

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Policy Reference No.: 4051
Effective Date: January 1, 2011
Review Date: January 1, 2013
Supersedes: September 1, 2005

DO NOT RESUSCITATE (DNR) POLICY

I. PURPOSE

A. To establish procedures for San Francisco Emergency Medical Services (EMS) personnel, including Emergency Medical Technician-Paramedics (EMT-Ps), Emergency Medical Technician-1s (EMT-1s), and First Responders to recognize and follow valid Do Not Resuscitate (DNR) directives previously established for patients and to concurrently permit EMS personnel to provide supportive care in these circumstances.

II. AUTHORITY

- A. California Health and Safety Code Section, Division 2.5, Sections 1798 and 1798.6
- B. California Code of Regulations, Title 22, Sections 100167, 100169

III. POLICY

A. All cardiac arrest victims in a prehospital setting shall have cardio-pulmonary resuscitation (CPR) initiated by San Francisco EMS personnel unless CPR is withheld pursuant to a valid DNR directive and the procedures outlined in this policy OR the patient is otherwise determined dead according to EMS Agency Policy #4040, *Death in the Field*.

IV. SCOPE

A. This policy applies to adult patients, age 18 or greater, including those in long-term care and hospice programs, treated by San Francisco EMS personnel which includes EMT-Ps, EMT-1s, and First Responders, while responding to 911 or private emergency medical calls, non-emergency medical calls, and interfacility transports of patients.

V. PROCEDURE

A. Determine if the presented documents are valid and signed. Field personnel may withhold or discontinue resuscitative measures, if presented with any of the following approved orders:

1. A California Medical Association "Prehospital Orders for Life Sustaining Treatment (POLST)".
2. An approved medallion (e.g., "Medic-Alert") inscribed with the words: "Do Not Resuscitate". Call the 800 number on the medallion for access to advance directives.
3. When responding to a licensed health facility, a DNR order signed by a physician must be in the patient's medical chart.

4. EMS personnel may accept only a written DNR order from a physician present on-scene in a non-health care setting and who reasonably identifies himself/herself as the patient's physician. This order should preferably be written directly on the PCR and followed by Base Physician consultation for approval.
5. Durable Power of Attorney for Health Care (DPAHC): EMS personnel who encounter a person, who is an "Attorney In Fact" for the patient at the scene of an emergency, must first obtain identification establishing that the person giving the directions is the "Attorney In Fact". They may then review the DPAHC document to determine if the attorney in fact is authorized under the DPAHC to make a DNR directive for the patient.
6. Declaration (California Natural Death Act): EMS personnel encountering "Declarations" must consult the Base Hospital physician.
7. Advisory documents such as Physician Documentation of Preferred Intensity of Treatment may be brought to the attention of the Base physician consultant and these document(s) taken with the patient when transported to the hospital.

B. When responding to a licensed health facility, a DNR order signed by a physician must be in the patient's medical chart.

C. It is crucial to identify that the patient is the person named in the DNR directive. This will normally require either the presence of a witness who can absolutely identify the patient or the presence of an identification band/tag.

D. EMS personnel should follow the DNR directive engraved on a DNR medallion worn by a patient whether the patient is conscious or not conscious, unless circumstances indicate that the DNR medallion does not belong to the patient or does not represent the patient's wishes.

E. When EMS personnel respond to a pulseless and apneic patient with a DNR directive, they shall withhold resuscitation.

1. Base Hospital contact is not required.
2. CPR may be discontinued without Base contact should a valid DNR directive be located by EMS personnel after CPR has commenced.
3. If a DNR directive is not present at the scene, but a person who is present and who can be identified as an immediate family member or spouse requests no resuscitation and has the full agreement of any others who are present on scene, resuscitation may be withheld or stopped if it has already been initiated.

F. When prehospital personnel respond to a patient who is not in need of immediate resuscitation with a DNR directive, they shall provide supportive care as needed and may transport the patient.

G. If the patient is conscious and states he/she wishes resuscitative measures, EMS personnel shall ignore the DNR directive and provide care according to protocol and need.

H. If any question exists regarding the validity of the DNR directive or other advanced directives, or if there is any disagreement by the patient's family members or caretakers as to honoring the DNR directive, EMS personnel should initiate BLS, treat the patient in accordance with applicable treatment guidelines, and immediately contact the Base Hospital physician for further instructions.

- I. DNR directives are to be honored during transport. If a determination of death is made while enroute, transport of the body should continue to the originally designated receiving facility.
1. EMS personnel should transport patients with a valid DNR directive who are not determined dead to their facility of choice.
 2. EMS personnel shall document the presence of a DNR directive (including the presence of a DNR medallion) on the prehospital care record.
 - a) If patient transport is undertaken, the DNR directive is taken with the patient to the receiving facility, a copy made, and left at that facility and the first copy attached to the Patient Care Record (PCR).
 - b) If the patient is not transported and determined dead, EMS personnel shall attach the DNR directive form to the PCR.
 - c) When DNR orders are noted in medical records in licensed facilities, EMS personnel shall record that fact, along with the date of the order, and the physician's name on the PCR.
- J. EMS personnel shall contact the Base Hospital when necessary to determine appropriate treatment and/or transport destinations.
- K. If an ambulance provider dispatch center is informed about the DNR directive, the dispatcher shall instruct the caller to get the DNR directive and present it to the emergency responders when they arrive.
1. EMS personnel may not rely solely on a verbal assertion that a DNR directive exists.
 2. Information by a caller that a patient has a DNR directive shall not alter either the ambulance or fire department response code.
- L. First responders may cancel or downgrade the ambulance response if the patient is pulseless and apneic and there is a DNR directive. Otherwise, the ambulance shall respond as dispatched.
1. Declaration (California Natural Death Act): EMS personnel encountering "Declarations" must consult the Base Hospital physician.
 2. Advisory documents may be brought to the attention of the Base Hospital physician consultant and these document(s) taken with the patient when transported to the hospital.
 3. All EMS providers shall ensure that adequate Grief Support and/or Critical Incident Stress Management services are available to all EMS personnel who respond to incidents involving death in the field.