DO NOT RESUSCITATE & PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT

I. PURPOSE

To establish procedures for San Francisco EMS personnel to recognize and follow valid Do Not Resuscitate (DNR) and Physician Orders for Life-Sustaining Treatment (POLST) directives and to ensure that a patient’s decision for end of life care are honored.

II. DEFINITION

**Prehospital Do Not Resuscitate (DNR) Form**: An official document from the California EMS Authority and the California Medical Association to provide a standardized form for EMS personnel regarding a patient’s decision to forgo resuscitative measures in the event of cardiopulmonary arrest.

**Physician Orders for Life-Sustaining Treatment (POLST) Form**: An official document from the California EMS Authority and the Coalition for Compassionate Care of California is a medical order that gives seriously ill patients more control over their final care by specifying the type of medical treatment they wish to receive at the end of life.

III. POLICY

A. This policy applies to San Francisco EMS personnel (First Responders, EMTs and paramedics) while responding to 911 or private emergency medical calls, non-emergency medical calls, and inter-facility transports for adult patients 18 years or greater, including those in long-term care and hospice programs.

B. All cardiac arrest patients in a prehospital setting shall have cardio-pulmonary resuscitation (CPR) initiated by San Francisco EMS personnel unless a valid DNR directive is present and the procedures outlined in this policy are followed OR the patient is otherwise determined dead according to EMS Agency Policy #4050, *Death in the Field*. If patient has a valid Do Not Resuscitate status as defined in this policy, that patient must to be offered palliative care up to the point of providing ALS resuscitation.

IV. APPROVED FORMS

A. *Statewide Emergency Medical Services Authority (EMSA)/California Medical Association (CMA) Prehospital DNR Form* (Appendix A) Must be signed and dated by the patient’s physician, the patient or by the patient’s legally recognized health care decision maker if the patient is unable to communicate informed health care decisions. Photocopies and faxes are acceptable.
B. **Physician Orders for Life Sustaining Treatment (POLST) Form** (Appendix B) Must be signed and dated by the patient's physician, the patient or by the patient's legally recognized health care decision maker if the patient is unable to communicate informed health care decisions. The form on any color paper is valid (printing the original form on pink-colored paper is recommended to make it standout). Copies and faxes are acceptable.

C. **California EMS Authority approved DNR/POLST medallion or bracelet** (Appendix C): Approved medallions or bracelets must include:
   1. 24/7 toll free telephone number,
   2. Inscribed on the medallion/bracelet “CALIFORNIA DO NOT RESUSCITATE – EMS”, or, “CALIFORNIA DNR – EMS”, or “POLST”
   3. An individual specific identification number used to identify the enrollee’s medical information on file.

   There are two approved California approved medallion providers for the prehospital DNR/POLST medallions:
   - **MedicAlert Foundation**
     - www.medicalert.org
     - (888) 633-4298
     - 2323 Colorado Ave.
     - Turlock, CA 95382
   - **Caring Advocates**
     - www.caringadvocate.org
     - (800) 647-3223
     - 2730 Argonauta St.
     - Carlsbad, CA 92009

V. **PROCEDURES WHEN VALID DNR / POLST DIRECTIVE PRESENT**

A. Identify that the patient is the person named in the DNR directive through a reliable witness or the presence of a picture identification or band/tag.

B. Supportive palliative care and transport shall be provided to all patients with a DNR directive who are not in need of immediate resuscitation.

C. EMS personnel shall ignore the DNR directive and provide care according to protocol and need if the patient is conscious and states he/she want resuscitative measures.

D. CPR may be withheld or discontinued when responding to a pulseless and apneic patient with the following approved valid DNR /POLST directives:
   1. Statewide Emergency Medical Services Authority (EMSA)/California Medical Association (CMA) Prehospital DNR Form
   2. Physician Orders for Life Sustaining Treatment (POLST) Form.
   3. An approved DNR/POLST medallion/bracelet worn by the patient inscribed with the words: “Do Not Resuscitate.” The inscribed toll-free telephone number may be called to access the advance directives. EMS personnel should follow the DNR/POLST medallion/bracelet whether the patient is conscious or not conscious, unless
circumstances indicate that it does not belong to the patient or does not represent the patient's wishes. The same procedures as outlined for the paper forms should be followed for a DNR/POLST medallion or bracelet.

