

# SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 823

**SUBJECT: DO NOT RESUSCITATE (DNR)**

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## PURPOSE

To provide a mechanism to allow patients to refuse unwanted resuscitation attempts and ensure that patient's rights to control their own medical treatment are honored.

This policy defines a valid Do Not Resuscitate (DNR) directive and establishes the criteria, requirements and procedures to withhold resuscitative measures in the prehospital setting.

## AUTHORITY

California Health and Safety Code, Division 2.5, Sections 1797.220, 1798, 1798.2

California Code of Regulations, Title 22, Division 9

Guidelines for EMS Personnel Regarding Do Not Resuscitate (DNR) Directives, (EMSA #111), California Emergency Medical Services Authority

## DEFINITIONS

- A. **Do Not Resuscitate (DNR):** Means no chest compressions, defibrillation, advanced airway, assisted ventilation, or cardiotoxic drugs. The patient shall receive full palliative treatment for pain, dyspnea, major hemorrhage, or other medical conditions; i.e., oropharyngeal suction and oxygen. Relief of choking caused by a foreign body is appropriate; however, if breathing has stopped and the patient is unconscious, ventilation should not be assisted.
- B. **Emergency Medical Services Prehospital Do Not Resuscitate (DNR) Form:** An approved DNR form, developed by the California Emergency Medical Services Authority (EMSA) and the California Medical Association (CMA), that is used statewide for the purpose of instructing EMS personnel to forgo resuscitation attempts in the event of a patient's cardiopulmonary arrest in the out of hospital setting. The Emergency Medical Services Prehospital DNR form must be signed and dated by a physician and patient/surrogate. Ensuring appropriate informed consent is the responsibility of the attending physician, not the EMS system or prehospital provider. See 823-A for copy of EMSA/CMA DNR form.
- C. **POLST (Physician's Orders for Life Sustaining Treatment):** An approved form (usually bright pink in color) containing physician's orders designed to improve end-of-life care by converting patients' treatment wishes into medical

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**Effective Date: 06/01/2015**

**Date last Reviewed/Revised: 04/2015**

**Next Review Date: 04/2018**

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**Approved:**

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**SIGNATURE ON FILE**  
**S-SV EMS Medical Director**

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**SIGNATURE ON FILE**  
**S-SV EMS Regional Executive Director**

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orders that are transferable throughout the health care system. See 823-B for copy of EMSA/California Coalition for Compassionate Care POLST form.

- D. **MedicAlert® DNR Wrist or Neck Medallion:** A MedicAlert® or other State EMSA approved wrist or neck medallion, permanently engraved with the words "Do Not Resuscitate - EMS", and a patient identification number.
- E. **California Durable Power of Attorney for Health Care (DPAHC):** Allows an individual to appoint an "agent/attorney-in-fact" to make health care decisions if they become incapacitated. The DPAHC must be immediately available. The agent/attorney-in-fact must be physically present and provide adequate identification. Decisions made by the agent/attorney-in-fact must be within the limits set by the DPAHC, if any.
- F. **"Advance Health Care Directive" or "Advance Directive" (AHCD):** Means either a power of attorney for health care or an individual health care instruction. The AHCD must be immediately available. The agent/attorney-in-fact must be physically present and provide adequate identification. Decisions made by the attorney-in-fact must be within the limits set by the Advanced Directive, if any.
- G. **"Agent or Attorney-In-Fact":** Means an individual designated in a power of attorney for health care to make a health care decision for the principal/patient, regardless of whether the person is known as an agent or attorney-in-fact, or by some other term.
- H. **"Declaration" found in the California Natural Death Act:** A statement to physicians (not intended for prehospital providers) by an adult patient directing the withholding or withdrawal of life sustaining procedures in a terminal condition or permanent unconscious state.
- I. **"Living Will" or other form of documentation:** Communicates some sense of the patient's wishes that explicitly express that resuscitation is unwarranted or unwanted.

**S-SV EMS APPROVED DNR ORDERS FOR PREHOSPITAL PROVIDERS**

Any one of the following DNR orders are approved and shall be honored, by prehospital providers:

- A. A fully executed original or photocopy of the Emergency Medical Services Prehospital Do Not Resuscitate (DNR) form.
- B. A fully executed original, or photocopy, of the POLST form.
- C. The patient is wearing an approved DNR wrist or neck medallion.

