COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Do Not Resuscitate	Policy Number 613
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: July 1, 2016
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: July 1, 2016
Origination Date: October 1, 1993 Date Revised: June 22, 2016 Date Last Reviewed: June 22, 2016 Review Date: June, 2016	Effective Date: July 1, 2016

I. PURPOSE: To establish criteria for a Do Not Resuscitate (DNR) Order, and to permit Emergency Medical Services personnel to withhold resuscitative measures from patients in accordance with their 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, Section 100170.

III. DEFINITIONS:

A. "EMS Personnel": All EMTs, paramedics and RNs caring for prehospital or interfacility transfer patients as part of the Ventura 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. Tracheal Intubation or other advanced airway.*
4. Assisted Ventilation for apneic patient.*
5. Administration of cardiotonic medications.*

C. "DNR Medallion": A permanently imprinted insignia, worn by a patient that has been manufactured and distributed by an organization approved by the California Emergency Medical Services Authority.

D. "DNR Order": An order to withhold resuscitation. A DNR Order shall be considered operative under any of the following circumstances. If there is a conflict between two DNR orders the one with the most recent date will be honored.

1. A fully executed original or photocopy of the "Emergency Medical Services Prehospital DNR Form" has been read and reviewed on scene;

* - Defibrillation, advanced airway, assisted ventilation, and cardiotonic medications may be permitted in certain patients using a POLST form. Refer to VCEMS Policy 625.

2. The patient is wearing a DNR Medallion;
3. A fully executed California Durable Power of Attorney For Health Care (DPAHC) form is seen, a health care agent designated therein is present, and that agent requests that resuscitation not be done;
4. A fully executed Natural Death Act Declaration has been read and reviewed on scene;
5. A fully executed California Advance Health Care Directive (AHCD) has been read and reviewed on scene and:
   a. a health care agent designated therein is present, and that agent requests that resuscitation not be done, or
   b. there are written instructions in the AHCD stating that the patient does not wish resuscitation to be attempted;
6. A completed and signed Physician Orders for Life-Sustaining Treatment (POLST) form has been read and reviewed on scene, and in Section A, "Do Not Attempt Resuscitation/DNR" is selected;
7. A fully executed Final Attestation Form, or;
8. For patients who are in a licensed health care facility, or who are being transferred between licensed health care facilities, a written document in the patient's permanent medical record containing the statement "Do Not Resuscitate", "No Code", or "No CPR," has been seen. A witness from the health care facility must verbally document the authenticity of this document.

E. "California Advance Health Care Directive (AHCD)". As defined in California Probate Code, Sections 4600-4805.

F. "California Durable Power of Attorney for Health Care (DPAHC)": As defined in California Civil Code, Sections 2410-2444.

G. "Natural Death Act Declaration": As defined in the Natural Death Act of California, Health and Safety Code, Sections 7185-7195.

H. "Physician Orders for Life-Sustaining Treatment (POLST)". As defined in California Probate Code, Division 4.7 (Health Care Decisions Law).

I. "Final Attestation Form": As defined in the End of Life Option Act, California Health and Safety Code Section 443.11.

J. Comfort measures: Medical interventions used to provide and promote patient comfort. Comfort measures applicable to the End of Life Option Act may include airway positioning and suctioning.

IV. PROCEDURE:

A. All patients require an immediate medical evaluation.

B. Correct identification of the patient is crucial in this process. If not wearing a DNR Medallion, the patient must be positively identified as the person named in the DNR Order. This will normally require either the presence of a witness or an identification band.

C. When a DNR Order is operative:

1. If the patient has no palpable pulse and is apneic, resuscitation shall be withheld or discontinued.
2. The patient is to receive full treatment other than resuscitation (e.g., for airway obstruction, pain, dyspnea, hemorrhage, etc.).
3. If the patient is taking high doses of opioid medication and has decreased respiratory drive, early base hospital contact should be made before administering naloxone. If base hospital contact cannot be made, naloxone should be administered sparingly, in doses no more than 0.1 mg every 2-3 minutes.
4. If transport has been initiated, continue transporting the patient to the appropriate receiving facility and transfer care to emergency department staff.
   a. If transport has not been initiated, but personnel are still on scene, patient should be left at scene, if not in a sensitive location (place of business, public place, etc.). The situation should be explained to the family or staff at the scene.

D. A DNR Order shall be considered null and void under any of the following circumstances:

1. The patient is conscious and states that he or she wishes resuscitation.
2. In unusual cases where the validity of the request has been questioned (e.g., a family member disputes the DNR, the identity of the patient is in question, etc.), EMS prehospital personnel may temporarily disregard the DNR request and institute resuscitative

measures while consulting the BH for assistance. Discussion with the family member, with explanation, reassurance, and emotional support may clarify any questions leading to validity of a DNR form.

The underlying principle is that the patient's wishes should be respected.

3. There is question as to the validity of the DNR Order.

Should any of these circumstances occur, appropriate treatment should continue or immediately commence, including resuscitation if necessary. Base Hospital contact should be made when appropriate.

E. Other advanced directives, such as informal “living wills” or written instructions without an agent in the California Durable Power of Attorney for Health Care, may be encountered. Should any of these occur, appropriate treatment will continue or immediately commence, including resuscitation if necessary. Base Hospital contact will be made as soon as practical.

F In case of cardiac arrest, if a DNR Order is operative, Base Hospital contact is not required and resuscitation should not be done. Immediate base hospital contact is strongly encouraged should there be any questions regarding any aspect of the care of the patient.

