

	17-0102	<b>Do Not Resuscitate - POLST - End of Life Option Act</b>
Nor-Cal EMS Policy & Procedure Manual	Miscellaneous Patient Policies	
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Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

## Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

## Purpose

To establish criteria for withholding resuscitative measures from person(s) who do not meet “Determination of Death” criteria in the prehospital setting and/or during interfacility transport.

## Definitions

Do Not Resuscitate (DNR): An order between a patient, physician and/or surrogate that in the event of cardiac or respiratory arrest. The following forms of DNR are acceptable:

1. POLST (Physicians Orders for Life Sustaining Treatment) - ([17-0102A Approved POLST Form](#)).
2. EMSA/ CMA prehospital DNR form.
3. An approved DNR Medallion Wrist/Neck.
4. A DNR as part of a patients record at Licensed medical facility (ie Long term care).
5. Verbal order from the patient’s physician.
6. If stipulated: Durable Power of Attorney for Health Care, Living Will or Advanced Health Care directive (With agent/attorney in-fact physically present).
7. End of Life Option Act.

## Validation Criteria

DNR Form: The original or a photocopy of the DNR form must be immediately available to prehospital personnel upon arrival at scene.

1. Correct identification of the patient
2. The DNR form must include the following to be considered valid:
  - A. Patient’s name.
  - B. Signature of the patient or legal representative.
  - C. Signature of the patient’s physician, or
  - D. Date DNR completed.
  - E. All Signatures must be dated.
3. The DNR form does not expire, and photocopies are acceptable.

## Supportive Measures

A DNR order DOES NOT mean “do not give care” to a moribund patient. Oxygen, glucose, albuterol, and morphine are some examples of treatment that may be given to a DNR patient to make them more comfortable during their final hours. The following should be considered:

1. Any medical interventions that might provide for comfort, safety, and dignity of the patient should be used.
2. Airway techniques such as the Heimlich maneuver, foreign body extraction, suctioning, and oxygen administration may be employed.
3. The patient should receive full palliative treatment for pain, dyspnea, major hemorrhage or other medical conditions, unless such treatment is in conflict with the patient’s desires, legal representative or conservator (if patient legally incompetent) or valid DNR order.

## Patient Transport

In the event the patient expires en route, the following should be considered:

1. Continue to the destination hospital or return to the originating acute care hospital if transport time is excessive.
2. If transport time would be excessive, divert to the closest hospital with a basic emergency facility.
3. In remote areas, transporting agencies should make advance agreements with the Medical Examiner for mutually acceptable rendezvous location(s) where the patient may be taken.

***End of Life Option Act***

1. This California state law (Health & Safety Code section 443 et seq.) authorizes an adult, eighteen (18) years or older, who meets certain qualifications, and who has been determined by their attending physician to be suffering from a terminal disease to make a request for an “aid-in-dying drug” prescribed for the purpose of ending their life in a humane and dignified manner.
2. The “FINAL ATTESTATION FOR AN AID-IN-DYING DRUG TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER” form should be present
  - A. Any objection by family/friends should have BLS airway only as treatment, while Base hospital contact is made to work through the concerns.