



DO-NOT-RESUSCITATE (DNR) AND HEALTH CARE DIRECTIVES



I. AUTHORITY AND REFERENCES:

Health and Safety Code, Division 2.5, Section 1798; California Code of Regulations, Title 22, Division 5, Section 72527; Probate Code Sections 4000-4026, 4600-4643, and 4780-4786.

II. PURPOSE:

Mentally competent adults have the right to control decisions relating to their own health care, including decisions to have life-sustaining treatment withheld or withdrawn. This policy identifies the types of documents and the circumstances in which EMS personnel may withhold or withdraw resuscitative measures based on the expressed desires of an individual.

III. APPLICATION:

- A. This policy shall apply to individuals in any licensed health care facility (e.g., long term health care facilities, skilled nursing facilities, hospice/other facilities) or to individuals in a private residence or other location who have expressed a desire about resuscitative measures.
- B. EMS personnel may withhold or withdraw resuscitative measures when presented with a Do Not Resuscitate (DNR) directive or order, as long as it can be reasonably determined that the patient is the subject of the document. EMS personnel may also withhold or withdraw resuscitative measures for patients without DNR documents when immediate family is on scene and they desire to make a unanimous decision to withhold resuscitation.
- C. Exception:
 - 1. EMS personnel may relieve an airway obstruction.

IV. DEFINITIONS:

- A. **“Advance Health Care Directive”** or “advance directive” means a document executed pursuant to the Health Care Decisions Law. This document allows either or both of the following:
 - 1. Appoints another person as the patient’s “health care agent” or “attorney-in-fact.”
 - 2. The patient may write specific health care wishes.
- B. **“Attorney-in-Fact”** or “health care agent” means a person granted authority to act for the person as governed by the Power of Attorney Law (Division 4.5, commencing with Section 4670 of the Probate Code). This person has legal authority to make decisions about the named individual’s medical care.
- C. **“Do-Not-Resuscitate (DNR)”** means no chest compressions, no defibrillation, no assisted ventilation, no basic airway adjuncts, no advanced airway adjuncts (endotracheal tube, Combitube), no cardiotoxic medications or other medications or means intended to initiate a heartbeat or to treat a non-perfusing rhythm.
- D. **“DNR Directive”** means a DNR document or order that is:

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1. An approved State of California Emergency Medical Services Authority (EMSA)/California Medical Association (CMA) prehospital DNR request or an equivalent document from another jurisdiction.
 2. A Medic Alert ® medallion or bracelet with engraved directions.
 3. DNR orders written by a physician for patients in hospices, skilled nursing facilities, or other licensed facilities.
- E. **"DNR Medallion"** means a Medic Alert ® medallion/bracelet engraved with the words "do not resuscitate", or the letters "DNR", or "DNR-EMS", a patient identification number, and a 24-hour toll-free telephone number.
- F. **"Immediate Family"** means the spouse, adult child(ren), parent of a patient, adult sibling, or domestic partner (pursuant to Section 297 of the Family Code).
- G. **" POLST Physician Orders for Life-Sustaining Treatment"** is a form available statewide that allows an individual to express his or her desires regarding resuscitation, including various resuscitation modalities.
- V. GUIDELINES FOR HONORING A DO-NOT-RESUSCITATE ORDER:
- A. DNR patients shall receive non-resuscitation related supportive care and other comfort measures as would any other person.
 - B. A DNR directive shall be disregarded if the patient requests resuscitative measures.
 - C. EMS personnel shall honor a DNR request when it can be reasonably established that the patient is the subject of the DNR request, and
 1. EMS personnel have identified a DNR directive, DNR medallion, or POLST form as defined in this document, or
 2. EMS personnel have personally seen the DNR order in the patient's medical record in a health care delivery facility.
 - a. EMS personnel shall document on the prehospital care report (PCR) the name of the physician writing the order and the date the order was signed.
 - D. EMS personnel may accept a verbal request to withhold or withdraw resuscitative measures under the following circumstances:
 1. A licensed physician and surgeon, identified as the patient's physician and present with the patient, gives a verbal DNR order.
 - a. The physician should write the DNR order on the PCR and sign the order.
 - b. The physician's name, address, telephone number, and medical license number should also be recorded on the PCR.
 2. A DNR request is communicated by an "attorney-in-fact" or "health care agent."

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- a. The attorney-in-fact must specifically identify themselves as the prescribed attorney-in-fact in the written document.
- b. The attorney-in-fact should sign the PCR as the "attorney-in-fact."
- 3. Immediate family, present at the scene, may decline resuscitative measures on behalf of the patient.
 - a. The name(s) of the immediate family who made the decision to withhold or withdraw resuscitative measures shall be documented on the PCR.
 - b. The immediate family member shall sign the PCR.
- E. When a DNR is honored by EMS personnel, they should note on the PCR that a DNR order was present and honored.
- F. Base contact should be made and the Base Physician consulted and resuscitation should be initiated:
 - 1. If there are any questions regarding validity of the DNR order, or
 - 2. If the DNR directive is incomplete or not signed, or
 - 3. When a document other than those listed in this policy is presented, or
 - 4. If there is a concern regarding identification of "immediate family," or
 - 5. If there is disagreement among family members regarding the withdrawal of resuscitative measures, or
 - 6. Anytime EMS personnel have concerns or require assistance.
- G. DNR patients who are in cardiopulmonary arrest should not be transported. EMS personnel will contact the local police agency and/or coroner's office to report the death and support family members on scene as appropriate.
- H. DNR patients who decline transport to the hospital, including those patients for whom transport is declined on their behalf, should not be transported. Preservation of the patient's privacy, dignity, and concern for comfort measures must be assured prior to EMS personnel leaving the scene.
- I. If a DNR patient is transported to a hospital, the following apply:
 - 1. A DNR order/directive, DNR medallion, or POLST form shall be honored during transport of the patient.
 - 2. The DNR order/directive, DNR medallion, or POLST form shall accompany the patient.
 - 3. The attorney-in-fact (if applicable) should also go to the hospital.

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