



Policy Number:	508
Original Issue Date:	September 1993
Last Reviewed/Revised:	February 29, 2024
Effective Date:	April 1, 2024
Next Review:	February 2028

EMERGENCY MEDICAL SERVICES POLICIES and PROCEDURES

DO NOT RESUSCITATE/POLST FORM ORDERS

- I. **Purpose:** To establish criteria for Santa Barbara County EMS personnel to honor valid Do Not Resuscitate (DNR) orders and/or Physician Orders for Life-Sustaining Treatment (POLST) forms and provide end-of-life care in accordance with a patient's wishes.
- II. **Authority:** California Health and Safety Code, Sections [1797.220](#), [1798](#), and [7186](#), and Division 1, Part 1.85 ([End of Life Option Act](#)). California Probate Code, Division 4.7 ([Health Care Decisions Law](#)). California Code of Regulations, Title 22, Sections [100170](#).
- III. **Definitions:**
- A. **EMS Personnel:** All EMT, EMT-Optional Scope, Paramedic, and Mobile Intensive Care Nurses (MICNs) that provide direct/indirect patient care for prehospital or interfacility transfer patients as part of the Santa Barbara County EMS System.
 - B. **Resuscitation:** Medical interventions whose purpose is to restore cardiac or respiratory activity, and which are listed below:
 - 1. External cardiac compression (chest compressions);
 - 2. Defibrillation;
 - 3. Endotracheal Intubation or other advanced airway;
 - 4. Assisted ventilations for apneic patient;
 - 5. Administration of cardiopulmonary medications
 - C. **Operative:** The legal document referenced in this policy is valid and directives to be implemented by EMS personnel.
 - D. **Inoperative:** The legal document referenced in this policy is invalid and directives are not to be implemented by EMS personnel.
 - E. **DNR Medallion:** A permanently imprinted insignia, worn by a patient that has been manufactured and distributed by an organization approved by the EMS Authority indicating "Do Not Resuscitate."
 - F. **DNR Order:** "Do Not Resuscitate;" An order to withhold resuscitation.
 - G. **Comfort Measures:** Medical interventions used to provide and promote patient comfort.
 - H. **End of Life Option Act:** State statute that allows an adult diagnosed with a terminal disease, who meets certain qualifications, to request aid-in-dying drugs from their attending physician.
 - I. **Legally Recognized Decision-maker:** A legally recognized decision-maker is a person whom the patient's physician/NP/PA believes 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.
 - 1. Designees 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, or closest available relative.
 - J. **Valid Physician Orders for Life-Sustaining Treatment (POLST):** A completed POLST form that has been signed and dated by the patient (or legally recognized decision-maker) and their physician.

APPROVAL:

SIGNATURE ON FILE
Nicholas Clay, EMS Agency Director

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IV. Policy:

- A. EMS Personnel shall honor the following fully executed, valid (“operative”), attestations and end-of-life orders unless the document is inoperative and/or other extenuating circumstances are present as described in the procedure section of this policy:
1. An operative DNR Order or patient is wearing a DNR Medallion;
 2. An operative POLST form;
 3. Requests to withhold resuscitation efforts made by designated health care agents with a fully executed California Durable Power of Attorney For Health Care (DPAHC) form or California Advance Health Care Directive ([AHCD](#));
 4. Written documents in the patient’s permanent medical record containing the statement “Do Not Resuscitate/DNR”, “No Code”, or “No CPR”;
 5. A fully executed Final Attestation Form
 6. DNR does not mean “no treatment.” Treatment should be in accordance with the goals of care indicated in the POLST form or expressed by the patient. Immediate base hospital contact is recommended for any situation where there is confusion or ambiguity.

V. Procedure:

- A. All patients require an immediate medical evaluation.
- B. Correct identification of the patient is crucial. A witness may be required to confirm the identity of the patient corresponds with the DNR/POLST form. If no witness is available, EMS personnel may use the identification band on the patient as confirmation (if available). If the patient is wearing a DNR Medallion, verification of the DNR form is not required.
- C. Implementation of DNR Order
1. DNR Order is **operative** (or *valid*) under the following circumstances:
 - a. The patient has no palpable pulse, is apneic after repositioning of the airway, and has no response to painful stimuli. Resuscitation efforts shall be withheld or discontinued.
 - i. If transport has not been initiated, the patient should be left at the scene only if not in a sensitive location (EMS Personnel discretion). The situation should be explained to the family or staff at the scene.
 - ii. Base Hospital (BH) Contact is not necessary under these conditions.
 - b. The County Coroner should be notified by law enforcement or EMS personnel. If possible, an EMS representative should remain on scene until a representative from law enforcement or the Medical Examiner’s office arrives.
 - i. ALS Ground Transport Unit should return to service as soon as possible.
 - c. If transport has been initiated, continue transporting the patient Code-2 to the most appropriate receiving facility and transfer care to emergency department staff.
 2. DNR Order shall be considered **inoperative** (or *invalid*) under any of the following circumstances:
 - a. The patient is conscious and states that they wish full resuscitation;
 - b. There is a question as to the validity of the DNR Order or family member(s) without DPAHC disagrees with the DNR Order, refer to Section H within this policy.
 - i. Discussion with a family member(s) with explanation, reassurance, and emotional support may clarify any questions leading to the validity of a DNR form. **The underlying principle is that the patient’s wishes should be respected.**
 - c. Should any of these circumstances occur, appropriate treatment shall continue or immediately commence, including resuscitation if necessary, while BH contact is

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made for further guidance.

