

Kittitas County Prehospital Care Protocols

SUBJECT: POLST – DO NOT RESUSCITATE (DOH-ADDENDUM)

- I. Scene Size-up/Primary Patient Assessment
- II. Secondary Assessment
 - A. Determine the patient is in a Do Not Resuscitate status in one of the following ways:
 1. The patient has an original or copy, valid POLST or EMS-No-CPR form onsite that is intact and not defaced (bedside, medicine cabinet, bedroom door, refrigerator), or
 2. The patient has an EMS-No CPR bracelet that is intact and not defaced. The bracelet may be located on either wrist, either ankle, or on a necklace or neck chain, and worn by the patient, or
 3. The patient has other DNR orders, perform the following (the Department of Health encourages medical facilities to use the POLST for)
 - Sometimes health care facilities prefer to use their own health care DNR orders. When encountering other DNR order, perform the following:
 - i. Verify that the order has a physician signature requesting “Do Not Resuscitate.”
 - ii. Verify the presence of the patient’s name on the order.
 - Contact on-line medical control for further consultation. In most cases, on-line medical control will advise to withhold CPR following verification of a valid physician signed DNR order.
 4. In extended or intermediate care facilities, look for the DNR form in the patient’s chart.
- III. Management
 - A. Begin resuscitation when it is determined:
 1. No valid DNR order exists.
 2. **No Compelling Reasons (see definition below)**
 3. In your medical judgement, your patient has attempted suicide or is a victim of violence
 - B. Do Not initiate resuscitation measures when:
 1. The patient is determined to be “obviously dead”.
 - The “obviously dead” are victims who, in addition to absence of respiration and cardiac activity, have suffered one or more of the following:
 - i. Decapitation
 - ii. Evisceration of heart or brain
 - iii. Incineration
 - iv. Lividity
 - v. Rigor Mortis
 - vi. Decomposition
 2. When the patient has an existing, valid DNR order:
 - POLST (original or copy)
 - i. Provide resuscitation based on patient’s wishes identified on the form
 - ii. Provide medical interventions identified on the form

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- iii. Always provide comfort care
 - EMS-No CPR:
 - i. Do not begin resuscitation measures
 - ii. Provide comfort care
 - iii. Contact patient's physician or on-line medical control if questions or problems arise.
 - Other DNR orders:
 - i. Follow specific orders contained in the DNR order based on the standard of care allowed by your level of certification and communications with on-line medical control.
 - **Remember** – Do Not Resuscitate does not mean Do Not provide comfort care when necessary.
3. **Compelling Reasons** – compelling reasons to withhold resuscitation can be invoked when written information is not available, yet the situation suggests that the resuscitation effort will be futile, inappropriate, and inhumane.
- Compelling Reasons are:**
- End stage of terminal condition
 - Written or verbal information from family, caregivers, or patient stating that patient did not want resuscitation.
 - i. If both criteria are not met, you should initiate a resuscitation effort. If both criteria are met, you should withhold a resuscitation effort. If resuscitation was already started, it should be stopped.
 - ii. You must document compelling reasons when they are used as a basis for withholding resuscitation.
 - iii. When in doubt, contact medical control
- C. If resuscitative efforts have been started before learning of a valid DNR order, STOP these treatment measures unless continuation is requested by the DNR order and provide comfort care:
1. Basic CPR
 2. Intubation or other airway adjunct (leave ET tube or adjunct in place but stop any positive pressure ventilations.)
 3. Cardiac monitoring and defibrillation
 4. Administration of resuscitation medications
 5. Any positive pressure ventilation (through bag valve masks, pocket face masks, endotracheal tubes)
- D. Revoking the DNR order – The following people can inform the EMS system that the DNR order has been revoked:
1. The patient (by destroying the order, drawing a diagonal line or the word VOID across the front of the form, or by verbally revoking the order).
 2. The physician expressing the patient's revocation of the directive.
 3. The legal surrogate for the patient expressing the patient's revocation of the directive (The surrogate cannot verbally revoke a patient executed directive).

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E. Documentation

1. Complete the Medical Incident Report (MIR) form approved by the Medical Program Director.
2. State in writing in the upper left-hand corner of the narrative summary:
“Patient identified as DNR by POLST, EMS-No CPR, or Other Directive”
3. Record the name of the patient’s physician, and state whether you contacted the physician.
4. Record the reason why the EMS system was activated.

F. Additional Steps for patients who have expired

1. Comfort the family and bystanders when patient has expired.
2. Notify Dispatch patient has expired. Dispatch will notify the appropriate contacts per *Coroner Investigation Networking Agreement*
 - Law; and / or
 - Coroner’s Office
3. EMS Unit should stay on scene until the arrival of law enforcement or Coroner’s office unless:
 - Patient is “expected” death under hospice or home care nurse (in attendance)
 - Patient attended by a medical professional in a controlled environment (i.e., clinic, nursing home, other healthcare facility)