



DO NOT RESUSCITATE (DNR), PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST), & END OF LIFE OPTIONS (AID-IN-DYING DRUG)

PURPOSE

To provide a mechanism to allow patients to refuse unwanted resuscitation attempts and ensure that patient's rights to control their own medical treatment are honored.

AUTHORITY

Health & Safety Code, Division 2.5, Chapter 4, Article 1, § 1797.220

Health & Safety Code, Division 2.5, Chapter 5, §§ 1798, 1798.2

California Code of Regulations, Title 22, Division 9

Guidelines for EMS Personnel Regarding Do Not Resuscitate (DNR) Directives, (EMSA # 111), California Emergency Medical Services Authority

DEFINITIONS

Advanced Health Care Directive (AHCD): A written document that allows an individual to provide healthcare instructions and/or appoint an agent to make healthcare decisions on their behalf if they are unable or if they prefer to have someone speak for them. AHCD is the legal form for healthcare proxy or durable power of attorney for healthcare and living will.

Aid-in-Dying Drug: A drug (or combination of drugs) prescribed by a Physician for a qualified individual, which the qualified individual may choose to self-administer to bring about his or her death due to a terminal illness. The prescribed drug(s) may take effect within minutes to several days after self-administration.

Basic Life Support (BLS) Measures: The provision of treatment designed to maintain adequate circulation and ventilation for a patient in cardiac arrest without the use of drugs or special equipment. Examples include:

- I. Assisted ventilation via bag-valve mask (BVM) device
- II. Manual or automated chest compressions
- III. Automated External Defibrillator (AED) – only if an Emergency Medical Technician (EMT) is on scene prior to the arrival of Paramedics.

Comfort Measures: Medical intervention used to provide and promote patient comfort, not resuscitation or prolongation of life. Comfort measures applicable to the End of Life Option Act may include airway positioning and suctioning.

Do Not Resuscitate (DNR): A patient declaration to healthcare providers indicating their desire not to undergo interventions such as chest compressions, defibrillation, advanced airway placement, assisted ventilation, or cardioactive drugs. The patient shall receive full palliative treatment for pain, dyspnea, major hemorrhage (with direct hemorrhage control), or other medical conditions; i.e., oropharyngeal suction and Oxygen (O₂). Relief of choking caused by a foreign body is appropriate; however, if breathing has stopped and the patient is unconscious,



Yolo County Emergency Medical Services Agency

Policy

Revised Date: September 1, 2018

ventilation should not be assisted.

End of Life Option Act: A California state law authorizing an adult, eighteen (18) years or older, who meets certain qualifications, and who has been determined by his or her attending physician to be suffering from a terminal disease, to make a request for an "aid-in-dying drug" from an authorized Physician, prescribed for the purposes of ending his or her life in a humane and dignified manner.

Physician's Orders for Life Sustaining Treatment (POLST): A signed, designated Physician order form that addresses a patient's wishes about a specific set of medical issues related to acute illness/injury, resuscitation, and end of life care. May be used for both adult and pediatric patients.

Resuscitation: interventions intended to restore homeostasis, including cardiac activity and respirations. For example:

- I. Cardiopulmonary resuscitation
- II. Defibrillation
- III. Drug therapy
- IV. Intravenous fluids
- V. Other lifesaving measures

Standardized Patient-Designated Directives: Forms or medallions (e.g. bracelet, necklace) that recognizes and accommodates a patient's wish to limit prehospital treatment at home, in long term care facilities, or during transport between facilities. Examples include:

- I. Statewide Emergency Medical Services (EMS) Authority/California Medical Association Prehospital DNR form
- II. Physician Orders for Life Sustaining Treatment (POLST)
- III. State EMS Authority Approved DNR medallion

Supportive Measures: Medical interventions used to provide and promote patient comfort, safety, and dignity. Supportive measures applicable for POLST and AHCD may include, but are not limited to:

- I. Airway maneuvers
- II. Suction
- III. Oxygen administration
- IV. Hemorrhage control
- V. Oral hydration
- VI. Glucose administration
- VII. Pain control

YEMSA APPROVED DNR ORDERS FOR PREHOSPITAL PROVIDERS

- I. Any one (1) of the following DNR orders are approved and shall be honored by prehospital providers:
 - A. A fully executed original or photocopy of the Emergency Medical Services Prehospital DNR form.
 - B. A fully executed original, or photocopy, of the POLST form.
 - C. A approved DNR wrist or neck medallion worn by the patient
 - D. If the patient's Physician is present, s/he may issue a verbal DNR order and



Yolo County Emergency Medical Services Agency

Policy

Revised Date: September 1, 2018

immediately confirm the DNR order in writing in the Patient Care Report (PCR)/patient's medical record.

