

## 0060 GENERAL GUIDELINES: ADVANCED MEDICAL DIRECTIVES Advance Medical Directives

A. These guidelines apply to both adult and pediatric patients.

B. There are several types of advance medical directives (documents in which a patient identifies the treatment to be withheld in the event the patient is unable to communicate or participate in medical treatment decisions).

C. Some patients may have specific physician orders on a Colorado Medical Orders for Scope of Treatment (MOST) form. A MOST form order to withhold CPR or resuscitation should be honored by EMS.

D. Resuscitation may be withheld from, or terminated for, a patient who has a valid CPR Directive, Do Not Resuscitate Order (DNR), or other advance medical directive when:

1. It is clear to the prehospital provider from the document that resuscitation is refused by the patient or by the patient's attending physician who has signed the document; and
2. Base physician has approved withholding of or ceasing resuscitation.

E. Suspected suicide does not necessarily negate an otherwise valid CPR Directive, DNR order or other advanced medical directive. CONTACT BASE

F. The Colorado CPR Directive directs EMS providers to withhold CPR in the event of cardiac or respiratory arrest or malfunction.

1. "Cardiopulmonary Resuscitation" (CPR) means measures to restore cardiac function or to support breathing in the event of cardiac or respiratory arrest or malfunction. "CPR" includes, but is not limited to, artificial ventilation, chest compression, delivering electric shock, placing tubes in the airway to assist breathing or other basic and advanced resuscitative therapies.

2. CPR Directive bracelet or necklace may be used by an individual and shall be complied with in the same manner as a written CPR Directive.

3. A signed CPR directive form that has been photocopied, scanned, faxed is valid.

G. A Living Will ("Declaration as to Medical or Surgical Treatment") requires a patient to have a terminal condition, as certified in the patient's hospital chart by two physicians.

H. Other types of advance directives may be a "Durable Medical Power of Attorney," or "Health Care Proxy".

Each of these documents can be very complex and require careful review and verification of validity and application to the patient's existing circumstances. Therefore, the consensus is that resuscitation should be initiated until a physician can review the document or field personnel can discuss the patient's situation with the base physician. If there is disagreement at the scene about what should be done, CONTACT BASE for guidance.

I. Verbal DNR "orders" are not to be accepted by the prehospital provider. In the event family or an attending physician directs resuscitation be ceased, the prehospital provider should immediately CONTACT BASE. The prehospital provider should accept verbal orders to cease resuscitation only from the Base physician.

J. There may be times in which the prehospital provider feels compelled to perform or continue resuscitation, such as a hostile scene environment, family members adamant that "everything be done," or other highly emotional or volatile situations. In such circumstances, the prehospital provider should attempt to confer with the base for direction and if this is not possible, the prehospital provider must use his or her best judgment in deciding what is reasonable and appropriate, including transport, based on the clinical and environmental conditions, and establish base contact as soon as possible.

Additional Considerations:

A. Patients with valid DNR orders or advanced medical directives should receive supportive or comfort care, e.g. medication by any route, positioning and other measures to relieve pain and suffering. Also the use of oxygen, suction and manual treatment of an airway obstruction as needed for comfort.

B. Mass casualty incidents are not covered in detail by these guidelines. (See State Trauma Triage Algorithm).

C. If the situation appears to be a potential crime scene, EMS providers should disturb the scene as little as possible and communicate with law enforcement regarding any items that are moved or removed from the scene.

D. Mechanisms for disposition of bodies by means other than EMS providers and vehicles should be prospectively established in each county or locale.

1. In all cases of unattended deaths occurring outside of a medical facility, the coroner should be contacted immediately.

Approved by Denver Metro EMS Medical Directors January 1, 2018 2017. Next review July 2018