid DNR order.
- E. Airway techniques such as the Heimlich maneuver, foreign body extraction, and oxygen administration may be employed on a temporary basis.
- F. DNR orders meeting the above criteria shall also be honored during transport from an acute care hospital to a long-term health care facility (including hospice facilities).
- G. In unusual cases where the Base Hospital Physician has been notified, the Base Hospital may countermand the DNR order and order resuscitative measures.
- H. If the patient is clearly conscious and competent at the time of the arrival of EMS personnel, his/her wishes for DNR prevails over family member's wishes to resuscitate.
- I. In some cases, a patient who is the subject of a DNR order may collapse in public. In these cases, it may be appropriate to transport the patient to a hospital even without resuscitative measures in order to move the body to a location that provides the family with more privacy, and where arrangements can be made more expeditiously.
- J. A DNR order does not mean do not give care to a moribund patient. Oxygen, glucose, albuterol, and morphine are some examples of treatments that may be given to DNR patients to make them more comfortable during their final hours.