



DO-NOT-RESUSCITATE (DNR), PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT (POLST), AND END OF LIFE OPTIONS ACT AND HEALTH CARE DIRECTIVES

I. AUTHORITY:

California Health and Safety Code, Division 1, Part 1.8, Section 442-443; Division 2.5, Sections 1797.220 and 1798; California Code of Regulations, Title 22, Division 5, Section 72527; California Probate Code, Division 4.7 (Health Care Decisions Law).

II. PURPOSE:

Mentally competent adults have the right to control decisions relating to their own health care, including decisions to have life-sustaining treatment withheld or withdrawn. This policy identifies the types of documents and the circumstances in which EMS personnel may withhold or withdraw resuscitative measures based on the expressed desires of an individual.

III. APPLICATION:

- A. This policy shall apply to individuals in any licensed health care facility (e.g., long term health care facilities, skilled nursing facilities, hospice/other facilities) or to individuals in a private residence or other location who have expressed a desire about resuscitative measures.
- B. EMS personnel may withhold or withdraw resuscitative measures when presented with a Do Not Resuscitate (DNR) directive or order, as long as it can be reasonably determined that the patient is the subject of the document. EMS personnel may also withhold or withdraw resuscitative measures for patients without DNR documents when immediate family is on scene and they desire to make a unanimous decision to withhold resuscitation.
- C. Exception:
 - 1. EMS personnel may relieve an airway obstruction.

IV. DEFINITIONS:

"Advance Health Care Directive (AHCD)" or "advance directive" means a document executed pursuant to the Health Care Decisions Law. This document allows either or both of the following:

- 1. Appoints another person as the patient's "health care agent" or "attorney-in-fact."
- 2. The patient may write specific health care wishes.

"Attorney-in-Fact" or "health care agent" means a person granted authority to act for the person as governed by the Power of Attorney Law (Division 4.5, commencing with Section 4670 of the Probate Code). This person has legal authority to make decisions about the named individual's medical care.

"Do-Not-Resuscitate (DNR)" means no chest compressions, no defibrillation, no assisted ventilation, no basic airway adjuncts, no advanced airway adjuncts (endotracheal tube, Combitube/King Airway), no cardiotoxic medications or other medications or means intended to initiate a heartbeat or to treat a non-perfusing rhythm.



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“DNR Directive” means a DNR document or order that is:

1. An approved State of California Emergency Medical Services Authority (EMSA)/California Medical Association (CMA) prehospital DNR request or an equivalent document from another jurisdiction.
2. A Medic Alert® medallion or bracelet with engraved directions.
3. DNR orders written by a physician for patients in hospices, skilled nursing facilities, or other licensed facilities. “Written” includes computerized order entry.

“DNR Medallion” means a Medic Alert® medallion/bracelet engraved with the words “do not resuscitate”, or the letters “DNR”, or “DNR-EMS”, a patient identification number, and a 24-hour toll-free telephone number.

“End of Life Options Act” is commonly referred to as the Death with Dignity Act, is a California State law that authorizes an adult, eighteen years or older, who meets specific criteria, and who has been determined by two physicians to be suffering from a terminal disease to make a request for an “aid in dying drug” prescribed for the purpose of ending his or her life in a humane and dignified manner.

“Immediate Family” means the spouse, adult child (ren), parent of a patient, adult sibling, or domestic partner (pursuant to Section 297 of the Family Code).

“POLST (Physician Orders for Life-Sustaining Treatment)” is a form available statewide that allows an individual to express his or her desires regarding resuscitation, including various resuscitation modalities. May be used for both adult and pediatric patients.

V. GUIDELINES FOR HONORING A DO-NOT-RESUSCITATE ORDER:

- A. DNR patients shall receive non-resuscitation related supportive care and other comfort measures as would any other person.
- B. A DNR directive shall be disregarded if the patient requests resuscitative measures.
- C. EMS personnel shall honor a DNR request when it can be reasonably established that the patient is the subject of the DNR request and the DNR order is available for verification.
- D. EMS personnel may accept a verbal request to withhold or withdraw resuscitative measures under the following circumstances:
 1. The patient’s physician present with the patient gives a verbal DNR order.
 - a. The physician’s name, address, telephone number, and medical license number should be recorded within the PCR.
 2. A DNR request is communicated by an “attorney-in-fact” or “health care agent.”



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- a. The attorney-in-fact name, address, and telephone number should be recorded within the PCR.
3. Immediate family, present at the scene, may decline resuscitative measures on behalf of the patient if the following conditions are met:
 - a. In the absence of any documentation supporting the family's request (POLST, DNR, Durable Power of Attorney, or other AHCD), the decision to decline/discontinue resuscitative measures must be supported by the MICN in consultation with the base hospital physician before paramedics may withhold care. As such, base hospital contact is necessary. After base hospital agreement is obtained, if all immediate family members on scene and paramedics agree with terminating resuscitation, paramedics may cease patient care activities and withhold further care.
 - b. The name(s) of the immediate family who made the decision to withhold or withdraw resuscitative measures shall be documented on the PCR.
 - c. The immediate family member shall sign the PCR in the patient signature area.
- E. When a DNR is honored by EMS personnel, they should note within the PCR that a DNR order was present and honored.
- F. DNR patients who are in cardiopulmonary arrest should not be transported. EMS personnel will contact the local law enforcement agency and/or coroner's office to report the death and support family members on scene as appropriate.
- G. DNR patients who decline transport to the hospital, including those patients for whom transport is declined on their behalf, should not be transported. Preservation of the patient's privacy, dignity, and concern for comfort measures must be assured prior to EMS personnel leaving the scene.
- H. If a DNR patient is transported to a hospital, the following apply:
 1. A DNR order/directive, DNR medallion, or POLST form shall be honored during transport of the patient.
 2. The DNR order/directive, DNR medallion, or POLST form shall accompany the patient.
 3. The attorney-in-fact (if applicable) should also go to the hospital.
 4. If a DNR patient experiences a cardiac arrest during transport, continue on to the hospital but do not initiate CPR. The emergency physician will declare the patient dead.
 5. Items V.F. and V.H.1.-4. above also apply to patients covered by the End of Life Option Act.
- J. The **POLST** should be with the patient and be viewed by the EMS providers, unless the patient's physician is present and issues a DNR order. The EMS provider should review the levels of care in Sections A and B (See 330.51 Attachment 2) and care should be provided consistent with that documented.



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- K. The **END OF LIFE OPTION ACT** allows a qualified patient who has obtained an aid-in-dying drug to end their life. The following guidelines are provided for EMS personnel when responding to a patient who has self-administered an aid-in-dying drug as applied to the END OF LIFE OPTION ACT.
1. Within 48 hours prior to 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 in close proximity of the patient. If a copy of the final attestation is available, EMS personnel should confirm the patient is the person named 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.
 2. 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 Humane and Dignified Manner"
 - b. Patient's name, signature and dated
 3. Provide comfort measures (airway positioning, suctioning) and/or airway/ventilation measures when applicable.
 4. Withhold resuscitative measures if patient is in cardiopulmonary arrest. If a POLST or AHCD is present, follow the directive as appropriate for the clinical situation.
 5. 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 shall provide medical care based on the discussion with the patient and as per standard protocols. **EMS personnel are encouraged to consult with their base hospital in these situations.**
 6. 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.
 7. Obtain a copy of the final attestation if possible and photograph into PCR documentation.



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