

POLICY:	DO NOT RESUSCITATE/WITHHOLDING/WITHDRAWING OF RESUSCITATIVE EFFORTS – 300.22		
APPROVAL:	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS;		
EFFECTIVE DATE: 9/1/2016	CURRENT REVIEW/REVISION DATE: 8/16	SUPERSEDES: N/A	ORIGINAL EFFECTIVE DATE: 08/16
DEPARTMENT SPECIFIC		EMERGENCY MANAGEMENT SYSTEM	

I. Purpose:

To identify a valid Do Not Resuscitate (DNR) order and those patients in which CPR/medical care should not be initiated as directed by a practitioner’s written order.

To identify certain situations in which withholding or withdrawing of resuscitative efforts may be considered as directed by Medical Control.

II. Policy:

Pre-hospital providers are permitted to withhold or withdraw medical care pursuant to a valid DNR order in pulmonary or cardiac arrest situations.

III. Procedure:

A. Withholding or Withdrawing of Resuscitative Efforts

1. If at any time pre-hospital providers are not certain which of these policies/procedures apply, begin treatment and contact Medical Control for orders.
2. Emotional support should be provided to significant others.
3. Disposition of the patient will be handled according to local and county requirements.
4. Use of the Withholding or Withdrawing of Resuscitative Efforts SOP must be guided by a physician. Contact should be established via telemetry radio or cellular phone. Note: MERCI radio or private phone may be used in extenuating circumstances.
5. Patients may be pronounced dead by an Emergency Department (ED) physician on in direct presence of the ED physician. The time of pronouncement should be documented on the Patient Care Report (PCR) (electronic or paper as appropriate).
6. Document thoroughly all circumstances surrounding the use of this procedure.
7. Attach a copy of the ECG rhythm strip to the provider copy of the PCR (ALS).

B. Power of Attorney for Healthcare

If someone represents themselves as having Power of Attorney to direct medical care of a patient and/or a document referred to as a Living Will is present, follow these guidelines:

1. DNR requests can only be honored by pre-hospital providers if a written DNR orders/withholding treatment, signed by the patient’s physician, is presented.

2. Healthcare decisions other than DNR may be made by the Power of Attorney for Healthcare, if the document provides for this. If in doubt, begin treatment and contact Medical Control.
3. Bring any documents presented to the hospital.

C. Living Will/Surrogates

1. DNR requests can only be honored by pre-hospital providers if a written DNR order, signed by the patient's physician, is present.
2. Living Wills may not be honored by pre-hospital providers. Begin or continue treatment. Contact Medical Control, explain the situation, and follow any orders received.
3. There are no situations in which a surrogate can directly give instructions to pre-hospital providers. Begin or continue treatment. Contact Medical Control, explain the situation and follow any orders received.

D. DNR Orders/Withholding Treatment

1. Confirm the validity of the DNR order according to System Policy. Contact Medical Control if any item is missing. Components of a valid DNR order:
 - a. Must be a written document that has not been revoked. It must contain all of the following:
 - Name of patient
 - Attending physician, licensed resident physician (second year or higher), advanced practice nurse or physician assistant.
 - Effective date
 - The words "Do Not Resuscitate", "Withhold Treatment" or the equivalent
 - A copy is acceptable and a witness signature is required.
 - Evidence of consent – any of the following:
 - Signature of the patient, or
 - Signature of Legal Guardian, or
 - Signature of Durable Power of Attorney for Health Care Agent, or
 - Signature of surrogate decision maker under the Illinois Health Care Surrogate Act.
2. If the DNR order is valid, resuscitative efforts will be withheld. Follow any specific orders found in the DNR order.
3. In the event the patient has a valid DNR order but IS NOT in cardiac or respirator arrest with a decompensating condition, begin Initial Medical Care per Region VII protocols; if considering intubation, **contact Medical Control**. If unable to contact Medical Control, follow appropriate Region VII protocol.
4. If resuscitative efforts were begun prior to the DNR form being present, efforts may be withdrawn once the validity of the order is confirmed. Contact Medical Control and explain the situation. Follow any orders received.

E. Obviously Dead Patients: “Triple Zero”

1. Obviously dead patients are those found to be non-breathing, pulseless, asystolic, and have one or more of the following long-term indications of death. No resuscitative efforts are to be initiated for the patients listed below:
 - a. Decapitation
 - b. Rigor Mortis without hypothermia
 - c. Profound dependent lividity
 - d. Decomposition
 - e. Mummification / putrification
 - f. Incineration
 - g. Frozen state
2. For patients appearing to be obviously dead but not listed above, contact Medical Control and explain the situation. Indicate that you have a “Triple Zero.” Follow any orders received.
3. Document pronouncement time and physician name.

F. Hospice Patients Not in Arrest

1. If patients are registered in a hospice program, initiate BLS care and immediately contact Medical Control for orders on treatment and disposition. Inform Medical Control of the presence of written treatment orders and/or valid DNR orders.

G. Patients in persistent Asystole/PEA who do not respond to treatment (ALS)

Note: an order from a physician is required before stopping treatment.

1. Provide patient care, per Region VII protocols based on the patient’s condition
2. Contact Medical Control and explain the events of the call. Report treatments administered and any patient responses.
 - a. Confirm all of the following:
 - The patient is an adult, is normothermic, and experienced an arrest unwitnessed by Emergency Medical Services (EMS)
 - The patient remains in asystole / PEA
 - ET and vascular access are confirmed as patent
 - Drug therapy, defibrillation, and CPR attempts have been carried out according to protocol
 - b. If the physician determines it is appropriate, s/he may give the order to discontinue medical treatment. It is not necessary that all four above criteria be met.
 - c. Only an ED physician may make the determination to withdraw resuscitative efforts.
 - d. Consult with Medical Control for disposition of patient. Record time of pronouncement and physician name.
3. If the physician gives the order to continue resuscitative efforts until EMS reaches the hospital, treatment per appropriate Region VII protocol is to be carried out.
4. If unable to establish communications with Medical Control, resuscitative efforts should continue until the patient reaches the hospital.

