

REGION 2 POLICY
DO NOT RESUSCITATE POLICY
(Adopted by the Peoria Area EMS System – 6/98, Revised 8/2000)

POLICY STATEMENT/PURPOSE: A Do Not Resuscitate Policy is a tool to be used in the pre-hospital setting to set forth guidelines for providing CPR / resuscitation or for withholding resuscitation efforts. The purpose of this policy is to specify requirements for valid DNR orders and to establish a procedure for field management of these situations. A DNR policy shall be implemented only after it has been reviewed and approved by the Department of Public Health, in accordance with the requirements of Section 515.380.

POLICY/PROCEDURE:


1. Any EMT-B, EMT-I, EMT-P or Pre-Hospital RN who is actively participating in a Department approved EMS System may honor, follow and respect a valid DNR order. Medical Control will be contacted in all cases involving DNRs. (Note: First Responders are **not** authorized to interpret the validity of DNR orders).
2. DNR refers to the withholding of life sustaining treatment such as: cardiopulmonary resuscitation (CPR); electrical therapy to include pacing, cardioversion and defibrillation; tracheal intubation and manually or mechanically assisted ventilation, unless otherwise stated on the DNR order.
3. By itself, a DNR order does not mean that any other life prolonging therapy, hospitalization or use of the Emergency Medical System is to be withheld. On-line Medical Control must be consulted in cases involving DNR orders. DNR orders do not affect treatment of patients **not in full arrest (pulseless and breathless)**.
4. A DNR order may be invalidated if the immediate cause of a respiratory / cardiac arrest is related to trauma or mechanical airway obstruction.
5. When EMS personnel arrive on scene and discover the patient is pulseless and breathless and CPR is not in progress, resuscitation (at minimum CPR) must be initiated unless one or more of the following conditions exist:
 - A. Obvious signs of biological death are present.
 - i. Decapitation.
 - ii. Rigor mortis without profound hypothermia.
 - iii. Dependent lividity.
 - iv. Obvious mortal wounds with no signs of life.
 - v. Decomposition
 - B. The patient has been declared dead by the patient's physician or a coroner.
 - C. A valid DNR order is present and the EMS provider has made reasonable effort to verify the identity of the patient named in a valid DNR order (i.e., identification by another person, ID band, Photo ID or facility or home-care / hospice nursing staff.) .
 - D. If the above signs of death are recognized, EMS personnel must contact Medical Control to confirm the decision not to attempt resuscitation (cease effort or do not resuscitate orders) prior to notifying the coroner.
 - E. If the EMS provider has concerns regarding the validity of the DNR orders, the degree of life sustaining treatment to be withheld or the status of the patient's condition the provider should immediately institute BLS measures and contact Medical Control for further directions.

6. When EMS personnel arrive on scene and discover CPR is in progress, the EMS provider should:
 - A. Assess pulse and breathing and analysis EKG activity.
 - B. Determine if signs of death are present or a valid DNR exist.
 - C. Continue resuscitation if signs of death are not obvious and a valid DNR is not available.
 - D. Contact Medical Control for orders, including possible cease effort orders.
7. If the patient's primary care physician is at the scene or on the telephone and requesting specific resuscitation or DNR procedures, EMS personnel should verify the physician's identity (if not known to the EMT) and notify Medical Control of the request of the on-scene physician. The physician on scene shall sign the ambulance report form if Medical Control approves his request(s).
8. **Prior to July 1, 2001**, a valid DNR order shall consist of a written document, which has not been revoked, containing at least the following information:
 - A. Name of patient.
 - B. Name and signature of the attending physician.
 - C. Effective date.
 - D. The words "Do Not Resuscitate", and any specific procedures to be withheld (i.e., no intubation, no CPR, etc.).
 - E. Evidence of consent – either:
 - 1) Signature of patient; or
 - 2) Signature of patient's legal guardian; or
 - 3) Signature of patient's durable power of attorney for health care agent;
 - 4) Signature of surrogate decision-maker.
9. **Effective July 1, 2001**, the only recognized DNR form EMS providers are obligated to honor, follow and respect is the standardized **State of Illinois Do Not Resuscitate (DNR) Order** form, which is easily identified by its bright orange color and the Seal of the State of Illinois in the lower right corner.
10. Any other advance directives or "living will" cannot be honored, followed and respected by pre-hospital care providers. EMS personnel must contact Medical Control for direction regarding any other type of advanced directive. Resuscitation should not be withheld during the process of contacting or discussing the situation with Medical Control.
11. A Durable Power of Attorney for Health Care is an agent who has been delegated by the patient to make any health care decisions (including the withholding or withdrawal of life sustaining treatment) which the patient is unable to make. When a patient's surrogate decision maker is present or has been contacted by pre-hospital personnel and they direct that resuscitative efforts not be instituted:
 - A. The EMT is required to ask the durable power of attorney for health care agent to provide positive identification (i.e., driver's license, picture ID, etc.), see the document and ask the agent to point out the language that confirms that the 'power' is in effect and that it covers the situation at hand (i.e., assure the scope of authority the durable power of attorney for health care has, and that the patient's medical or mental condition complies with the document designating the DPAH).

