

REGIONS HOSPITAL EMS	
POLICY/PROCEDURE: Do Not Resuscitate	Page 1 of 4
ISSUED BY: Medical Director	No. 09-119
DATE: April 1, 2009	Supersedes: No. 05-118

PURPOSE:

Regions Hospital EMS recommends that the decision to withhold cardiopulmonary resuscitation (CPR) rest with the patient and his/her physician. These recommendations are intended to improve communication of the existence of a Do-Not-Resuscitate (DNR) order between the physician and the emergency medical personnel who may be summoned in the event of an emergency. Do-Not-Resuscitate (DNR) orders are orders issued by a patient’s physician to refrain from initiating cardiopulmonary resuscitative measures in the event of an acute cardiopulmonary arrest.

Regions Hospital EMS recommends that prehospital personnel honor directives limiting CPR in individuals who have refused this treatment. Regions Hospital EMS recognizes a patient’s right to refuse treatment as stated in the Patient’s Bill of Rights (MN Stat. 144.651) and the responsibility of medical personnel to withhold treatments that have no medical benefit. It is customary medical practice that CPR is performed on all persons found to be in cardiac arrest, in the absence of directives from a primary physician to withhold such action. There are individuals who would decline these therapies or for whom the treatments are without benefit. Such persons may legally and ethically decline these treatments. Since in many cases there is prior knowledge that these services are not wanted or not indicated, the Do-Not-Resuscitate (DNR) or “No CPR” order has been used to implement the decision that CPR is not to be performed. This guideline is intended for patients receiving fully supervised medical care who might be expected to suffer cardiac or respiratory failure in the near future.

Physicians and ambulance services will make every effort to permit patients accessing emergency medical care and transportation to decline unwanted CPR in a manner consistent with the standard of medical care. Ambulance services will continue under the presumption that patients are eligible for and desire emergency medical services. This system is established to permit patients the right to refuse unwanted CPR with the realization that this presumption and the urgency of resuscitation may mean that questionable orders may not be honored.

AUTHORIZED DEFINITIONS:

1. Do-Not-Resuscitate (DNR, No code, No CPR): This category does involve active and aggressive medical treatment intended to sustain life up to the point of beginning CPR. DNR does not mean that the medical care of any other medical condition will be changed or limited. In the event of an acute cardiopulmonary arrest, no CPR will be initiated. This order means that prehospital personnel will not initiate or continue CPR on a patient in cardiac

arrest once a valid DNR order is identified. If the first person finding the patient has a question about whether or not a pulse or spontaneous breathing exists, 9-1-1 should be called and the paramedics summoned to determine the patient's status.

2. CPR (Cardiopulmonary Resuscitation) - This is the process of chest compression and artificial breathing as defined by the American Heart Association. Advanced levels of CPR mandate airway management, ventilatory assistance, chest compressions, defibrillation and giving appropriate drugs. The category of CPR implies full resuscitation, using any or all of the above techniques as appropriate.
3. Hospice or Comfort Care - This category is appropriate for patients who request death-allowing care, knowing that death is expected and prolongation of life is not a goal. Care is intended to provide comfort and attention to basic human needs, allowing life to continue "as is" without medical intervention to sustain or prolong life beyond the natural course of events. In general, calling 9-1-1 is not appropriate for patients in this category. In situations where there are immediate needs for choking, pain relief, or comfort, 9-1-1 may be called.

RIGHTS AND RESPONSIBILITIES:

1. Physician responsibilities:
 - A. The physician is responsible for obtaining DNR forms, discussing them with the family and ensuring that the form is properly completed with the necessary signatures
 - B. The physician should keep one copy in the permanent medical record and give the original to the patient.
 - C. The order should be written in the order section of the medical chart (if one is available), and signed by the physician.
2. Ambulance service responsibilities:
 - A. Each ambulance service in the Regions Hospital EMS system will operate in accordance with this guideline to allow prehospital personnel to honor the DNR orders.
 - B. Each ambulance service has the obligation to inform appropriate personnel of the procedural guidelines when presented with a DNR form or order written in the medical record.
 - C. Prehospital personnel will not assume any responsibility for evaluating the decision-making process or administrative procedures used to develop the DNR order. This responsibility rests with the attending physician and the licensed health care provider supervising care.
3. Patient Responsibilities and Rights:
 - A. A patient has the right to refuse cardiopulmonary resuscitation and should be involved to the greatest degree possible in the decision-making process. Patients are encouraged to discuss these decisions with family members, if appropriate.
 - B. The form should be in a readily accessible location and caregivers should make its presence known during the provision of emergency medical services in the home.
 - C. The patient may revoke the order at any time by destroying the form or informing prehospital providers or family members of their wish for CPR in the event of cardiac arrest.

