

POLICY #125: PREHOSPITAL DETERMINATION OF DEATH / DO NOT RESUSCITATE (DNR) / END OF LIFE CARE

I. PURPOSE

- A. To establish criteria for the determination of death and/or the termination of resuscitative measures and outline the procedure to be followed by EMS personnel in the County of San Luis Obispo (SLO).

II. DEFINITIONS

- Obvious Death Criteria: When a patient is assessed to be pulseless and apneic and one or more of the following conditions is present:
 1. Decapitation
 2. Evisceration of heart or brain
 3. Incineration
 4. Rigor Mortis
 5. Decomposition
- Resuscitation: Advanced Life Support (ALS) interventions whose purpose is to restore cardiac or respiratory activity at the scene of an emergency.
- Resuscitative Measures: includes chest compressions (CPR), assisted ventilation (breathing), endotracheal intubation, defibrillation, and cardiotoxic drugs (drugs which stimulate the heart).
 - Such measures do **not** affect the provision of life sustaining measure such as artificial nutrition or hydration or the provisions of other emergency medical care, including treatment for pain, difficulty breathing, major bleeding, or other medical conditions.
- End of Life Care: Medical interventions whose purpose is to alleviate suffering and provide comfort, in association with information provided in a POLST form, Advanced Directives, Durable Power of Attorney or other end of life care documents
- Do Not Resuscitate (DNR) Order- An order to withhold resuscitation, including:
 1. California Durable Power of Attorney for Health Care (DPAHC): As defined in California Civil Code, Sections 2410-2444. And a health care agent designated therein is present, and that agent requests that resuscitation not be done.
 2. Physician Order for Life-Sustaining Treatment (POLST) – Section A “Do not attempt resuscitation/DNR (Allow Natural Death)”
 3. A fully executed Natural Death Act Declaration
 4. DNR Medallion: A metal or permanently imprinted insignia, worn by a patient, that has been manufactured and distributed by an organization approved by the California State Emergency Medical Services Authority. The insignia must be imprinted with the words “Do Not Resuscitate, EMS,” “Do Not Resuscitate, or “POLST”.

5. A written document in the patient's permanent medical record for patients who are in a licensed health care facility, or who are being transferred between licensed health care facilities containing the statement "Do Not Resuscitate", "No Code", or "No CPR" and whose authenticity has been verbally documented by a witness from the health care facility.

III. POLICY

- A. All patients require immediate medical evaluation.
- B. Patients without signs of life and without signs of Obvious Death must be evaluated for resuscitation unless the First Responder is presented with an operative Do Not Resuscitate (DNR) order.
- C. A **First Responder** may withhold resuscitation when:
 1. The criteria of Obvious Death are present.
 2. The Patient has no signs of life and it is verified the patient is the person with the DNR order.
- D. An "**on-duty EMT, Paramedic or Flight/CCT Nurse**" may additionally withhold resuscitation when one or more of the following conditions are present:
 1. Base Physician or MICN contact is not required
 - a. Reliable history of cardiac arrest with no CPR for more than 20 minutes
 - b. Traumatic arrest without signs of life upon EMS arrival
 - c. Severe or multiple injuries clearly incompatible with life
 - d. Resuscitation was initiated and information became available that would have prevented the initiation of resuscitation (i.e. Physician Orders for Life Sustaining Treatment (POLST) or advanced directive)
 2. Consultation with the STEMI Base Hospital (French Hospital) physician or MICN:
 - a. For termination of resuscitative measures for medical arrest of cardiac origin > 34 kg unresponsive to ALS procedures after 20 min of resuscitation (include a capnography reading if available)
 - b. Left Ventricular Assist Device (LVAD) or other mechanical ventricular devices are present
 3. Consultation with the SLO Trauma Center (SVRMC) physician or MICN:
 - a. Traumatic Arrest with signs of life upon EMS arrival, unresponsive to ALS procedures and more than 20 minutes estimated time for transport to Trauma Center or closest hospital (refer to protocol #661)
 4. Consultation with the closest SLO base hospital physician or MICN:
 - a. All other termination orders: e.g. medical arrest of pediatrics <34 kg, atraumatic arrests due to non-cardiac origin (refer to protocol #641)