D. Implementation of POLST Form

1. Confirm the Following:
 - a. The patient is the person named in the POLST form;
 - b. The POLST form, Section D, has been signed by the patient and physician.
 - c. The form is invalid if not signed by both parties.
2. POLST Form - Section A: This section applies if the patient has no pulse and is not breathing.
 - a. If the patient is pulseless and apneic after repositioning of the airway AND “Do Not Attempt Resuscitation/DNR” is selected, the provider may determine the patient to be dead per Section C of this Policy.
 - b. If the patient is pulseless and apneic after repositioning of the airway **AND** EITHER “Attempt Resuscitation/CPR” is selected **OR** neither option is selected, then begin resuscitation immediately.
3. POLST Form – Section B: This section applies if the patient has a pulse and/or is breathing.
 - a. If “**Comfort Measures Only**” is selected, the following treatments may be done as indicated to relieve pain and suffering:
 - i. Patient positioning
 - ii. Oxygen
 - iii. Airway suctioning
 - iv. Relief of airway obstruction (including use of Magill Forceps)
 - v. Pain control
 - b. If “**Limited Additional Interventions**” is selected, in addition to the above “Comfort Measures Only” items, the following treatments may be done as indicated:
 - i. IV fluids
 - ii. Bag-Valve Mask (BVM) ventilation
 - iii. CPAP
 - iv. DO NOT INTUBATE

(a) If the “Do Not Transfer to hospital for medical interventions” option is selected, contact the BH. Generally, the patient will be transported.
 - c. If “**Full Treatment**” is selected the patient will be treated with all medically indicated medications and/or procedures.

E. Alternative End-of-Life Documents

1. If there is an informal “living will” or written instructions without an agent in the DPAHC, continue with appropriate treatment or immediately commence treatment, including resuscitation, if necessary.
 - a. Base Hospital contact will be made as soon as practical.

F. DPAHC or AHCD Agent on Scene Requests Withholding Resuscitation

1. EMS provider shall inform the agent of the consequences of the request;
2. The agent shall be asked to document the request by signing the “Refusal of Care” section of the Prehospital Care Report (ePCR);

G. End-of-Life Option Act

1. The patient may at any time withdraw or rescind his or her request for an aid-in-dying drug regardless of the patient’s mental state. In this instance, EMS personnel shall provide medical care as per standard protocols and contact base hospital.
 - a. Refer to Appendix A for treatment algorithm
2. Family member(s) or significant other(s) may be at the scene of a patient who has self-administered an aid-in-dying drug. If there is an objection to the End of Life Option Act, or the required documentation is not present:
 - a. BLS personnel will provide BLS airway management using BVM and perform chest

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compressions (if indicated) until ALS arrives;

- b. ALS personnel will provide BLS interventions as described in Section G.2.a (or instruct BLS personnel to continue) and consult the Base Hospital Physician.

H. Conflict Between Orders and/or Legally Recognized Decision-Maker

1. If there is a conflict between multiple end-of-life documents or attestations, the one with the most recent date will be honored.
2. If there are conflicting selections in a POLST form (i.e. both “Do Not Attempt Resuscitation/DNR” in Section A and “Full Treatment” in Section B have been selected), institute BLS resuscitative measures while consulting the BH Physician for assistance.
3. If there is any conflict between the written end-of-life orders and the legally recognized decision-maker, institute BLS resuscitative measures while consulting the BH Physician for assistance.

I. Documentation

1. Any patient treated by EMS personnel must complete a SBCEMSA ePCR.
2. For Operative DNR/POLST Order, EMS Personnel must complete all documentation requirements per Policy 700 Documentation of Prehospital Care, as well as the following supplemental information in the narrative:
 - a. Type of Order Followed
 - b. *Written Orders Only*: Name of the physician who signed the DNR/POLST Order;
 - c. *POLST Form Only*: Section of the POLST Form that applied to the patient.
3. DPAHC or AHCD Agent Requests to Withhold/Terminate Resuscitation
 - a. If an authorized healthcare agent requests that resuscitation be withheld or terminated, document the agent’s full name and contact phone number where appropriate in the narrative.
4. EMS/BH Physician Decision to Withhold/Terminate Resuscitation
 - a. If the decision to withhold or terminate resuscitative measures was made by EMS personnel and/or BH Physician, his/her/their name shall be documented in the narrative.
5. Although original DNR, DPAHC, AHCD, Final Attestation, and POLST forms are preferred, a copy or FAX may be obtained if the original document is unavailable. If a hard copy is unavailable, attach a photocopy to the patient’s electronic Patient Care Report (ePCR).

VI. References:

- A. [POLST California](#)
- B. [DNR California](#)
- C. California Probate Code, Sections [4670 - 4678](#), [4680](#), [4700](#) – [4701](#).
- D. Health and Safety Code Section [443.11](#).
- E. End of Life Dying Act [ABX2-15 \(AB-15\)](#).

VII. Attachments

- A. Appendix A
- B. [What is a POLST? Key Facts About POLST](#)

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Appendix A

For End of Life Options Act Only:

Patient has taken an Aid-in-Dying drug, is NOT in cardiopulmonary arrest