POLICY:

1. DNR orders are compatible with maximum therapeutic care and the patient should receive vigorous support (e.g. IV and drugs) up until the point of cardiac or respiratory

- arrest. Patients with DNR orders remain appropriate candidates for emergency evaluation, assistance, treatment and transport. 9-1-1 may still be used to summon emergency assistance for such patients who are suffering medical emergencies.
2. DNR orders become valid on the day when the DNR form is properly completed, dated and signed by the patient or acceptable proxy, the physician and the witness. Prehospital personnel will not honor DNR orders if they are not legible or properly signed and dated. The DNR order remains in effect indefinitely, but should be reviewed periodically.
 3. A DNR form is encouraged, but not required in the long-term care facility. In the nursing home, DNR orders written in the order section of the medical record are valid if signed by the physician.
 4. When prehospital personnel arrive, the family, patient or staff should immediately present the resuscitation guidelines form. Until properly completed orders are presented, prehospital personnel will assume that no valid DNR orders exist and proceed with standing orders for resuscitation as medically indicated under medical control.
 5. The DNR order may be rejected and overridden if prehospital personnel have substantive reason to believe the order is invalid or in cases of unusual, suspicious or unnatural causes of cardiac arrest.
 6. In the event a patient changes his/her mind regarding the DNR order prior to cardiac arrest, or family members request resuscitation, or disagreement occurs at the time of cardiac arrest, resuscitative measures should be initiated by prehospital personnel and treatment decisions should be made by the physician responsible for care. In the event of uncertainty, resuscitative measures should be initiated and the Medical Control Physician contacted.
 7. Telephone DNR orders will not be accepted by EMS personnel.
 8. Documents with alternative wording used to limit medical care, e.g., Living Wills and Supportive Care Plans, will not be interpreted by EMS personnel or honored during the provision of emergency medical care.
 9. Physicians present at the scene, who are willing to take responsibility for the emergency medical care, may verbally give orders to prehospital personnel to withhold or discontinue resuscitation. This should be documented on the ambulance report form with the physician's signature, name, State Physician #, address, and office telephone number.
 10. DNR orders may be revoked at any time by the patient who, by destroying the request form, will prevent implementation of the DNR order. The patient is responsible for informing his/her physician and the agency supervising care, if any, of this decision.
 11. It is recommended that the DNR form be reviewed periodically; however, it remains valid indefinitely unless revoked by the individual.
 12. A DNI order is generally initiated if it is felt that long-term care ventilatory support is not in the patient's interest or desire. It is often not applicable to the short-term situations in which EMS will use an advanced airway. Prehospital personnel will not be expected to determine whether the apnea is due to a reversible condition so they may place an advanced airway if they believe the patient's condition warrants.
 13. The Minnesota Medical Association DNR form, if used, requires three signatures with dates for the document to be valid and its intent carried out. This form does not expire with time, but must be revoked.
 - A. Patient/Client or authorized signature:
 1. The patient, when of sound mind, may knowingly limit his/her own care.

2. A court-appointed guardian or conservator (with specific powers to make health care decisions) may sign on behalf of a legally incompetent person.
 3. Next-of-kin or knowledgeable loved one(s) may sign in consultation with physician using the concept of “substituted judgment” whereby the above individuals decide what the patient would want, were he/she able to express himself/herself.
- B. Witness signature: This signature is to be obtained at the time a third party witnesses the signature of the patient, court-appointed guardian, or loved one. If a physician designate is involved in the actual discussion and form completion, that person should sign as witness.
- C. Physician signature: This signature is required, but may be completed at a later date if a physician designate is involved in the actual discussion and form completion.

SPECIAL NOTES:

1. The MMA DNR Form is the *recommended* form but not the only acceptable one.