	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	2085.19
	PROGRAM DOCUMENT: <b>Do Not Resuscitate (DNR)</b>	Draft Date:	11/04/99
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Signature on File

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EMS Medical Director

EMS Administrator

**Purpose:**

To establish criteria for **EMT's Emergency Medical Technicians (EMT's)** and Paramedics in Sacramento County to determine appropriateness of either:

- A. Withholding resuscitative measures in accordance with the patient's wishes; or
- B. To utilize direct medical oversight for pronouncement of victims of cardiac arrest while in the prehospital setting.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Definitions:**

- A. **Emergency Medical Technician (EMT) Personnel:** shall apply to EMTs and Paramedics.
- B. **Do Not Resuscitate (DNR):** means The patient will not receive chest compressions, defibrillation, assisted ventilation, endotracheal intubation, or cardiotoxic medications. This does not exclude other treatment, especially those treatments directed to pain and comfort of the patient.
- C. **Physician Orders for Life-Sustaining Treatment (POLST):** The State of California Emergency Medical Services Authority (EMSA) approved form that is recommended for documenting do not resuscitate orders.
- D. **DNR Medallion: MedicAlert®:** A medallion, which states "Do Not Resuscitate - EMS", (or similar medallion as approved by the EMSA).
- E. **Aid-in-Dying Drug:** A drug determined and prescribed by a physician for a qualified individual, which the qualified individual may choose to self-administer to bring about his or her death due to terminal illness. The prescribed drug may take effect within minutes to several days after self-administration.
- F. **End of Life Option Act:** The California state law which authorizes an adult, eighteen (18) years or older, who meets certain qualifications, and who has been determined by his or her attending physician to be suffering from a terminal disease to make a request for an "aid-in-dying drug" prescribed for the purpose of ending his or her life in a humane and dignified manner.
- G. **Selective Treatment - (as defined in the POLST form):** "Goal of treating medical conditions while avoiding burdensome measures. In addition to treatment described in

Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive Care.”

- H. **Comfort-Focused Treatment – (as defined in the POLST form):** "Primary goal of maximizing comfort. Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Request transfer to hospital only if comfort needs cannot be met in current location."

**Protocol:**

- A. All patients who do not meet the "determination of death criteria" as outlined in Sacramento County Emergency Medical Services Agency Policy# 2033 shall be resuscitated unless the EMT or Paramedic is presented with:
1. An EMSA POLST form.
  2. A written, signed order or electronic order in the patient's medical record
  3. A completed Prehospital DNR Request Form stating, "Do Not Resuscitate," "No Code," or "No CPR"
  4. A written order stating, "Do Not Resuscitate," "No Code," or "No CPR" signed by a physician, with the patient's name and date the order was signed;
  5. A written Advance Health Care Directive (AHCD) document or wallet card, including the DNR portion of a "Living Will" or equivalent, identifying the designated agent who declines resuscitation on behalf of the patient. Resuscitation attempts shall not be delayed by attempts to contact the designated agent
  6. The patient is wearing a DNR medallion
- B. An EMT or Paramedic may discontinue resuscitation if after the resuscitation was instituted and the following is presented:
1. A EMSA POLST form
  2. A written, signed order or electronic order in the patient's medical record;
  3. A completed Prehospital DNR Request Form stating, "Do Not Resuscitate," "No Code," or "No CPR"
  4. A written order stating, "Do Not Resuscitate," "No Code," or "No CPR" signed by a physician, a nurse practitioner or physician assistant, acting under the direct supervision of the physician, with the patient's name and date the order was signed
  5. A written Advance Health Care Directive (AHCD) document or wallet card, including the DNR portion of a "Living Will" or equivalent, identifying the designated agent who declines continued resuscitation on behalf of the patient
  6. The patient is wearing a DNR medallion
- C. If the patient is conscious and states he/she wishes resuscitative measures, the DNR order shall be ignored.
- D. The presence of a DNR order, the physician, nurse practitioner, or physician assistant's name signing the order and the date of the order is to be documented on the Patient Care Report (EMS Form).
- E. The DNR form (original or copy), DNR medallion, or a copy of the valid DNR order from the patient's medical record shall be taken with the patient.