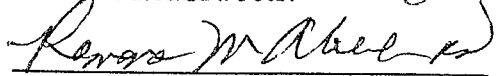
- B. A durable power of attorney for health care agent or a surrogate decision maker can provide consent to a DNR order, but the order itself must be written by a physician.
 - C. An EMT cannot honor a verbal or written DNR request or order made directly by a durable power of attorney for health care agent or a surrogate decision maker or any other person, other than a physician. If such a situation is encountered, contact Medical Control for direction in interpreting the validity of the order or request.
12. Revocation of a written DNR order is accomplished when the DNR order is physically destroyed or verbally rescinded by the physician who signed the order and/or the person who gave written consent to the order. Pre-hospital care providers have a duty to act and provide care in the best interest of the patient. This requires the provision of full medical and resuscitative interventions when medically indicated and not contraindicated by the wishes of the patient. All patients should have access to emergency medical services and may refuse treatment including CPR.
 13. When managing a patient that is apparently non-viable, but desired and/or approved medical measures appear unclear (i.e., upset family situation, no agreement on DNR, etc.), EMS personnel should provide assessment, initiate resuscitative measures and contact Medical Control for further directions.
 14. If EMS personnel are transporting a patient with a valid DNR order to or from home and the patient arrest enroute, contact Medical Control for orders regarding the transport. Do not initiate resuscitative measures unless otherwise directed by Medical Control.
 15. If EMS personnel are transporting a patient transfer with a valid DNR order during an inter-hospital and the patient arrest enroute, continue transport to the hospital and contact Medical Control for orders. Do not initiate resuscitative measures unless otherwise directed by Medical Control.
 16. If System personnel are transporting a patient facility with a valid DNR order from a long-term care and the patient arrest enroute, continue transport to the hospital and contact Medical Control. Do not initiate resuscitative measures unless otherwise directed by Medical Control.
 17. If System personnel arrive at the scene and the family states that the patient is a hospice patient with a valid DNR order, do not initiate resuscitative measures and contact Medical Control for further orders.
 18. On occasion, EMS Personnel may encounter an out-of-town patient with a valid DNR order visiting in the EMS System area. If the DNR order appears to be valid (signed by the patient and physician and has a current date), contact Medical Control for orders.
 19. The coroner will be notified of any patient or family wishes that there is to be tissue donation and the patient is not transported to the hospital.
 20. The on-line Medical Control physician's responsibility is to make reasonable effort to confirm the DNR order is valid and order resuscitative measures within the directives of the DNR order. If the DNR order can not be validated, EMS personnel should be ordered to initiate or continue resuscitative measures.
 21. All EMS System personnel will receive a copy of the policy and education will be conducted initially, annually and on an 'as needed' basis.

22. All associate and participating hospitals, area physicians and Medical Society staff, extended care facilities, hospice and home health agencies, coroners, dispatchers and private duty nursing agencies within the service area of the EMS System will also receive copies of the policy, as appropriate. The policy may be reviewed with these parties as requested or warranted by quality assurance activities.
23. Education shall include, at a minimum, the following information:
 - A. An overview of the System DNR policy.
 - B. Approved forms and/or the required components of a valid DNR order.
 - C. Expectations healthcare staff in obvious death and DNR situations.
 - D. Instructions on System access.
24. Appropriate pre-hospital care reports will be completed on all patients who are not resuscitated in the pre-hospital setting. A copy of the DNR form should be retained and attached as supporting documentation to the prehospital care report form.
25. Continuous monitoring and evaluation will be conducted on all charts involving DNR orders.
26. All System personnel are to submit an incident report regarding difficulties experienced with DNR situations. These will be evaluated on an individual basis and summarized quarterly. Any quality issues identified will be reported to the EMS Medical Director, as well as any corrective action necessary.
27. Follow the System's coroner notification policy.

October, 1997
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Revised August 2000
Approved as Revised November 2000



EMS Medical Director



EMS Coordinator