



HOSPICE PATIENTS

REVISION: 03/25

(Signature On-file)
David Duncan, EMS Agency Medical Director

PURPOSE:

To provide guidance for prehospital personnel in situations involving patients in hospice care.

DEFINITIONS:

Allow Natural Death Order- A hospice form that is interchangeable with a DNR and is used for terminally ill patients currently under hospice care. This form must be completed and signed to be considered valid. **See ANNEX 1. for example**

Respite Care- is the term used to refer to the act of leaving a loved one with special needs in the temporary care of another party.

General Inpatient Care- term used for an increased level of hospice care requiring patient to be transported to an inpatient facility (specific hospital or SNF) for short term management of symptoms not manageable in the current place of residence.

End of Life Option Act – This law allows a terminally-ill adult, California resident to request a drug from their physician to end his or her life. A person who has obtained an aid-in dying drug has met extensive legal requirements. The law offers protections and exemptions for healthcare providers but is not clear or explicit regarding EMS responses to patients who have initiated the End-of-Life Option.

POLICY

HOSPICE CARE:

1. Patients who are terminally ill and under hospice care may be transported from one care facility to another for the purpose of respite, necessary care or procedures, or if comfort cannot be maintained/provided at their point of origin.
2. If a patient or a patient's legal representative requests treatment/transport to the nearest emergency department, the patient shall be treated/transported.
3. Prehospital personnel with hospice questions may contact Base Station, and if on West Slope, may contact Hospice at 530-621-7820.

END-OF-LIFE OPTION ACT:

1. Prior to self-administering the aid-in-dying drug, the patient may have a "*Final Attestation For An Aid –in Dying Drug to End My Life in a Humane and Dignified Manner*" but this is no longer required.
2. If a copy of the 'Final Attestation' is available, EMS personnel should confirm the patient is the person identified in the final attestation by a form of identification or a person present who can reliably identify the patient.
3. Patients must have established at least a 48-hour period between two oral requests under the requirements of the End-of-Life Option Act.

ROLE OF EMS:

1. Provide comfort measures as needed.
2. Withhold resuscitative measures in line with the patient's wishes.
3. The patient may at any time withdraw or rescind their request for an aid-in-dying drug regardless of their mental status. In this instance, EMS personnel shall:
 - Provide medical care according to protocol.
 - Contact their base Hospital for further direction or concerns.

ANNEX 1



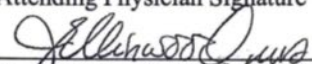
Patient Name: _____ DOB: _____

Allow Natural Death (DNR)

Request to Limit the Scope of Emergency Medical Care Do Not Resuscitate

- I understand Allow Natural Death (DNR) means that if I stop breathing or my heart stops beating, no medical procedure to restart breathing or heart functioning will be initiated.
- I understand this decision will not prevent me from receiving other emergency medical care prior to my death.
- I understand I may change my decision at any time.
- I give permission for this information to be given to care providers, doctors, nurses or other personnel as necessary to carry out my wishes.

I hereby agree to the ALLOW NATURAL DEATH (DNR) order.

Patient/Legal Representative Signature_____
Date_____
Witness_____
Date_____
Attending Physician Signature_____
Date
Medical Director Signature - Jeanine Ellinwood, MD_____
Date

Revocation Provision - I hereby revoke the Allow Natural Death (DNR) order.

Patient/Legal Representative Signature_____
Date