1. A telephone order by the patient's physician to the prehospital care provider is not acceptable.
 - E. A written or electronic DNR order by a Physician. In order to be valid, this type of DNR order must include the following:
 1. Patient's name
 2. The words "Do Not Resuscitate" (or DNR) or "No Code"
 3. The Physician's signature verifying a valid verbal order from a Physician on a Physician order sheet
 4. The date of the order
 - F. There are **no** other requirements for the DNR order, such as a prescribed form, a time or date of duration, or a diagnosis.
- II. Power of Attorney for Health Care
- A. A Power of Attorney for Health Care contained in an Advanced Health Care Directive (AHCD) or Durable Power of Attorney for Health Care (DPAHC) with the agent/attorney-in-fact physically present, indicating the patient refuses resuscitative measures. The agent/attorney-in-fact must provide adequate identification (ID).

PROCEDURE: DNR, POLST, AHCD

- I. All patients shall receive an immediate assessment/medical evaluation.
- II. Identify that the patient is the person named in the DNR order, POLST or Power of Attorney for Health Care. This will normally require either the presence of a witness who can reliably identify the patient or the presence of an identification band/tag.
- III. When prehospital personnel respond to a patient in cardiopulmonary arrest, BLS measures shall be initiated pending verification of a valid DNR order.
- IV. Base Hospital Physicians retain authority for determining the appropriateness of resuscitation. When in doubt, resuscitation shall be initiated and the Base Hospital Physician contacted immediately.
- V. If a YEMSA approved DNR order is not available, prehospital personnel shall consult with the Base Hospital Physician to discuss the validity or applicability of any available forms presented other than those approved for use by YEMSA. Examples of other DNR Directives not approved for prehospital care in YEMSA are:
 - A. Individual healthcare instructions contained in an Advanced Health Care Directive
 - B. Declaration found in the California Natural Death Act
 - C. Living Will or other forms of documentation
- VI. If there is any objection or disagreement by family members/caretakers regarding withholding resuscitation, or if prehospital personnel have any reservations regarding the validity of the DNR order, resuscitation shall begin immediately and contact with the Base Hospital Physician shall be made for further direction.
- VII. If a patient has a valid DNR, but resuscitation was started prior to arrival of the EMS responder, Cardiopulmonary Resuscitation (CPR) may be discontinued.
- VIII. If the patient is conscious and states that s/he wishes resuscitative measures, then the



DNR form shall be ignored.

END OF LIFE OPTION ACT

A patient who has obtained an aid-in-dying drug has met extensive and stringent California state law 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. The following guidelines are provided for EMS personnel when responding to a patient who has self-administered an aid-in-dying drug.

- I. Within forty-eight (48) hours of self-administering the aid-in-dying drug, the patient is required to complete a "Final Attestation For An Aid-in-Dying Drug to End My Life in a Humane and Dignified Manner". However, there is no mandate for the patient to maintain the final attestation form directly or to keep it in close proximity to their person. If a copy of the final attestation is available, EMS personnel should confirm the patient is the person identified in the final attestation. This will normally require either the presence of a form of identification or a witness who can reliably identify the patient.
- II. There are no standardized "Final Attestation For An Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner" forms, but the law has required specific information that must be in the final attestation. If available, EMS personnel should make a good faith effort to review and verify that the final attestation contains the following information:
 - A The document is identified as a "Final Attestation For An Aid-In-Dying Drug to End My Life in a Human and Dignified Manner"
 - B Patient's name and signature
 - C The form is dated
- III. Provide comfort measures and/or airway ventilation measures when applicable.
- IV. Withhold resuscitative measures if patient is in cardiopulmonary arrest.
- V. 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 status. In this instance, EMS personnel shall provide medical care as per standard protocols. EMS personnel are encouraged to consult with their Base Hospital whenever possible.
- VI. Family members 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, inform the family that comfort measures will be provided and consider Base Hospital contact for further direction.

DOCUMENTATION

- I. A copy of the DNR form shall be included in the electronic Patient Care Report (ePCR) along with other appropriate documentation. The DNR form will be incorporated into the medical record at the receiving or Base Hospital.
- II. If the patient is wearing a MedicAlert® DNR bracelet or neck medallion, record the MedicAlert® number in the ePCR documentation.
- III. Obtain a copy of the final attestation form and attach it to the EMS report, if possible.
- IV. When DNR orders are noted in the patient's written or electronic medical record, a copy of the order should be attached to the ePCR. If copies are unavailable, the prehospital care provider shall document in the ePCR that a written or electronic DNR



Yolo County Emergency Medical Services Agency

Policy

Revised Date: September 1, 2018

order was present, including the name of the authorizing Physician, date signed or entered, and other appropriate information.

- V. Document the Base Hospital Physician name in the ePCR narrative, if consulted.
- VI. When possible, a copy of the DPAHC, AHCD or other DNR order should be included in the ePCR. If copies are unavailable, the prehospital care provider shall document in the ePCR narrative the type of written DNR order that was present, including the date signed and other appropriate information.
- VII. If patient transport is undertaken, the DNR order is to be taken with the patient to the receiving facility.
- VIII. All circumstances surrounding the incident and the validation criteria used to honor the DNR request shall be documented in the narrative portion of the ePCR.