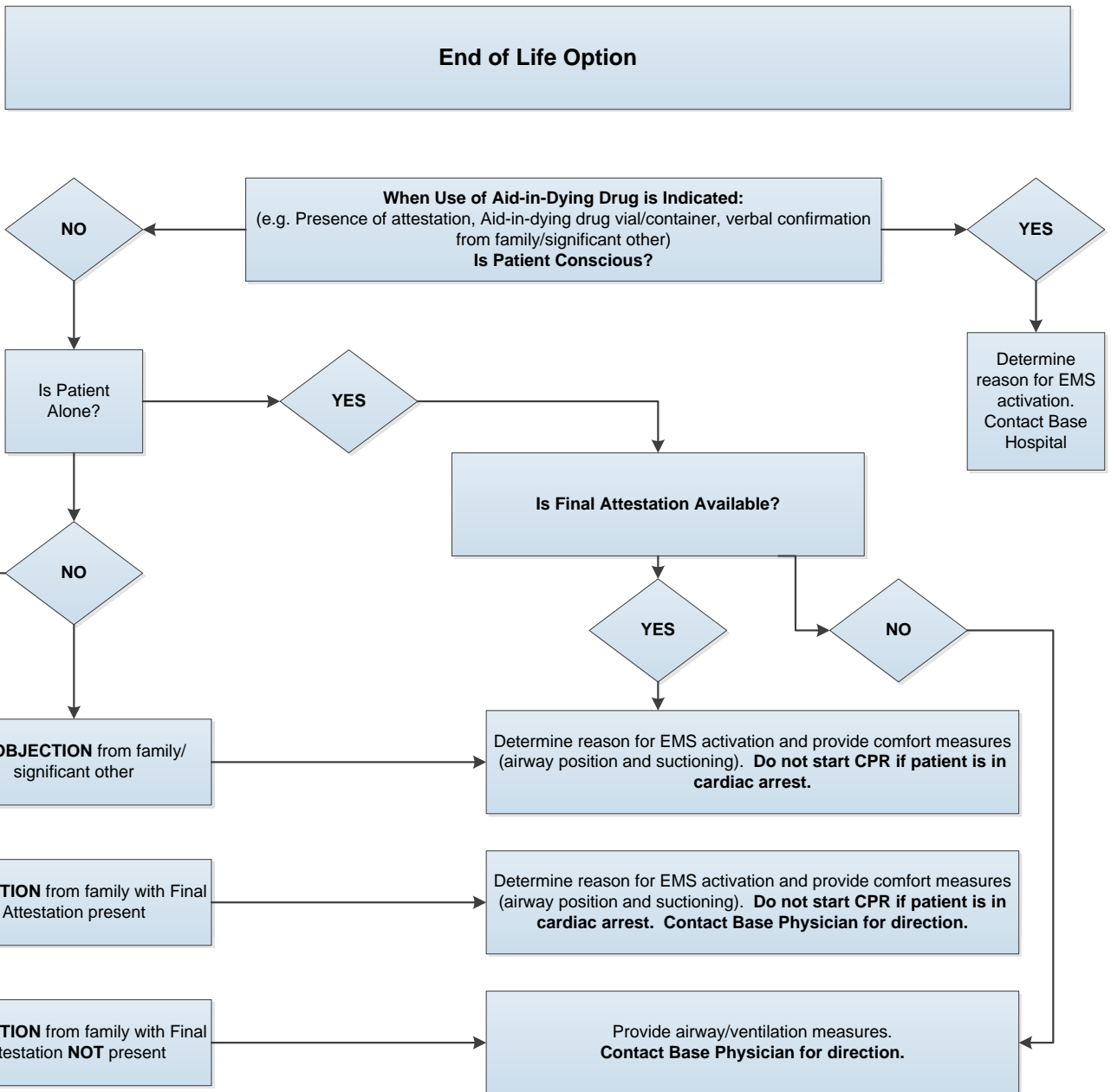
- F. If there are any questions, provide for patient comfort including basic life support cardiopulmonary resuscitation, if indicated, and utilize direct medical oversight.
- G. In the event the patient expires enroute, continue to the destination hospital.
- H. For DNR patients with POLST forms, medics shall follow the medical interventions indicated on the POLST form within their local scope of practice. Utilize direct medical oversight for any questions.
- I. DNR patients with POLST forms which indicate “Selective treatment, request medical transfer only if comfort needs cannot be met at current location” or “Comfort-focused treatment” may qualify for no transportation if all of the following apply:
  - 1. After assessment, the medic determines that the patient’s comfort needs are being met at their current location.
  - 2. The patient or **Durable Power of Attorney (DPOA)** agree that the patient’s needs are being met at their current location.
  - 3. Discussion with direct medical control indicates that the patient’s comfort needs are being met at their current location.

**End of Life Option Act:**

- A. A patient who has obtained an aid-in-dying drug has met extensive and stringent requirements as required by California law. The law offers protections and exemptions for healthcare providers but is not explicit about EMS response for End of Life Option Act patients. The following guidelines are provided for EMS personnel when responding to a patient who has self-administered an aid-in-dying drug.
  - 1. Within forty-eight (48) hours prior to self-administering the aid-in-dying drug, the patient is required to complete a “Final Attestation for an Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner”. However, there is no mandate **for the patient** to maintain the final attestation in close proximity of the patient. If a copy of the final attestation is available, EMS personnel should confirm the patient is the person named in the final attestation. This will normally require either the presence of a form of identification or a witness who can reliably identify the patient.
  - 2. There are no standardized “Final Attestation For An Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner” forms, but the law has required specific information that must be in the final attestation (see sample Ref. No. 815.3). If available, EMS personnel should make a good faith effort to review and verify that the final attestation contains the following information:
    - a. The document is identified as a “Final Attestation For An Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner”
    - b. Patient’s name, signature and dated
  - 3. Provide comfort measures **such as** (airway positioning, suctioning), and/or airway/ventilation **measures** when applicable.
  - 4. Withhold resuscitative measures if patient is in cardiopulmonary arrest. If a POLST or AHCD is present, follow the directive as appropriate for the clinical situation.
  - 5. The patient may at any time withdraw or rescind his or her request for an aid-in-dying drug regardless of the patient’s mental state. In this instance, EMS personnel shall provide medical care based on the discussion with the patient and as per

standard protocols. EMS personnel are encouraged to consult with their base hospital in these situations.

6. Family members may be at the scene of a patient who has self-administered an aid-in-dying drug. If there is objection to the End of Life Option Act, inform the family that comfort measures will be provided and consider Base Hospital contact for further direction.
7. Obtain a copy of the final attestation and attach it with the EMS Report Form, when possible.



References:

[EMSA guidelines for EMS Personnel regarding DNR, Directive Number #311, 5th revision, dated 2014](#)

[EMSA POLST Form #111B \(Effective 01/01/2016\)](#)

[Emergency Medical Services Prehospital Do Not Resuscitate \(DNR\) Form](#)

California Probate Code Division 4.7, Part 2  
 Assembly Bill (AB) - 15

Cross Reference: PD# 2101- Patient Initiated Refusal of EMS Assessment, Treatment and/or Transport