G. If a DPAHC or AHCD agent requests that resuscitation not be done, the EMT shall inform the agent of the consequences of the request.

H. DNR in a Public Place

Persons in cardiac arrest with an operative DNR Order should not be transported. The Medical Examiner’s office 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. For 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 will provide medical care as per standard protocols and contact base hospital.

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 objection to the End of Life Option Act:
    a. BLS personnel will provide BLS airway management and bag-mask ventilation as needed until ALS arrives.
    b. ALS personnel will provide BLS airway management and bag-mask ventilation as needed, or instruct BLS personnel to continue, and consult the base hospital physician.

V. DOCUMENTATION:

For all cases in which a patient has been treated under a DNR Order, the following documentation is required in the Ventura County Electronic Patient Care Report (VCePCR):

A. Name of patient's physician signing the DNR Order.

B. Type of DNR Order (DNR Medallion, Prehospital DNR Form, POLST Form, written order in a licensed health care facility, DPAHC, Natural Death Act Declaration, Final Attestation Form).

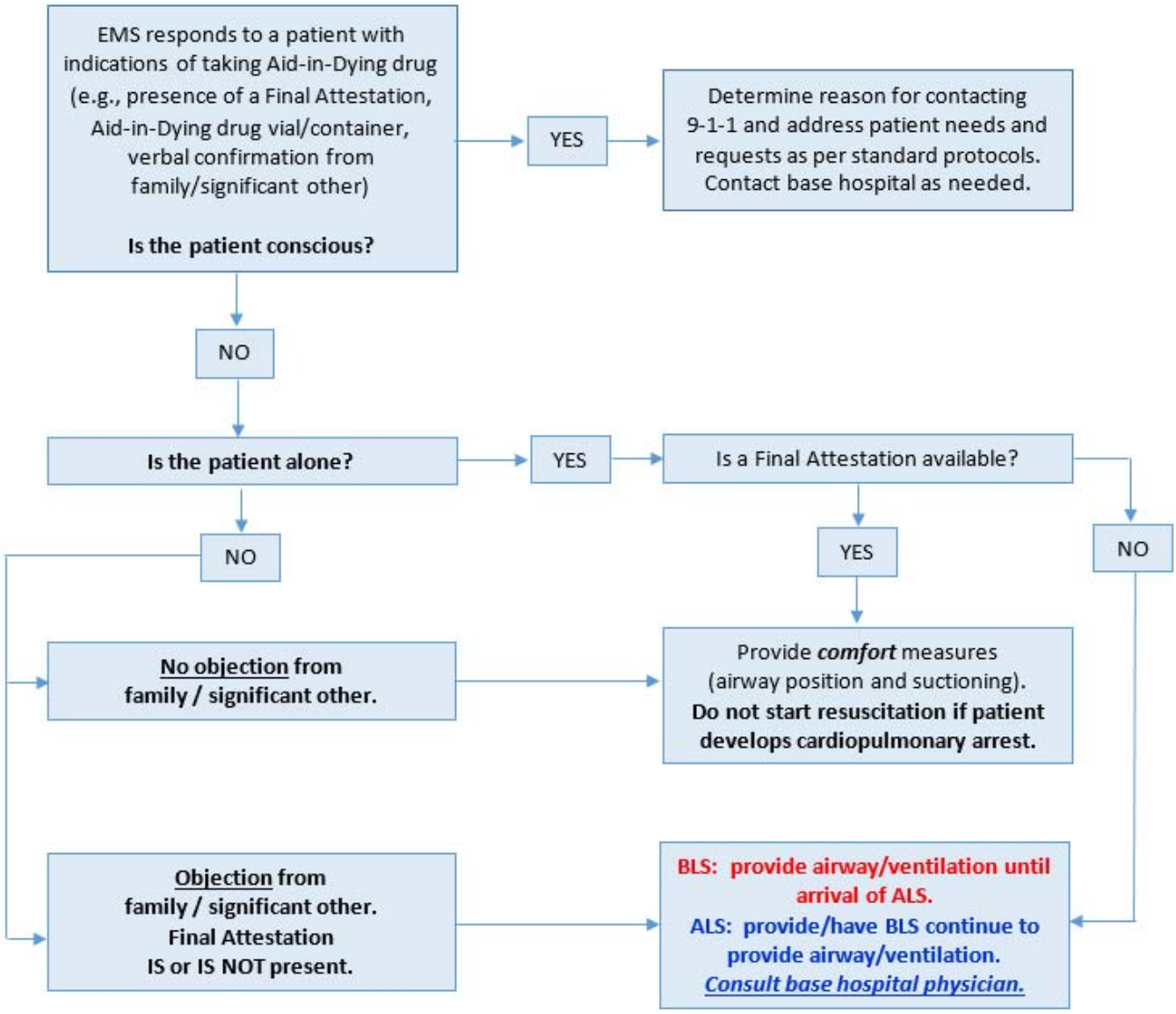
C. If the decision to withhold or terminate resuscitative measures was made by an EMT, his/her name and certificate number.

D. For all cases which occur within a licensed health care facility, in addition to above, if the DNR Order was established by a written order in the patient's medical record, the name of the physician signing and the witness to that order.

E. If resuscitation is not done because of the request of a healthcare agent designated in a DPAHC or AHCD, document the agent's name in the VCePCR narrative.

Appendix 1: Algorithm, Aid-in-Dying

Appendix 1
Ventura County EMS Policy 613, "Do Not Resuscitate (DNR)

For End of Life Options Act only:

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