4. When responding to a licensed health facility, a written DNR order signed by a physician in the patient’s medical record. Document in the field PCR the presence of a physician signed DNR from the facility records along with date of the order, and the physician's name.

5. 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.

E. CPR may be discontinued without Base Hospital contact if a valid DNR/POLST directive is located by EMS personnel after CPR has commenced.

F. 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/POLST 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.

G. DNR directives are honored during an inter-facility transport. If a patient dies while en route, transport of the body should continue to the designated receiving facility.

H. EMS personnel shall document the presence of a DNR/POLST directive or medallion/bracelet on the prehospital care record.

I. Copies of the DNR/POLST directive should be attached to the field PCR. If the patient is transported, a copy of the form should be taken with the patient to the receiving facility and given to the facility staff.

J. If an ambulance provider dispatch center is informed about a DNR/POLST directive, the dispatcher shall instruct the caller to get the directive and present it to the emergency responders when they arrive. Caller information that a patient has a DNR directive does not change the ambulance or fire department response code.

J. 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.
VI. PROCEDURES WHEN NO DNR / POLST DIRECTIVE OR OTHER DIRECTIVES PRESENT

A. Resuscitation may be withheld or stopped if it has already been initiated if a DNR directive is not present at the scene, but a person who is present and who can be identified as a spouse, immediate family member(s) or guardian requests no resuscitation and has the full agreement of any other family members present on scene. Contact the Base Hospital Physician if there is any disagreement between the spouse, immediate family member(s) or guardian.

B. Other advance directives such as "Living Wills," or directives from other sources (e.g. California Natural Death Act/Declaration or Physician Documentation of Preferred Intensity of Treatment) form are not valid for prehospital personnel. Contact the Base Hospital to determine whether these may be used to guide patient therapy.

C. Durable Power of Attorney for Health Care (DPAHC): EMS personnel encountering a person claiming to be the designated "Attorney In Fact" for the patient at the scene of an emergency, must first verify that person’s identification and then ask to see the written power of attorney form to verify that the person is the “Attorney In Fact.” Verify that the DPAHC document authorizes the “Attorney In Fact” to make a DNR directive for the patient.

VII. AUTHORITY
California Health and Safety Code Section 1797.220 and 1798
California Probate Code Section 4780

VIII. REFERENCES
• California EMS Authority Guidelines #111 - 5th Revision,” Do Not Resuscitate and Other Patient Designated Directives,” January 2016.
• Coalition for Compassionate Care of California. www.coalitionccc.org
• POLST California. http://capolst.org
APPENDIX A- EMSA/CMA APPROVED PREHOSPITAL DNR FORM

EMERGENCY MEDICAL SERVICES
PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM

PURPOSE

The Prehospital Do Not Resuscitate (DNR) Form has been developed by the California Emergency Medical Services Authority, in concert with the California Medical Association and emergency medical services (EMS) providers, for the purpose of instructing EMS personnel regarding a patient’s decision to forego resuscitative measures in the event of cardiopulmonary arrest. Resuscitative measures to be withheld include chest compressions, assisted ventilation, endotracheal intubation, defibrillation, and cardiotoxic drugs. This form does not affect the provision of life-sustaining measures such as artificial nutrition or hydration or the provision of other emergency medical care, such as palliative treatment for pain, dyspnea, major hemorrhage, or other medical conditions.

APPLICABILITY

This form was designed for use in prehospital settings—i.e., in a patient’s home, in a long-term care facility, during transport to or from a health care facility, and in other locations outside acute care hospitals. However, hospitals are encouraged to honor the form when a patient is transported to an emergency room. California law protects any health care provider (including emergency response personnel) who honors a properly completed request regarding resuscitative measures, including a Prehospital Do Not Resuscitate Form (or an approved wrist or neck medallion) from criminal prosecution, civil liability, discipline for unprofessional conduct, administrative sanction, or any other sanction, if the provider believes in good faith that the action or decision is consistent with the law and the provider has no knowledge that the action or decision would be inconsistent with a health care decision that the individual signing the request would have made on his or her own behalf under like circumstances. This form does not replace other DNR orders that may be required pursuant to a health care facility’s own policies and procedures governing resuscitation attempts by facility personnel. Patients should be advised that their prehospital DNR instruction may not be honored in other states or jurisdictions.

