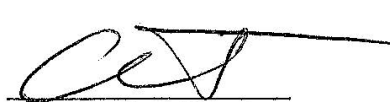
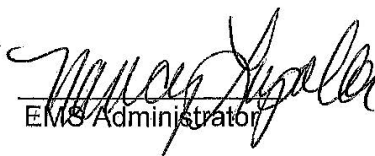




DO NOT RESUSCITATE

APPROVED:


EMS Medical Director


EMS Administrator

1. Purpose

- 1.1 To establish procedures for pre-hospital personnel to recognize and follow certain Do Not Resuscitate (DNR) directives.

2. Policy

- 2.1 CPR and other resuscitative measures shall be withheld from patients with certain San Mateo County EMS recognized DNR forms or bracelets according to the procedures outlined in this Policy.

3. Scope

- 3.1 This policy applies to all patients, including those in long-term care and hospice programs, in San Mateo County.

4. Definitions

- 4.1 Do Not Resuscitate (DNR) means that in the event of cardiac or respiratory arrest the following are not performed: chest compressions, defibrillation or cardioversion, assisted ventilation, airway intubation or cardiotoxic drug administration.
- 4.2 DNR Advanced Directives recognized by San Mateo County EMS:
- 4.2.1 A standard Pre-hospital DNR Directive Form issued by the State EMS Authority and the California Medical Society signed by the patient or surrogate and signed by the patient's physician. Legible copies of executed forms are acceptable.
- 4.2.2 A DNR medallion inscribed "Do Not Resuscitate - EMS" worn by the patient. DNR Medallions are metal or permanently imprinted insignias (e.g. Medic Alert issued medallions) worn by the patient, manufactured and distributed in accordance with State EMS Authority requirements.
- 4.2.3 In a licensed health care facility a "code status" order in the patient's chart containing the patient's name and the statement "Do Not Resuscitate" or "No Code" or "No CPR."
- 4.2.4 A recognized Physician Orders for Life Sustaining Treatment (POLST) Form (EMSA # 111B)
- 4.2.4.1 Orders pertaining to modification of cardiac resuscitation

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such as “no chest compressions” on “no intubation” may be honored and basic or modified resuscitation continued, or terminated if appropriate.

4.2.4.2 Orders pertaining to treatments within the San Mateo County scope of practice, such as pain relief, suctioning and repositioning may be followed as indicated on the POLST form. If the patient then declines further treatment or transportation, the paramedics may allow the patient, or a designated decision maker to sign a release of medical responsibility form.

4.2.4.3 Questions regarding the content of the POLST form should be directed to a base hospital physician, preferably the hospital where the patient receives care.

4.3 Advanced Directives *NOT* recognized by San Mateo County EMS (though they may be valid):

4.3.1 Natural Death Act Declaration is a document which may be in a form of a living will;

4.3.2 Living Wills or other advisory documents;

4.3.4 Durable Power of Attorney for Health Care (DPAHC).

4.4 Prior to death or as based on the POLST form patients may receive palliative care such as basic life Support (BLS) and/or Advanced Life Support (ALS) procedures that are aimed at reducing pain and suffering, providing safety, alleviating discomfort and maintaining the patient's dignity. Supportive care consists of, but is not limited to, basic airway maneuvers, removal of airway obstructions, oxygen administration, hemorrhage control, pain control and transport to a receiving facility.

5. Procedure

5.1 When EMS personnel respond to a apneic and/or pulseless patient or a patient who becomes apneic and/or pulseless with a recognized DNR directive, as defined above in Section 4.2, they shall withhold resuscitation and follow the DNR directive. CPR may be discontinued when a recognized DNR directive is given to or located by EMS personnel after CPR has commenced.

5.2 EMS personnel must be sure to identify that the patient is the person named in the recognized DNR directive. Identification can be achieved by reliable witness(es) who can identify the patient or if the patient is wearing a DNR medallion.

5.3 When EMS personnel respond to a living patient with a recognized DNR directive or POLST form as defined in Section 4.2 above, they shall provide palliative care as needed, or directed on the POLST form and should transport the patient to the hospital of patient's choice if known.

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- 5.3.1 Should a patient or family member ask for modifications of current protocol or policy based on a POLST form the base hospital physician should be contacted for direction
- 5.4 If the patient is conscious and clearly states he/she wishes resuscitative measures, EMS personnel shall ignore the DNR directive. The patient's statement must be documented on the patient care report.
- 5.5 If a determination of death is made during transport to the hospital, Transport of the body should continue to the hospital.
- 5.6 EMS personnel shall document the presence and type of recognized DNR directive on the pre-hospital care report. If the patient is transported, the recognized DNR directive shall be transported with the patient to the hospital. If the patient is in a licensed health care facility, a copy of the patient's "code status" order will be obtained and will accompany the patient.
- 5.7 If the ambulance dispatch center is informed about a DNR directive, the dispatcher shall instruct the caller to get the DNR directive and present it to the emergency responders when they arrive. Information by a caller that a patient has a DNR directive shall not alter either the ambulance or first responder response code.
- 5.8 EMS personnel may not accept verbal DNR orders except from a base hospital physician.
- 5.9 For patients who are not in a Licensed Health Care Facility, EMS personnel shall accept a written DNR order if a physician is present, reasonably identifies him/herself as the patient's physician and issues a written DNR order.
- 5.10 EMS personnel who encounter non-recognized DNR directives such as declarations or advisory documents should contact a base hospital physician. Perform only BLS until the situation can be clarified. If unable to contact a physician, or to resolve the issue on scene, the patient should be treated and transported according to established protocol. EMS personnel will bring the document(s) with the patient to the hospital.
- 5.11 EMS personnel may contact a base hospital physician when necessary to determine appropriate treatment and/or transport decisions.

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