# 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:
    - The patient has an original or copy, <u>valid</u> 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:
        - 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 of brain
      - iii. Inceneration
      - iv. Rigor Mortis
      - v. Decomposition
  - 2. When the patient has an existing, valid DNR order:
    - POLST (original or copy)

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- Provide resuscitation based on patient's wishes identified on the form
- ii. Provide medical interventions identified on the form
- 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:
  - 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. <u>Compelling Reasons</u> 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 humane.

### **Compelling Reasons are:**

- End stage of terminal condition
- Written or verbal information from family, caregivers, or patient stating that patient did not want resuscitation.
  - 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. Intubatin 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:

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- 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 oder).
- 2. The physician expressing the patient's revocation of the directive.
- 3. The legal surrogate for the patient expressing the patien'ts revocation of the directive (The surrogate cannot verbally revoke a patient executed directive).

#### 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)

Attachment: Current POLST form

Effective Date: October 1, 2010

Medical Program Director: Jackson S. Horsley, MD