

Methodist Health Services Corporation UnityPoint Health- Proctor Emergency Department	Page # 1 of 5	Section:	Policy #: 3
	Approved by:		Date: 6/17 Review by: 6/18
	Supersedes:		
	Date Revised: 6/17		
	Primary Responsible Parties: Dr. Ashley N. Huff Secondary Responsible Parties:		
Joint Commission Standard:			
SUBJECT: DNR			

I. POLICY:

Do Not Resuscitate (DNR) Policy

II. PURPOSE AND STANDARD:

To define situations in which a DNR order should be followed and when to call medical control for clarification.

III. POLICY SCOPE: Departmental

IV. GENERAL INFORMATION:

- A. A *Do Not Resuscitate (DNR)* policy is a tool to be used in the prehospital setting to set forth guidelines for providing CPR or for withholding resuscitative 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.
- B. A *DNR* policy shall be implemented only after it has been reviewed and approved by the Illinois Department of Public Health in accordance with the requirements of Section 515.380 of the Illinois Administrative Code.
 1. Any FR-D, EMT-B, EMT-I, EMT-P or PHRN who is actively participating in a Department approved EMS system may honor, follow and respect a valid DNR.
 2. *DNR* refers to the withholding of life-sustaining treatment such as CPR, electrical therapy (e.g. pacing, cardioversion & defibrillation), endotracheal intubation and/or manually/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 EMS is to be withheld. DNR orders **do not affect treatment of patients who are not in full arrest (pulseless and breathless)**.

4. **On-line Medical Control** must be consulted in cases involving validation of DNR orders. A DNR order may be invalidated if the immediate cause of a respiratory or 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:
 - Decapitation
 - Rigor mortis
 - Dependent lividity
 - Obvious mortal wounds with no signs of life
 - Decomposition
 - b) Death has been declared by the patient's physician or the 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 the order (i.e. identification by another person, ID band, photo ID or facility, home-care or hospice nursing staff).
 - d) If the above signs of death are recognized, EMS personnel **do not need to contact Medical Control** to confirm the decision not to attempt resuscitation prior to contacting the coroner.
 - e) The EMS provider should immediately institute BLS measures and contact Medical Control for further direction if he or she 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.
6. When EMS personnel arrive on scene and discover that CPR is in progress, the EMS provider should:
 - Determine if signs of death are present or a valid DNR exists.
 - If signs of death are present and/or the patient does not have a pulse, has no respirations and a valid DNR does exist, **contact Medical Control** for cease efforts order.
 - If no valid DNR exists, continue CPR (refer to cardiac resuscitation policy).
7. If the patient's primary care physician is at the scene of (or on the phone) 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. Follow Medical Control orders.
8. The only recognized DNR form EMS providers are obligated to honor, follow & respect is the standardized ***Practitioner Orders for Life-Sustaining Treatment (POLST) Form*** which has the *Seal of the State of*

Illinois in the upper left corner. All signature lines must be completed in order for the DNR to be valid.

9. 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 the on-line Medical Control physician.

10. A *Durable Power of Attorney for Healthcare* is an agent who has been delegated by the patient to make any healthcare 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 prehospital personnel and they direct that resuscitative efforts not be instituted:
 - a) Ask the *Durable Power of Attorney for Healthcare* agent to provide positive identification (i.e. driver’s license, photo 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 Healthcare* has and that the patient’s medical or mental condition complies with the document designating the *Durable Power of Attorney for Healthcare*).
 - b) The *Durable Power of Attorney for Healthcare* 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 EMS Provider cannot honor a verbal or written DNR request/order made directly by a *Durable Power of Attorney for Healthcare* agent, surrogate decision-maker or any person other than a physician. If such a situation is encountered, contact Medical Control for direction.

11. Revocation of a written DNR Advance Directive shall be made only in one or more of the following ways:
 - a) The Advance Directive is physically destroyed by the physician who signed the Advance Directive or by the person who gave written consent to the Advance Directive;

OR

 - b) The Advance Directive is verbally rescinded by the physician who signed the Advance Directive or by the person who gave written consent to the Advance Directive and the word “VOID” is written in large letters across the front of the Advance Directive, and the Advance Directive is signed and dated by the physician who signed the Advance Directive or by the person who gave written consent to the Advance Directive.

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 consent to the order.
13. Prehospital 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.
14. When managing a patient that is apparently non-viable, but desired and/or approved medical measures appear unclear (i.e. upset family members, disagreement regarding DNR order, etc.), EMS personnel should provide assessment, initiate resuscitative measures and contact Medical Control for further direction.
15. If EMS personnel encounter a patient with a valid DNR present from a **long-term care facilities, hospice, during an inter-hospital transfer or when transporting to or from home** and the patient arrests en route, do not initiate resuscitative measures and contract Medical Control for orders.
16. If EMS personnel arrive at the scene and the family states that the patient is a hospice patient with a valid DNR order present, do not initiate resuscitative measures and contact Medical Control for orders.
17. On occasion, EMS personnel may encounter an out-of-town patient with a valid DNR order visiting in the UnityPoint Health EMS System. If the DNR order appears to be valid (signed by the patient and physician), contact Medical Control for orders.
18. The coroner will be notified of any patient or family wishes that there is to be tissue donation in cases where the patient is not transported to the hospital.
19. The 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.
20. Appropriate patient care reports will be completed on all patients who are not resuscitated in the prehospital setting. A copy of the DNR form should be retained and attached as supporting documentation to the prehospital care report form.
21. All UnityPoint Health EMS System personnel are to submit an incident report to the Quality Assurance Coordinator in the EMS Office regarding any difficulties experienced with DNR situations. These cases will be evaluated on an individual basis. Any issues identified will be reported to the EMS Medical Director for further review.
22. Follow the System's *Coroner Notification Policy*.

23. All transports involving a DNR designation or resuscitating a patient with a DNR order will be reviewed quarterly as part of the Quality Assurance program of the UnityPoint Health EMS System.