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- D. If the patient's physician is present, s/he may verbally order DNR and immediately confirm the DNR order in writing. A telephone order by the patient's physician to the prehospital care provider is not acceptable.
- E. A written or electronic DNR order by a physician. In order to be valid this type of DNR order shall consist of the following:
  - 1. Patient's name.
  - 2. The words "Do Not Resuscitate" (or DNR) or "No Code".
  - 3. The physician's signature or an RN signature verifying a valid verbal order from a physician on a physician order sheet.
  - 4. The date of the order.

There are no other requirements for the DNR order, such as a prescribed form, a time or date of duration or a diagnosis.

- F. A Power of Attorney for Health Care contained in an Advanced Health Care Directive (AHCD) or Durable Power of Attorney for Health Care (DPAHC), with the agent/attorney-in-fact physically present, and stating the patient refuses resuscitative measures. The agent/attorney-in-fact must provide adequate identification.

**PROCEDURE**

- A. All patients shall receive an immediate assessment/medical evaluation.
- B. Identify that the patient is the person named in the DNR order or Power of Attorney for Health Care. This will normally require either the presence of a witness who can reliably identify the patient or the presence of an identification band/tag.
- C. When prehospital personnel respond to a patient in cardiopulmonary arrest, BLS measures shall be initiated pending verification of a valid DNR order.
- D. Base/modified base hospital physicians retain authority for determining the appropriateness of resuscitation. When in doubt, resuscitation shall be initiated and the base/modified base hospital physician contacted immediately.
- E. If an S-SV EMS approved DNR order is not available, prehospital personnel shall consult with the base/modified base hospital physician to discuss the validity or applicability of forms presented other than those approved for use in the S-SV EMS Region. Examples of other DNR Directives not approved for prehospital care in the S-SV EMS region include:

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5. Individual health care instructions contained in an Advanced Health Care Directive.
  6. Declaration found in the California Natural Death Act.
  7. Living Will or other forms of documentation.
- F. If there is any objection or disagreement by family members/caretakers regarding withholding resuscitation, or if prehospital personnel have any reservations regarding the validity of the DNR order, BLS resuscitation shall begin immediately and contact with the base/modified base hospital physician shall be made for further direction.
- G. If a patient has a valid DNR, but resuscitation was started prior to arrival of the EMS responder, CPR can be discontinued.
- H. If the patient is conscious and states that s/he wishes resuscitative measures, then the DNR form shall be ignored.

**DOCUMENTATION**

- A. A copy of the DNR form shall be included in the electronic Patient Care Report (ePCR), along with other appropriate documentation. The DNR form will be incorporated into the medical record at the receiving or base hospital.
- B. If the patient is wearing a MedicAlert® DNR bracelet or neck medallion, record the MedicAlert® number in the ePCR documentation.
- C. When DNR orders are noted in the patient's written or electronic medical record, a copy of the order should be attached to the ePCR. If copies are unavailable, the prehospital care provider shall document in the ePCR that a written or electronic DNR order was present, including the name of the physician, date signed or entered and other appropriate information.
- D. Document the base/modified base physician name in the ePCR narrative, if consulted.
- E. When possible, a copy of the DPAHC or AHCD or other DNR directives should be included in the ePCR. If copies are unavailable, the prehospital care provider shall document in the ePCR narrative the type of written DNR directive that was present, including the date signed and other appropriate information.
- F. If patient transport is undertaken, the DNR order is to be taken with the patient to the receiving facility.
- G. All circumstances surrounding the incident and the validation criteria used to honor the DNR request shall be documented in the narrative portion of the ePCR.

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**CROSS REFERENCES**

Policy and Procedure Manual

EMSA/CMA DNR Form, Reference No. 823-A

POLST Form, Reference No 823-B

Base/Modified Base/Receiving Hospital Contact, Reference No. 812

Determination of Death - Public Safety, EMT, AEMT & Paramedic Personnel,  
Reference No. 820