


Sierra – Sacramento Valley EMS Agency Program Policy			
DNR, POLST & End Of Life Option Act			
	Effective: 12/01/2019	Next Review: 11/2022	823
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PURPOSE:

- A. To provide a mechanism to allow patients to refuse unwanted resuscitation attempts, and ensure that their rights to control their own medical treatment are honored.
- B. To establish criteria, requirements and procedures for withholding 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.

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.
- 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 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 prescribed by a physician for a qualified individual, which the qualified individual may choose to self-administer to bring about his or her death.
- D. **Basic Life Support (BLS) Measures** – The provision of treatment designed to maintain circulation and ventilation for a patient in cardiac arrest (assisted ventilation via a bag-mask device and manual or automated chest compressions), without the use of medications or other special medical equipment.

- E. **Do Not Resuscitate (DNR)** – A request to withhold interventions to restore cardiac activity and respirations (no chest compressions, defibrillation, assisted ventilation, advanced airway devices, or cardiotoxic medications).
- F. **DNR Wrist or Neck Medallion** – A MedicAlert® or other approved wrist or neck medallion, engraved with the words "Do Not Resuscitate", and a patient ID number.
- G. **Durable Power of Attorney for Health Care (DPAHC)** – A document that 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 and the agent/attorney-in-fact must be physically present. Decisions made by the agent/attorney-in-fact must be within the limits set by the DPAHC, if any.
- H. **EMSA/CMA Prehospital DNR Form** – A form developed by the California Emergency Medical Services Authority (EMSA) and California Medical Association (CMA) 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/representative to be valid.
- I. **End of Life Option Act** – A California law authorizing an adult, eighteen (18) years or older, who meets certain qualifications and who has been determined by their attending physician to be suffering from a terminal disease, to request an Aid-in-Dying drug prescribed for the purpose of ending their 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/representative to be valid.

POLICY:

- A. Any of the following DNR orders/forms shall be honored by prehospital personnel:
1. An EMSA/CMA Prehospital DNR form.
 2. A POLST form.
 3. An approved DNR wrist or neck medallion.
 4. A DNR order in the medical record of a licensed healthcare facility (e.g., acute care hospital, skilled nursing facility, intermediate care facility, hospice) signed by a physician (or an RN verifying a valid verbal physician order on a physician order sheet). Electronic physician's orders are considered signed and shall be honored.

5. A verbal DNR order given by the patient's physician.
 6. An AHCD or DPAHC, with the agent/attorney-in-fact physically present and stating the patient refuses resuscitative measures.
 7. A Final Attestation form for patients who have chosen to utilize an Aid-in-Dying drug.
- B. DNR orders do not expire and photocopies are considered valid.

PROCEDURE:

- A. All patients shall receive an immediate assessment/medical evaluation.
- B. If presented with a DNR order/form, prehospital personnel shall:
 1. Verify the identity of the patient.
 2. Confirm the validity of the order.
 3. If deemed valid, follow the orders as written. The patient shall still receive full palliative treatment for pain, dyspnea, or other medical conditions.
 4. Provide supportive care to family members.
- C. If the patient is conscious and states that they wish resuscitative measures, the DNR order shall be ignored.
- D. When the patient is in cardiac arrest:
 1. BLS measures shall be initiated pending verification of a valid DNR order.
 2. If there are any questions regarding the validity/applicability of a DNR order, or objection by family members/caretakers regarding withholding resuscitation, prehospital personnel shall continue BLS measures and immediately contact the base/modified base hospital for consultation.
 3. If a patient has a valid DNR but resuscitation was started prior to arrival of the EMS responder, CPR can be discontinued.
- E. When the patient is not in cardiac arrest:
 1. A patient with a DNR order who is not in cardiac arrest shall be provided treatment as appropriate for their complaint, unless a POLST is in place that directs care differently.

2. If the patient/representative presents a valid POLST form, prehospital personnel shall follow the orders as written.
 - Patients with a POLST form indicating “Comfort-Focused Treatment”, are typically only transported to a hospital if their comfort needs cannot be met in their current location/setting. These patients who have no signs of pain or respiratory distress, and who have sufficient family/caretaker support present, may be released at scene by prehospital personnel and not transported to the hospital, unless transportation is requested by the patient/legal representative.
 - Prehospital personnel shall contact the base/modified base hospital for consultation for any questions or concerns regarding EMS treatment or transport of a patient with a POLST form.

F. End of Life Option Act:

If a terminally ill individual appears to have ingested an Aid-in-Dying drug under the provisions of the California End of Life Option Act, prehospital personnel shall:

1. Provide comfort care (oxygen administration, opening and maintaining the airway using non-invasive means only, and suctioning as necessary) as indicated.
2. Determine who called 9-1-1 and why.
3. Determine whether there are DNR orders (including a Final Attestation form) available.
4. If a final attestation form is present and the family objects, provide comfort care to the patient and immediately contact the base/modified base hospital for consultation. Do not start resuscitation if the patient is in cardiopulmonary arrest.

G. A copy of applicable DNR orders/forms shall be attached to the EMS patient care report (PCR) when available. If copies are unavailable, prehospital personnel shall indicate in the PCR that such documents were reviewed and verified as valid. If the patient is wearing a DNR bracelet or neck medallion, the DNR bracelet or neck medallion number shall be documented in the PCR.

H. If patient transport is initiated, applicable DNR orders/forms shall be taken with the patient to the receiving facility. Prehospital personnel shall also obtain and relay to the receiving hospital the name/contact information of any agent, attorney-in-fact or other applicable patient representative.