

Do Not Resuscitate Status, Advance Directives, and Health Care Power of Attorney (POA) Status

Aliases

DNR, comfort care

Patient Care Goals

To acknowledge and maintain the variety of ways that patients can express their wishes about cardiopulmonary resuscitation or end-of-life decision making

Patient Presentation

Inclusion/Exclusion Criteria

1. Patients must have one of the following documents or a valid alternative (such as identification bracelet indicating wishes) immediately available.:
 - a. Physician Orders for Life Sustaining Treatment (POLST) or Medical Orders for Life Sustaining Treatment (MOLST): explicitly describes acceptable interventions for the patient in the form of medical orders, must be signed by a physician /Nurse Practitioner/Physician Assistant to be valid
 - b. Do Not Resuscitate (DNR) order: identifies that CPR and intubation are not to be initiated if the patient is in arrest or peri-arrest; the interventions covered by this order and the details around when to implement them can vary widely
 - c. Advance directives: document that describes acceptable treatments under a variable number of clinical situations including some or all of the following: what to do for cardiac arrest, whether artificial nutrition is acceptable, organ donation wishes, dialysis, and other parameters; the directives frequently do not apply to emergent or potentially transient medical conditions
 - d. In the absence of formal written directions (MOLST, POLST, DNR, advanced directives), and in the presence of a person with power of attorney for health care or health care proxy, that person may prescribe limits of treatment
2. One of the documents above is valid when it meets all of the following criteria:
 - a. Conforms to the state specifications for color and construction
 - b. Is intact: it has not been cut, broken or shows signs of being repaired
 - c. Displays the patient's name and the physician's name
3. If there is question about the validity of the form or instrument, the best course of action is to proceed with the resuscitation until additional information can be obtained to clarify the best course of action
4. If a patient has a valid version of one of the above documents, it will be referred to as a "valid exclusion to resuscitation" for the purposes of this protocol

Patient Management

Assessment

1. If the patient has a valid exclusion to resuscitation then no CPR or airway management should be attempted, however this does not exclude comfort measures including medications for pain as appropriate.
2. If CPR has been initiated and a valid exclusion to resuscitation has been subsequently verified, CPR may be discontinued and on-line medical control contacted as needed.

Treatment and Interventions

1. If there is a valid exclusion to resuscitation and there are signs of life (pulse and respirations), EMS providers should provide standard appropriate treatment under existing protocols according to the patient's condition.
 - a. If the patient has a MOLST or POLST, it may provide specific guidance on how to

- proceed in this situation.
- b. Directives should be followed as closely as possible and on-line medical control contacted as needed.
2. The patient should receive full treatment per protocols with the exception of any intervention specifically prohibited in the patient's valid exclusion to resuscitation.
 3. If for any reason an intervention that is prohibited by an advanced directive is being considered, on-line medical control should be obtained.

Patient Safety Considerations

In cases where the patient's status is unclear and the appropriateness of withholding resuscitation efforts is questioned, EMS personnel should initiate CPR immediately and contact direct medical oversight.

Notes and Educational Pearls Key Considerations

- If there is a personal physician present at the scene who has an ongoing relationship with the patient, that physician may decide if resuscitation is to be initiated.
- If there is a registered nurse from a home health care or hospice agency present at the scene who has an ongoing relationship with the patient, and who is operating under orders from the patient's private physician, that nurse (authorized nurse) may decide if resuscitation is to be initiated.
- If the physician or nurse decides resuscitation is to be initiated, usual on-line medical control will be followed.
- Special Consideration: For scene safety and/or family wishes, provider may decide to implement CPR even if all the criteria for death are met.

Pertinent Assessment Findings

- No recommendations

Quality Improvement

Associated NEMSIS Protocol(s) (eProtocol.01)

- 9914201—Cardiac Arrest-Determination of Death/Withholding Resuscitative Efforts
- 9914169—Cardiac Arrest-Do Not Resuscitate
- 9914171—Cardiac Arrest-Special Resuscitation Orders

Key Documentation Elements

- Detailed description of the valid exclusion to resuscitation documentation used to guide resuscitation including a copy of the document if possible
- Names and contact information for significant bystanders

Performance Measures

None recommended

References

1. *'Do Not Attempt Resuscitation' in the Out-of-Hospital Setting*. American College of Emergency Physicians; October 2003. ACEP Policy Statement.
2. National Guidelines for Statewide Implementation of EMS "Do Not Resuscitate" (DNR) Programs National Association of Emergency Medical Services Directors and the National Association of Emergency Medical Services Physicians. *Prehos Disaster Med.* 1994;9(2):197-9