INSTRUCTIONS

The Prehospital Do Not Resuscitate (DNR) Form must be signed by the patient or by the patient’s legally recognized health care decisionmaker if the patient is unable to make or communicate informed health care decisions. The legally recognized health care decisionmaker should be the patient’s legal representative, such as a health care agent as designated in a power of attorney for health care, a court-appointed conservator, or a spouse or other family member if one exists. The patient’s physician must also sign the form, affirming that the patient/legally recognized health care decisionmaker has given informed consent to the DNR instruction.

The white copy of the form should be retained by the patient. The completed form (or the approved wrist or neck medallion—see below) must be readily available to EMS personnel in order for the DNR instruction to be honored. Resuscitation attempts may be initiated until the form (or medallion) is presented and the identity of the patient is confirmed.

The goldenrod copy of the form should be retained by the physician and made part of the patient’s permanent medical record.

The pink copy of the form may be used by the patient to order an optional wrist or neck medallion inscribed with the words “DO NOT RESUSCITATE-EMS.” The Medic Alert Foundation (1(888)55-1448, 2323 Colorado Avenue, Turlock, CA 95381) is an EMS Authority-approved supplier of the medallions, which will be issued only upon receipt of a properly completed Prehospital Do Not Resuscitate (DNR) Form (together with an enrollment form and the appropriate fee). Although optional, use of a wrist or neck medallion facilitates prompt identification of the patient, avoids the problem of lost or misplaced forms, and is strongly encouraged.

REVOCATION

In the absence of knowledge to the contrary, a health care provider may presume that a request regarding resuscitative measures is valid and unretracted. Thus, if a decision is made to revoke the DNR instruction, the patient’s physician should be notified immediately and all copies of the form should be destroyed, including any copies on file with the Medic Alert Foundation or other EMS Authority-approved supplier. Medallions and associated wallet cards should also be destroyed or returned to the supplier.

Questions about implementation of the Prehospital Do Not Resuscitate (DNR) Form should be directed to the local EMS agency.
EMERGENCY MEDICAL SERVICES
PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM
An Advance Request to Limit the Scope of Emergency Medical Care

I, ____________________________, request limited emergency care as herein described.

(print patient's name)

I understand DNR means that if my heart stops beating or if I stop breathing, no medical procedure to restart breathing or heart functioning will be instituted.

I understand this decision will not prevent me from obtaining other emergency medical care by prehospital emergency medical care personnel and/or medical care directed by a physician prior to my death.

I understand I may revoke this directive at any time by destroying this form and removing any “DNR” medallions.

I give permission for this information to be given to the prehospital emergency care personnel, doctors, nurses or other health personnel as necessary to implement this directive.

I hereby agree to the “Do Not Resuscitate” (DNR) order.

Patient/Legally Recognized Health Care Decisionmaker Signature ____________________________ Date ____________________________

Legally Recognized Health Care Decisionmaker’s Relationship to Patient ____________________________

By signing this form, the legally recognized health care decisionmaker acknowledges that this request to forego resuscitative measures is consistent with the known desires of, and with the best interests of, the individual who is the subject of the form.

I affirm that this patient/legally recognized health care decisionmaker is making an informed decision and that this directive is the expressed wish of the patient/legally recognized health care decisionmaker. A copy of this form is in the patient’s permanent medical record.

In the event of cardiac or respiratory arrest, no chest compressions, assisted ventilations, intubation, defibrillation, or cardiotoxic medications are to be initiated.

Physician Signature ____________________________ Date ____________________________

Print Name ____________________________ Telephone ____________________________

THIS FORM WILL NOT BE ACCEPTED IF IT HAS BEEN AMENDED OR ALTERED IN ANY WAY

PREHOSPITAL DNR REQUEST FORM
### APPENDIX B - EMSA APPROVED POLST FORM

#### Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact a healthcare provider. A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. POLST complements an Advance Directive and is not intended to replace that document.

