

- I. **Purpose:** To establish the documentation and circumstances, in which, EMS personnel may withhold or withdraw resuscitative measures based on the patient's or the medical power of attorney's wishes.
- II. **Authority:** California Emergency Medical Services, Health and Safety Code Division 2.5, Section and California Code of Regulations, Title 22, Division 5, Section 1797.200, 1798. Probate Code Section 4780. EMS Personnel Guidelines Limiting Pre-Hospital Care. EMSA #111 5<sup>th</sup> Revision
- III. **Definitions:**
  - A. **Advance Health Care Directive or “Advanced Directive”:** A document executed pursuant to the Health Care Decisions Law. This document allows either or both of the following:
    - a. Appoints another person as the patient's “health care agent” or “attorney-in-fact.”
    - b. The patient may write specific health care wishes.
  - B. **Attorney-in-Fact:** A person granted authority to act for the person as governed by the Uniform Health Care Decisions Act (Division 4.5, commencing with Section 4780 of the Probate Code). This person has legal authority to make decisions about the named individual's medical care.
  - C. **Medical Power of Attorney (MPOA):** A legal document that allows the patient to name a healthcare agent, someone who will make medical decisions in the event they become incapacitated and unable to communicate their wishes. The MPOA's role is to advocate for the patient's care and ensure the patient's medical wishes are followed.
  - D. **Do Not Attempt Resuscitation (DNAR) or Do-Not-Resuscitate (DNR):** A legal order written either in the hospital or on a legal form to withhold cardiopulmonary resuscitation (CPR) or advanced cardiac life support (ACLS), in respect of the wishes of a patient in case their heart were to stop or they were to stop breathing.
  - E. **DNR/DNAR Directive:** A DNR/DNAR document that is:
    - a. An approved State of California Emergency Medical Services Authority (EMSA)/California Medical Association (CMA) pre-hospital DNR request or equivalent document.
    - b. DNR/DNAR orders written by a physician for patients in hospices, skilled nursing facilities or other licensed facilities.
  - F. **DNR Medallion:** A medallion/bracelet engraved with the words “Do Not Resuscitate, or the letters “DNR”, a patient identification number, 24 hour toll-free telephone number issued by a person pursuant to an agreement with the Emergency Medical Services Authority.

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- G. EMS Personnel: Includes firefighters, law enforcement officers, EMT-Bs, Advanced EMTs, paramedics, and employees and volunteer members of legally organized volunteer organizations.
- H. Immediate Family, or “Next of Kin”: Spouse, adult child/children, parent of patient, adult sibling, or domestic partner.
- I. Physician Orders for Life-Sustaining Treatment (POLST): Create specific medical orders to be honored by health care workers during a medical crisis. Sometimes includes DNR/DNAR, or do not intubate (DNI), or comfort care measures.

**IV. Policy:****A. Application:**

1. EMS personnel shall recognize that an adult has the fundamental right to control the decisions related to his or her own health care, including the decision to have life sustaining treatment withheld or withdrawn.
2. This policy shall apply to individuals in a private residence or other location who have expressed a desire to avoid resuscitated measures or modified measures, and to individuals in any licensed health care facility.

**B. Do Not Resuscitate (DNR) Form (See Appendix A)**

1. The Do Not Resuscitate form defines none of the follow measures shall be initiated:
  - i. Chest compressions
  - ii. Defibrillation
  - iii. Endotracheal intubation,
  - iv. Assisted ventilations
  - v. Cardiotonic drugs
2. Patient shall receive all other care not identified above for all other medical conditions, in accordance with Imperial County treatment protocols.
3. Relief of choking cause by a foreign body is appropriate, even in cases where the patient is unconscious and not breathing.
4. Requests shall be signed and dated by a **physician**. No witness signature is necessary. Ensuring appropriate informed consent is the responsibility of the attending physician, not EMS or prehospital personnel.
5. If a patient has a DNR/DNAR, a copy or original of the DNR/DNAR shall be taken to the emergency room.

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6. EMS shall visualize the written DNR/DNAR form, unless the patient's physician is present and issues a DNR/DNAR order.
7. In the absence of a DNR/DNAR form, EMS personnel may accept a verbal request to withhold or withdraw resuscitative measures if the requesting party is the patient's physician, MPOA, or the patient's "attorney-in-fact." In this case, the name of the physician, MPOA, or attorney-in-fact shall be noted in the PCR, and that person shall sign the PCR.
8. Emergency response personnel shall note on all PCRs if a DNR/DNAR is present, and if it was honored.

