



County of Santa Cruz

HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL
SERVICES PROGRAM

Policy No. 5400
Reviewed 4/2009

Emergency Medical Services Program

Approved

Medical Director

Subject: PROCEDURE FOR EMS PERSONNEL REGARDING DO NOT RESUSCITATE (DNR) ORDERS/DIRECTIVES

I. Procedure:

- A. All patients with absent vital signs who do not meet criteria for pronouncement or determination of death as defined in Santa Cruz EMS Agency Policy #1140 shall be treated with resuscitative measures. A prehospital provider may withhold or discontinue resuscitative measures under the following circumstances:
1. The provider sees a signed (by both patient and physician) CMA/EMSA-approved Emergency Medical Services Prehospital DNR Request Form (original or copy) or signed Physician Orders for Life-Sustaining Treatment (POLST) form, or
 2. The provider sees that the patient is wearing an EMSA/CMA-approved DNR medallion, or
 3. During transports between licensed medical/nursing facilities (between hospitals, nursing homes, clinics, etc.) the provider sees a DNR order signed by a physician in the patient's medical record, or
 4. If the patient is at a licensed medical/nursing facility, the provider sees a DNR order signed by a physician in the patient's medical record and/or the facility's staff orally confirms a DNR order to the provider, or
 5. The provider sees a signed Durable Power of Attorney for Health Care (DPAHC) that specifies withholding resuscitative measures, as described in Policy #1190, Guidelines for EMS Personnel Regarding DNR Orders/Directives, and the attorney in fact is present, or
 6. The provider directly receives an order over the telephone from the patient's physician or from the Hospice Caring Project medical director.
(Note: The provider must be convinced that the physician is the patient's physician).
- B. Positive identification of the patient is required. A witness who can positively identify the patient must be present, except in cases of interfacility transfers where the patient is assumed to have been positively identified by the transferring facility. The witness shall also be positively identified by the provider. The provider shall document the witness's name on the patient care record.
- C. If the patient is conscious and states he/she wishes resuscitative measures, the DNR order shall be ignored.

- D. If the patient is transported, the DNR form (original or copy), POLST form, DNR medallion, DPAHC form, or a copy of the valid order from the patient's medical record shall be taken with the patient to the receiving facility.
- E. Contact the Base Hospital as needed.
- F. If resuscitative measures have been initiated and a valid DNR order, POLST form, or DPAHC with the presence of the attorney in fact is later presented, resuscitative measures may be discontinued without base hospital contact.
- G. The California EMS Authority must approve manufacturers of DNR medallions. These medallions are imprinted with the toll-free information telephone number and a unique patient identification number.

II. Special Circumstances

- A. Whenever doubt exists as to the validity of a DNR or POLST order, paramedics should contact the Base Hospital and request direction from the Base Hospital physician.
- B. In the event the patient expires while being transported, the following should be considered:
 - 1. Unless specifically requested, the patient should not be returned to a private residence or skilled nursing facility.
 - 2. Continue to the destination hospital or return to the originating hospital if time is not excessive.
- C. In the event of a suicide attempt by a patient with a valid DNR, POLST, or DPAHC, the patient shall be treated with full resuscitative efforts.

III. Conflicting Orders

- A. DNR Orders – in the event that any individual on scene disagrees with a DNR/POLST order, resuscitation should not be withheld.
- B. DPAHC – Any orders given by an attorney in fact should be followed unless another individual named as attorney-in-fact in the DPAHC and present on scene disagrees with the order given. In such cases, resuscitation should not be withheld.
- C. In the event that personnel are presented with multiple documents regarding the patient's resuscitation status, the document with the most recent dating and signatures will be honored.