<table>
<thead>
<tr>
<th>Patient Last Name</th>
<th>Date Form Prepared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient First Name</td>
<td>Patient Date of Birth</td>
</tr>
<tr>
<td>Patient Middle Name</td>
<td>Medical Record #: (optional)</td>
</tr>
</tbody>
</table>

**A. CARDIOPULMONARY RESUSCITATION (CPR):**

- [ ] Attempt Resuscitation/CPR (Selecting CPR in Section A requires selecting Full Treatment in Section B)
- [ ] Do Not Attempt Resuscitation/DNR (Allow Natural Death)

**B. MEDICAL INTERVENTIONS:**

- [ ] Full Treatment – primary goal of prolonging life by all medically effective means.
  - In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardiovascular as indicated.
  - **Trial Period of Full Treatment.**
- [ ] Selective Treatment – goal of treating medical conditions while avoiding burdensome measures.
  - In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
  - **Request transfer to hospital only if comfort needs cannot be met in current location.**
- [ ] Comfort-Focused Treatment – primary goal of maximizing comfort.
  - Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. **Request transfer to hospital only if comfort needs cannot be met in current location.**

Additional Orders: __________________________

**C. ARTIFICIALLY ADMINISTERED NUTRITION:**

- [ ] Long-term artificial nutrition, including feeding tubes.
  - Additional Orders: __________________________
- [ ] Trial period of artificial nutrition, including feeding tubes.
  - Additional Orders: __________________________
- [ ] No artificial means of nutrition, including feeding tubes.

**D. INFORMATION AND SIGNATURES:**

Discussed with:
- [ ] Patient (Patient Has Capacity)
- [ ] Legally Recognized Decisionmaker

- [ ] Advance Directive dated __________, available and reviewed __________
- [ ] Advance Directive not available
- [ ] No Advance Directive
- [ ] Name: __________________________
- [ ] Phone: __________________________

**Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/NP/PA):**

Print Physician/NP/PA Name: __________________________

Physician/NP/PA Phone #: __________________________

Physician/PA License #: __________________________

Present Physician/NP/PA Signature: __________________________

Date: __________________________

**Signature of Patient or Legally Recognized Decisionmaker:**

I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the patient’s medical condition and preferences.

Print Name: __________________________

Relationship: __________________________

Signature: __________________________

Date: __________________________

Mailing Address (street/city/state/zip): __________________________

Phone Number: __________________________

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

*Form versions with effective dates of 1/1/2016, 4/1/2011 or 10/1/2014 are also valid*
HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Patient Information
Name (last, first, middle):  Date of Birth:  Gender:  M  F
N/P/PA’s Supervising Physician  Preparer Name (if other than signing Physician/NP/PA)
Name:  Name/Title:  Phone #: 
Additional Contact  □ None  Relationship to Patient  Phone #: 

Directions for Health Care Provider
Completing POLST
• Completing a POLST form is voluntary. California law requires that a POLST form be followed by healthcare providers, and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician, or a nurse practitioner (NP) or a physician assistant (PA) acting under the supervision of the physician, who will issue appropriate orders that are consistent with the patient’s preferences.
• POLST does not replace the Advance Directive. When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.
• POLST must be completed by a health care provider based on patient preferences and medical indications.
• A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient’s physician/NP/PA believes best knows what is in the patient’s best interest and will make decisions in accordance with the patient’s expressed wishes and values to the extent known.
• A legally recognized decisionmaker may execute the POLST form only if the patient lacks capacity or has designated that the decisionmaker’s authority is effective immediately.
• To be valid a POLST form must be signed by (1) a physician, or by a nurse practitioner or a physician assistant acting under the supervision of a physician and within the scope of practice authorized by law and (2) the patient or decisionmaker. Oral orders are acceptable with follow-up signature by physician/NP/PA in accordance with facility/community policy.
• If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.
• Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient’s medical record, on Ultra Pink paper when possible.

Using POLST
• Any incomplete section of POLST implies full treatment for that section.
Section A:
• If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a patient who has chosen “Do Not Attempt Resuscitation.”
Section B:
• When comfort cannot be achieved in the current setting, the patient, including someone with “Comfort-Focused Treatment,” should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
• Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
• IV antibiotics and hydration generally are not “Comfort-Focused Treatment.”
• Treatment of dehydration prolongs life. If a patient desires IV fluids, indicate “Selective Treatment” or “Full Treatment.”
• Depending on local EMS protocol, “Additional Orders” written in Section B may not be implemented by EMS personnel.

Reviewing POLST
It is recommended that POLST be reviewed periodically. Review is recommended when:
• The patient is transferred from one care setting or care level to another, or
• There is a substantial change in the patient’s health status, or
• The patient’s treatment preferences change.

Modifying and Voiding POLST
• A patient with capacity can, at any time, request alternative treatment or revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing “VOID” in large letters, and signing and dating this line.

This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force. For more information or a copy of the form, visit www.caPOLST.org.

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED
APPENDIX C – EMSA APPROVED DNR MEDALLIONS