



**Department of Public Health
Emergency Medical Services Agency**

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This policy supersedes any other existing policy on this subject.

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Subject: Prehospital Advanced Directives

Authority: California Health and Safety Code, Division 2.5, Sections 1797.220, and 1798, et al., California Code of Regulations, Title 22, Sections 100107 and 100146.

Definitions: **"DNR"** – Means Do Not Resuscitate which, for the purpose of this policy, shall mean that no CPR or advanced resuscitative measures shall be initiated.

"Advanced Directive" - Orders from patients and their physicians regarding what care should be provided or withheld in certain emergent situations. (I.e. Durable power of Attorney, living wills and other instruments such as "Declarations" under the Natural Death Act).

"Durable Power of Attorney for Health Care (DPAHC)" - A document which allows individuals to appoint an "attorney-in-fact" to make health care decisions for them if they become incapacitated. Decisions affecting health care must be outlined in the Durable Power of Attorney for Health Care when the individual completes the form.

"Declaration" - This instrument is a declaration to physicians by adult patients directing the withholding or withdrawal of life sustaining procedures in a terminal condition or permanent unconscious state.

"POLST" – stands for Physician Orders for Life-Sustaining Treatment

Purpose: To define valid prehospital advanced directives and to provide guidance to EMS personnel regarding compliance with such orders.

Policy: 1. There are four (4) valid Prehospital advanced directive instruments in Merced County:

- A. A completed, signed "EMERGENCY MEDICAL SERVICES PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM." A Medic Alert bracelet or necklace with the words "DO NOT RESUSCITATE - EMS" stamped on the medallion may also be utilized by the person with a DNR.
- B. A completed and signed POLST form, indicating the patient's wishes with regard to resuscitation and/or level of care.

APPROVED:

ON-FILE

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- C. A Durable Power of Attorney for Health Care.
 - D. A physician's written order at a Skilled Nursing Facility.
1. In licensed skilled nursing facilities, DNR orders written by a physician in the medical record are to be honored. The facility staff must have the patient's chart with the DNR order in it immediately available for EMS field personnel upon their arrival.
 2. Durable Power of Attorney for Health Care (DPAHC) - Individuals who state that they are the "attorney-in-fact" for a patient and decline resuscitative measures on behalf of the patient shall present photo identification and the DPAHC with the appropriate signatures.
 3. Other Advanced Directives **not** considered appropriate for use in the prehospital setting:
 - A. Living Will - due to the wide variety of these documents and the inability to confirm the legitimacy of the document, they are considered unsuitable for use in prehospital care.
 - B. Declarations - The Declaration should be viewed as a directive to the physician regarding the patient's wishes. It is not suitable for use in prehospital care.
 4. The patient may, at any time, rescind the DNR or POLST order by destroying any copies of said order, including at the time that 9-1-1 is summoned. Should the patient rescind the DNR or POLST order or verbally request treatment (expressed consent), EMS personnel shall honor that action and provide whatever care is consistent with the current treatment protocols.

Procedure:

1. DNR Orders:
 - A. Upon arrival at a scene, if EMS field personnel are presented with a valid DNR order or a Medic Alert bracelet engraved with "Do Not Resuscitate - EMS" CPR shall not be initiated. Palliative or comfort care may be provided, if requested, however no resuscitative measures shall be instituted. If the patient, family or physician requests transport to a health care facility, the EMS field personnel shall comply with that request, continuing any palliative care initiated.
 - B. If the patient's physician is present and assumes medical control in accordance with EMS Policy 401.00, s/he may order the EMS field personnel not to initiate CPR by placing such order in writing at that time.
 - C. If the patient is presumed to be a PROBABLE DEATH, in accordance with EMS Policy 530.00, "Determination of Death In The Prehospital Setting," the EMS field personnel shall contact the Base Hospital and report the existence of a valid DNR order and:
 - 1) the length of time in which there has been an absence of spontaneous respirations and pulses which can be confirmed at two sites;
 - 2) assessment of pupillary response to light.

The Base Hospital Physician may then concur with the EMS personnel in a Declaration of Death. The EMS Personnel shall then note such declaration on the Prehospital Care Report Form (PCR) including the time that the declaration is made.

2. POLST Orders
 - A. Section "A" of the POLST form indicates whether or not the patient has requested resuscitation or is a DNR. If the DNR is checked, and the patient is in arrest, personnel shall care for the patient as outlined herein for DNRs. If the patient is not in arrest, refer to the guidance below.
 - B. Sections "B" and "C" of the POLST form describe the "intensity of care" directions for hospital or skilled nursing facilities (SNF), and do not apply to prehospital personnel. Prehospital personnel can only follow standing orders approved by the EMS Agency Medical Director or on-line orders from the Base Physician. The "Additional orders" lines do not apply to prehospital personnel. If the SNF or family have called 9-1-1, the decision to transport has been made. Refer to Section 3 below regarding Comfort Care.
3. The following measures are considered standing orders for comfort care and may be provided to patients requesting such service.
 - A. Oxygen by nasal cannula or mask (no BVM or device that creates tidal volume)
 - B. Pain management. The paramedic may contact the Base for an order for morphine for patients suffering from a terminal illness or severe, diagnosed discomfort, e.g. a patient that is difficult to move due to osteoporosis.
 - C. Intravenous hydration, unless refused by the patient.
 - D. Patients suffering from airway obstruction, major hemorrhage, etc. shall receive appropriate treatment to relieve the immediate medical emergency, however no resuscitative measures shall be employed if the patient has indicated DNR.
4. If the patient is an Obvious Death, the EMS personnel shall make note of the time that this determination is made, and shall request law enforcement or the Coroner to the scene, if not present. EMS personnel shall remain with the deceased until the arrival of the Coroner or law enforcement agency. If the patient is at a skilled nursing facility, board & care home, residential care or is attended by hospice at a residence, EMS personnel do not need to remain at the scene. Request the Coroner's office and clear the scene. The original copy of the PCR shall be left with, or forwarded to the County Coroners office within 2 hours.
5. If at any time the patient's family requests resuscitative efforts, personnel shall contact and consult with the Base Hospital Physician.
6. If there are suspicious circumstances (e.g. possible homicide) and the patient is not an obvious death, resuscitation shall be initiated and law enforcement summoned, if not at scene. If transport of the patient must occur before the arrival of law enforcement, take careful note of the position and location of the patient as well as usual crime scene precautions regarding disturbance of the scene.