**C. Physician Orders for Life-Sustaining Treatment (POLST) Form (See Appendix B)**

1. EMS personnel who encounter an approved POLST form should be aware of the different levels of care defined in Section A & B of the POLST form.
  - i. Section A: Applies to only to patients who do NOT have a pulse and are NOT breathing:
    - a. If "Attempt Resuscitation/CPR" is checked, EMS personnel should treat the individual to the fullest extent possible per Imperial County Treatment protocols.
    - b. If "Do Not Attempt Resuscitation/CPR" then no attempts should be made to resuscitate the individual. EMS personnel shall follow Determination of Death in the Field Policy.
  - ii. Section B: Section B applies only to individuals who have checked "Do Not Attempt Resuscitation/DNR" in Section A AND who have a pulse and/or are breathing upon arrival of EMS personnel.
2. If the patient has checked "Full Treatment", they should be treated to the fullest extent possible, per Imperial County treatment protocols.
3. If the patient has checked "Selective Treatment" the following care may be provided:
  - i. Administration of IV Fluids
  - ii. Non-invasive positive pressure ventilation (CPAP, BiPAP, and/or BVM)
  - iii. Comfort-focused transport
4. EMS personnel shall contact base hospital prior to following any orders listed under "Additional Orders"

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5. EMS personnel shall follow Imperial County policies and protocols regarding patient treatment, and contact base hospital for further guidance, if any part of POLST is unclear.
  - i. CA EMSA approved POLST forms must be signed and dated by a **physician, nurse practitioner, or physician assistant**, and by the **patient or legally recognized decision-maker of the patient**.
  - ii. Emergency response personnel shall note on all PCR's if a POLST is present and if it was honored.
6. EMS personnel shall visualize the written POLST form, unless the representatives listed above are present and submit a DNR order.

**D. Do Not Resuscitate (DNR) Medallion (See Appendix C)**

1. All EMS personnel shall accept the CA EMSA approved DNR bracelet or medallion.
2. All approved DNR medallions must include the following information:
  - i. A 24 hour, 7 days a week, telephone number that is toll free to the person calling.
  - ii. The words "CALIFORNIA DO NOT RESUSCITATE – EMS" or "CALIFORNIA DNR – EMS"
  - iii. An individual specific identification number to be used to identify the enrollee's medical information file.
3. If EMS personnel encounter a DNR medallion, the DNR policy shall be followed.
4. If EMS personnel encounter a POLST medallion, treatment shall follow the treatment indicated on the POLST form. If form cannot be located, EMS should perform full treatment until the POLST can be produced.

**E. Base Contact**

1. Base Hospital Physicians retain the authority to determine the appropriateness of resuscitation.
2. EMS personnel shall contact base hospital physician and initiate resuscitation if:
  - i. Resuscitation appears warranted.
  - ii. Any questions regarding validity of the DNR order.
  - iii. DNR directive is incomplete or not signed.

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- iv. Concerns regarding the persons at bedside stating the patient is DNR. This can include by is not limited to: persons self-identifying as the MPOA, “attorney in fact,” spouse, next of kin, children, etc.
- v. Disagreement among family members regarding resuscitative measures.
- vi. Anytime EMS personnel have concerns or require assistance, Base Hospital shall be contacted.
- vii. If a DNR is thought to exist but cannot be found, every effort should be made to contact the Base Station to determine the best treatment of the patient.

**F. Transportation**

- 1. DNR patients in cardiopulmonary arrest shall not be transported.
- 2. If transporting from a 9-1-1 response, and patient goes into cardiopulmonary arrest during transport, continue to receiving emergency room.
- 3. In the event any patient expires in an ambulance either before or during transport, the following shall be considered:
  - i. Unless specifically requested, the patient should not be returned to a private residence or skilled nursing facility, continue to the destination hospital.
  - ii. If between hospitals, return to the originating hospital if time is not excessive. If time would be excessive, divert to the closest hospital with Emergency receiving facility.
  - iii. In rural area in cases where the Medical Examiner has not waived the case, the transporting agency and Medical Examiner shall arrange for a mutually acceptable rendezvous location, where the patient may be left in the custody of law enforcement, to allow transporting unit to return to service.
- 4. EMS personnel shall notify local law enforcement/coroner’s office of death.
- 5. DNR patients, who decline transport to the hospital, including those patients for whom transport is declined on their behalf, shall not be transported.
- 6. If a patient, who has a DNR, is transported to the hospital, the following shall apply:
  - i. The DNR or POLST shall be honored by EMS personnel, during the transport of the patient.
  - ii. DNR patients, generally should not be transported Code 3.

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- iii. DNR/POLST shall accompany the patient to the hospital; the hospital shall include a copy of the DNR order in the patient's medical record.
- 7. If a patient is transported with an unclear DNR, the accepting attending ED physician and RN should made aware of the unclear resuscitation status at the time of hand-off.

APPROVED:

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