- E. DNR Orders must be considered operative only if one or more of the following circumstances exist:
 - 1. The patient is wearing a DNR Medallion.
 - 2. An approved DNR Order as defined above is present (original or photocopy), fully executed, and the document has been read and reviewed on scene by the First Responder.
 - 3. For patients who are in a licensed health care facility, or who are being transferred between licensed health care facilities, a written document in the patient's permanent medical record containing the statement "Do Not Resuscitate", "No Code", or "No CPR" has been read and reviewed on scene by the First Responder. The authenticity of this document must be verbally documented by a witness from the health care facility.

- F. During an MCI
 - 1. No Base Hospital contact is necessary.
 - 2. A triage tag denoting "black" with the time of the initial evaluation and findings must be applied.
 - 3. Deceased patients should not be moved unless directed by the Coroner, as needed to access other patients requiring medical care or assessment, for the safety of First Responders, or for other extraordinary circumstances.

- G. Nothing in this policy will prevent peace officers from acting within the scope and course of their official duties and pronouncing death as permitted by the policies of their agencies.

IV. PROCEDURE

- A. DNR order is presented:
 - 1. A patient with no pulse and no respiratory effort - resuscitation efforts must be withheld or terminated.
 - a. No Base Station contact is necessary unless the validity of the DNR is unclear
 - 2. A patient with a pulse and or respiratory effort:
 - a. POLST - follow the directions noted in Section A - cardiopulmonary resuscitation (CPR) and Section B - medical intervention (<http://capolst.org/>)
 - b. Other advanced directives - follow any supportive care and interventions as noted
 - c. Provide care and treatment within paramedic scope of practice, unless clearly excluded by the documents
 - d. Consult the Base Hospital if situation is unclear

- B. No DNR order presented:
 - 1. Patient evaluated for resuscitation as defined above (III:B,C,D)

C. When resuscitation has been withheld or terminated:

1. The Coroner must be contacted.
2. Deceased patients should not be moved unless directed by the Coroner except to access other patients requiring medical care or assessment, for the safety of First Responders, or for other extraordinary circumstances.
3. A cellular or landline telephone to the Base Hospital should be used rather than radio communication in order to maintain patient confidentiality and family privacy.

Whenever resuscitation is terminated in the field, all IV lines, airways, etc., must be left in place.

V. DOCUMENTATION

1. The circumstances under which resuscitation was not initiated or was terminated, including results of the physical exam, and/or any additional findings such as a lack of heart and lung sounds, fixed and dilated pupils, skin color, ECG tracing and capnography if available
2. The resuscitation measures performed, if any, and the results thereof.
3. The name of the First Responder terminating resuscitative measures or the name of the Base Hospital physician who pronounced the patient
4. The time of termination or non-initiation of resuscitation
5. When DNR is present:
 - a. Name of physician on the DNR
 - b. Date the DNR order was signed
 - c. Type of DNR - attach copy when possible
 - d. Name of the person that confirmed patient identity
 - e. Name and certification # of the person and the agency name if determination or resuscitative measures were made by other than the transporting agency

VI. AUTHORITY

- A. Health and Safety Code, Division 2.5, Sections 1797.200, 1797.220, 1798, 1798.6. and Division 7, Section 7180.
- California Code of Regulations, Title 22, Division 9, Sections 100015, 100144, 100147, and 100169.
- California Probate Code Sections 4780-4785.
- California Code of Regulations, Title 22, Sections 70707(6), 72527(a) (4).
- AB19 California POLST eRegistry

VII. REFERENCES

- [POLST California](#)

