

Sierra – Sacramento Valley EMS Agency Program Policy			
DNR, POLST, End of Life Option (Aid-In-Dying Drug)			
	Effective: 12/01/2016	Next Review: 10/2019	823
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PURPOSE:

- A. To provide a mechanism to allow patients to refuse unwanted resuscitation attempts and ensure that patient's rights to control their own medical treatment are honored.
- B. To establish the criteria, requirements and procedures to withhold resuscitative measures in the prehospital setting.

AUTHORITY:

- A. California Health and Safety Code, Division 1, Part 1.8, § 442 – 443.
- B. California Health and Safety Code, Division 2.5, § 1797.220 and 1798.
- C. California Code of Regulations, Title 22, Division 9.
- D. California Probate Code, Division 4.7.
- E. Guidelines for EMS Personnel Regarding Do Not Resuscitate (DNR) Directives, (EMSA #111), California Emergency Medical Services Authority.

DEFINITIONS:

- A. **Advance Health Care Directive (AHCD):** A document that allows an individual to provide healthcare instructions and/or appoint an agent to make healthcare decisions when unable or prefer to have someone speak for them. AHCD is the legal format for healthcare proxy or durable power of attorney for healthcare and living will.
- B. **Agent or Attorney-In-Fact:** An individual designated in a power of attorney for health care to make a health care decision for the principal/patient, regardless of whether the person is known as an agent or attorney-in-fact, or by some other term.
- C. **Aid-in-Dying Drug:** A drug determined and prescribed by a physician for a qualified individual, which the qualified individual may choose to self-administer to bring about his or her death due to terminal illness. The prescribed drug may take effect within minutes to several days after self-administration.

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- D. **Basic Life Support (BLS) Measures:** The provision of treatment designed to maintain adequate circulation and ventilation for a patient in cardiac arrest without the use of drugs or special equipment (assisted ventilation via a bag-mask device and manual or automated chest compressions).
- E. **Do Not Resuscitate (DNR):** A request to withhold interventions to restore cardiac activity and respirations (no chest compressions, defibrillation, advanced airway, assisted ventilation, or cardiotoxic drugs). The patient shall receive full palliative treatment for pain, dyspnea, major hemorrhage, or other medical conditions; i.e., oropharyngeal suction and oxygen. Relief of choking caused by a foreign body is appropriate; however, if breathing has stopped and the patient is unconscious, ventilation should not be assisted.
- F. **DNR Wrist or Neck Medallion:** A MedicAlert® or other EMSA approved wrist or neck medallion, permanently engraved with the words "Do Not Resuscitate - EMS", and a patient identification number.
- G. **Durable Power of Attorney for Health Care (DPAHC):** Allows an individual to appoint an "agent/attorney-in-fact" to make health care decisions if they become incapacitated. The DPAHC must be immediately available. The agent/attorney-in-fact must be physically present and provide adequate identification. Decisions made by the agent/attorney-in-fact must be within the limits set by the DPAHC, if any.
- H. **Emergency Medical Services Prehospital Do Not Resuscitate (DNR) Form:** An approved DNR form, developed by the California Emergency Medical Services Authority (EMSA) and the California Medical Association (CMA), that is used statewide for the purpose of instructing EMS personnel to forgo resuscitation attempts in the event of a patient's cardiopulmonary arrest in the out of hospital setting. The form must be signed and dated by a physician and patient/surrogate to be valid.
- I. **End of Life Option Act:** A California state law that authorizes an adult, eighteen years or older, who meets certain qualifications, and who has been determined by his or her attending physician to be suffering from a terminal disease to make a request for an "aid-in-dying drug" prescribed for the purpose of ending his or her life in a humane and dignified manner.
- J. **Physician's Orders for Life Sustaining Treatment (POLST):** A physician order form that addresses a patient's wishes about a specific set of medical issues related to end-of-life care. The form must be signed and dated by a physician and patient/surrogate to be valid.
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POLICY:

