

Southern Illinois Regional EMS System

A-14 DO NOT RESUSCITATE (DNR/POLST)

Definition:

DNR refers to the withholding of cardiopulmonary resuscitation (CPR), electrical defibrillation, endotracheal intubation and manually or assisted ventilations, unless otherwise stated on Physician Order for Life Sustaining Treatment (POLST) order.

- System Personnel authorized to respond to a valid DNR/POLST order in the field according to Regional Protocol:
 - EMT-B, EMT-I, EMT-P, Pre-hospital RN, Physician.
- A DNR/POLST order by itself does not mean that any other life-sustaining therapy, hospitalization, or use of Emergency Medical Services is to be withheld.
 - When System personnel have concerns, BLS measures and transport should be instituted and Medical Control contacted for further directions.
- A valid DNR/POLST order must be written on a form provided by IDPH.
- EMS may accept the original DNR/POLST document **or a valid and legible copy.**
- The DNR/POLST document must not have been revoked, must be intact, and contain at least the following information:
 - Name of patient
 - Name and signature of attending physician
 - Effective date
 - Has the words “DO NOT RESUSCITATE”
 - Evidence of consent:
 - Signature of patient or
 - Signature of legal guardian or
 - Signature of durable power of attorney for health care agent or
 - Signature of surrogate decision maker
- A living will by itself cannot be recognized by pre-hospital care providers.
- The EMT cannot honor a verbal DNR order by anyone.
- The EMT must ask to see the document which confirms that a health care power of attorney is in effect and covers the situation at hand. Any person claiming to be an agent must be able to show a copy of the document.
- There are no situations in which a surrogate can give instructions to EMS personnel.
- Other Patient Choice Issues:
 - Other than DNR/POLST, patient choices such as refusal of treatment or hospital preference can be verbally made on behalf of the patient or authorized persons. Those consist of:
 - Legal guardian,
 - Parent for a minor patient,
 - Health care power of attorney agent
 - A spouse or other relative on the scene does not have independent legal authority to give or withhold consent on behalf of a patient.

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- Revocation of written DNR/POLST order shall be made only in one of the following ways:
 - The order is physically destroyed or verbally rescinded by the physician who signed the order OR,
 - The order is physically destroyed or verbally rescinded by the person who gave written consent to the order.
- System Personnel must take a reasonable attempt to verify the identity of the patient.
 - Identification by another person or identifying bracelet named in a valid DNR/POLST order.
- When a code is in progress and the EMS Personnel are called for emergency response:
 - System Personnel are obligated to do resuscitation procedures unless a valid DNR/POLST order is present.
 - If the Private physician is at the scene or on the phone he/she may assume medical control and stop the code.
 - (EMS personnel should keep medical control informed of the situation).
- When System Personnel arrive at the scene and CPR is not in progress.
 - Initiate cardiac arrest protocol unless a valid DNR/POLST order is present.
 - If obvious signs of death are present, do not attempt resuscitation. Indications of death includes asystole and one or more of the following:
 - Rigor mortis without profound hypothermia
 - Dependent lividity
 - Skin deterioration
 - Decomposition
 - Primary muscular flaccidity
 - Loss of sphincter control
 - Cloudy corneas
 - Decapitation
 - Obvious mortal wounds with no other signs of life
 - **ALS/ILS** continue. **BLS/FR** contact Medical Control
 - If monitor available, confirm asystole in two leads. Obtain an ECG strip and place on patient care report.
 - If signs of death are confirmed, EMS System personnel may then notify the coroner and request law enforcement.
 - See Coroner and Responsibility at the scene Policies.
 - EMS should not leave the scene until directed by the coroner and/or law enforcement.
 - EMS will contact the coroner if a family wishes tissue/organ donation and the patient (body) is not transported to the hospital.

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- When System Personnel are called to a scene to manage patients that are apparently non-viable, but in which approved medical measures appear unclear (i.e. upset family situations, no agreement on DNR status, etc.), the EMS personnel should:
 - Provide an assessment, remove the patient from the scene instituting BLS only, and begin transport and/or
 - Contact Medical Control for further direction as to how to proceed and/or
 - Alert the hospital of the likelihood of a patient arriving DOA.
 - Use the term “TRIPLE ZERO” to alleviate the possibility of hysteria from the family and bystanders due to any radio communication they may overhear.

- Transporting a patient during a non-emergency transfer to or from the patient’s residence with a validated “DNR/POLST”.
 - If the patient arrests en-route, do not initiate resuscitation measures.
 - Contact Medical Control, transport as directed.

- Transporting an interhospital transfer patient with a validated “DNR/POLST” order.
 - A validated IDPH POLST form must be present prior to initiation of transport.
 - If the patient arrests en-route, do not initiate resuscitation measures.
 - Contact Medical Control and transport as directed.
 - If unable to make contact with Medical Control, attempt to notify the transferring hospital first.
 - Notify receiving hospital if closer or unable to contact transferring hospital.

- Transporting emergency ALS/BLS patients from a long-term care facility with a validated “DNR/POLST” order.
 - If the patient arrests en-route, do not initiate resuscitation measures.
 - Continue Transport
 - Contact Medical Control and proceed as directed.

- Hospice Patients:
 - Upon arrival to the scene of a hospice patient and family states there is a DNR/POLST, EMS Personnel must validate the document.
 - If the DNR/POLST is not readily available, Basic Life Support measures are to be instituted and Medical Control contacted for direction.

- Medical Control:
 - The Medical Control physician is responsible to direct all DNR/POLST situations in the pre-hospital setting.
 - The ECRN must notify the Medical Control physician when a DNR/POLST situation is identified.

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- Training and Education:
 - Each Resource Hospital is responsible for DNR/POLST education and System-specific training to all System participants including EMS providers, ECRNs, Emergency Physicians, Provider Agencies and Hospitals.
 - System hospitals will receive a copy of the DNR/POLST policy.
- Documentation:
 - EMS providers must complete a pre-hospital care report on all patients who are not resuscitated in the pre-hospital setting. This includes no-transport situations.
 - The reason the patient was not resuscitated must be documented on the narrative.
 - Attach a copy of the valid DNR/POLST order, if available, to the run report.
 - If a copy of the valid DNR/POLST order is not available, a description of the DNR/POLST order is to be documented on the run report.
 - System personnel shall direct DNR/POLST questions and incident reports to the EMS office of the Resource Hospital.
- Quality Assurance:
 - Each DNR/POLST situation in the pre-hospital setting will be reviewed by the Resource Hospital on an individual basis.
 - Any DNR/POLST issues will be addressed through the System's QA / CQI process.

***Note:**

- "TRIPLE ZERO" is not a policy in itself. It is a term approved by the Regional Systems to communicate to Medical Control of a non-viable patient is at the scene or being transported to the hospital.
 - Transporting a TRIPLE ZERO (non-viable) patient to the Emergency Department is only allowed in cases where the EMS providers feel their safety would be in jeopardy if they remained on scene with the non-viable patient.

If there is any doubt that a DNR/POLST exists, do not delay emergency care. Basic Life Support measures should be initiated until the DNR/POLST order is present, validated, and any necessary clarifications made.