- A. Any one of the following approved DNR orders shall be honored by prehospital personnel in the S-SV EMS region:
1. A fully executed original or photocopy of the Emergency Medical Services Prehospital Do Not Resuscitate (DNR) form.
 2. A fully executed original, or photocopy, of the POLST form.
 3. The patient is wearing an approved DNR wrist or neck medallion.
 4. If the patient's physician is present, they may verbally order DNR and immediately confirm the DNR order in writing. A telephone order by the patient's physician to prehospital personnel is not acceptable.
 5. A written or electronic DNR order by a physician. In order to be valid this type of DNR order shall consist of the following:
 - Patient's name.
 - The words "Do Not Resuscitate" (or DNR) or "No Code".
 - The physician's signature or an RN signature verifying a valid verbal order from a physician on a physician order sheet.
 - The date of the order.
 6. An AHCD or DPAHC, with the agent/attorney-in-fact physically present, and stating the patient refuses resuscitative measures. The agent/attorney-in-fact must provide adequate identification.
- B. End of Life Option Act:

A patient who has obtained an aid-in-dying drug has met extensive and stringent conditions as required by California law. The law offers protections and exemptions for healthcare providers but is not explicit about EMS response for End of Life Option Act patients.

PROCEDURE:

- A. DNR, POLST, AHCD, DPAHC:
1. All patients shall receive an immediate assessment/medical evaluation.
 2. Identify that the patient is the person named on the applicable form. This will normally require either the presence of a witness who can reliably identify the patient or the presence of a form of identification.

3. When the patient is found to be in cardiopulmonary arrest, BLS measures shall be initiated if necessary pending verification of a valid DNR order.
4. When in doubt, resuscitation shall be initiated and the base/modified base hospital physician contacted immediately.
5. If an S-SV EMS approved DNR order is not available, prehospital personnel shall consult with the base/modified base hospital physician to discuss the validity or applicability of forms presented.
6. If there is any objection or disagreement by family members/caretakers regarding withholding resuscitation, or if prehospital personnel have any reservations regarding the validity of the DNR order, BLS resuscitation shall begin immediately and contact with the base/modified base hospital physician shall be made for further direction.
7. If a patient has a valid DNR, but resuscitation was started prior to arrival of the EMS responder, CPR can be discontinued.
8. If the patient is conscious and states that s/he wishes resuscitative measures, then the DNR form shall be ignored.

B. End of Life Option Act:

The following guidelines are provided for EMS personnel when responding to a patient who has self-administered an aid-in-dying drug:

1. Within 48 hours prior to self-administering the aid-in-dying drug, the patient is required to complete a "Final Attestation for an Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner". However, there is no mandate for the patient to maintain the final attestation in close proximity. If a copy of the final attestation is available, EMS personnel should confirm the patient is the person named in the final attestation. This will normally require either the presence of a witness who can reliably identify the patient or the presence of a form of identification.
2. There are no standardized "Final Attestation for an Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner" forms. If available, EMS personnel should make a good faith effort to review and verify that the document is identified as a "Final Attestation for an Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner" and includes the patient's name, signature and date.
3. Provide comfort measures (airway positioning, suctioning) when applicable.
4. Withhold resuscitative measures if patient is in cardiopulmonary arrest. If a POLST or AHCD is present, follow the directive as appropriate for the clinical situation.

5. The patient may at any time withdraw or rescind his or her request for an aid-in-dying drug regardless of their mental state. In this instance, EMS personnel shall provide medical care according to standard treatment protocols. EMS personnel are encouraged to consult with the base/modified base hospital physician in these situations.
6. Family members may be at the scene of a patient who has self-administered an aid-in-dying drug. If there is objection to the End of Life Option Act, inform the family that comfort measures will be provided and consider base/modified base hospital physician consultation for further direction.

DOCUMENTATION:

- A. A copy of any applicable forms (DNR, POLST, AHCD, DPAHC, final attestation, etc.) shall be attached to the prehospital patient care report (PCR) when available. When DNR orders are noted in the patient's written or electronic medical record, a copy of the order shall be attached to the PCR when available. If copies of any applicable forms/orders are unavailable, prehospital personnel shall document in the PCR that such documents were reviewed and verified as valid. Other appropriate information (name of physician who signed the form, date signed, circumstances surrounding the incident, base/modified base hospital physician name if consulted, etc.) shall also be documented in the PCR.
- B. If the patient is wearing a DNR bracelet or neck medallion, the DNR bracelet or neck medallion number shall be documented in the PCR.
- C. If patient transport is undertaken, any applicable forms (DNR, POLST, AHCD, DPAHC, final attestation, etc.) shall be taken with the patient to the receiving facility.

CROSS REFERENCES:

- A. EMSA/CMA DNR Form (823-A).
- B. POLST Form (823-B)
- C. Base/Modified Base/Receiving Hospital Contact (812).
- D. Determination of Death (820).