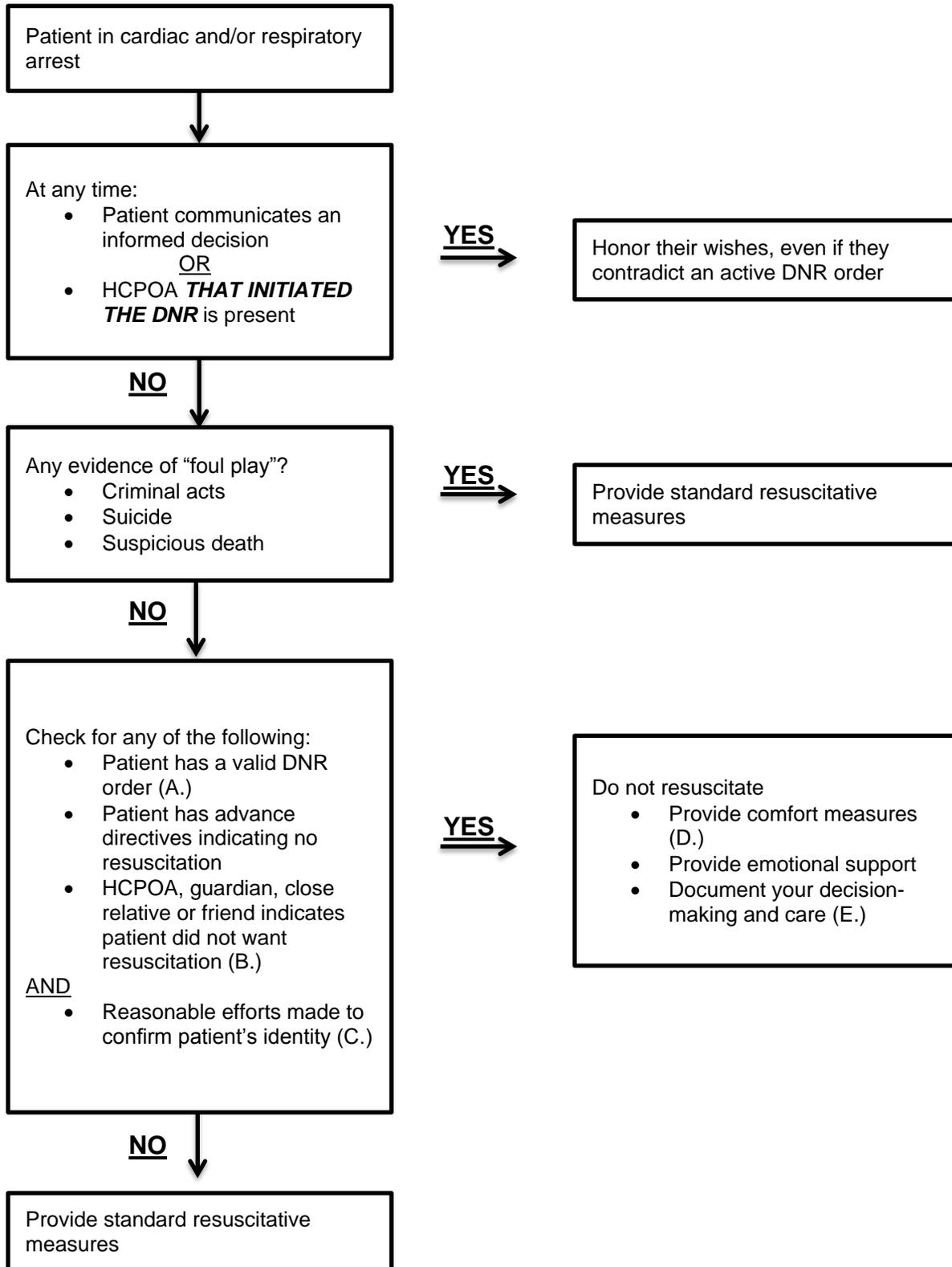


DO NOT RESUSCITATE / ADVANCE DIRECTIVES GUIDELINES

DEFINITIONS

- **Healthcare Power of Attorney (HCPOA)** – This document allows a patient to name another adult to make health care decisions for the patient whenever the patient lacks the capacity to make his or her own decisions, not just at the end of life.
- **Living Will** – This document describes a patient's health care wishes should they become permanently unconscious or terminally ill and unable to make their own decisions. The patient's physician and another physician must examine the patient and agree that the patient meets the criteria to make the living will effective. Once effective, the living will supersedes the HCPOA (if present) and specifies the patient's wishes regarding CPR and other resuscitative measures.
- **Do Not Resuscitate Comfort Care (DNRCC)** – This protocol becomes active immediately once a physician, certified nurse practitioner, or certified nurse specialist issues the order. A DNR order may also be specified by a living will, once it is made effective. The patient should still receive measures to ease pain and suffering, but nothing to save or prolong life.
- **Do Not Resuscitate Comfort Care - Arrest (DNRCC-Arrest)** – This order specifies that a patient shall receive standard medical care until the time he or she experiences cardiac or respiratory arrest. The DNR protocol becomes active once the patient no longer has a pulse or spontaneous respirations, or when the patient displays agonal respirations.

DNR Protocol (All Provider Levels)



Approved by Summa Ethics Committee September 2016

Effective 11/1/16
Replaces 7/1/11

DNR / Advance Directives

NOTES

A. Valid DNR orders include:

- A DNRCC card or form completed for the patient
- A DNRCC necklace or bracelet bearing the DNRCC official logo
- A DNR order signed by the patient's attending physician, a certified nurse practitioner (CNP), or clinical nurse specialist (CNS)
- A verbal order is issued by the attending physician, CNP, or CNS, and is confirmed by one of the following:
 - Personal knowledge of physician, CNP, or CNS
 - List of practitioners with other identifying information such as an address
 - A return phone call to verify information provided

EMS providers are not required to search a patient for DNR documentation, and are not required to research whether a DNR order has been discontinued.

B. Bystander input:

Surrogate decision-making priority, in descending order, includes HCPOA, guardian, spouse, adult child (or majority of children), parents, adult sibling (or majority of siblings), any other relatives.

If the HCPOA and DNR documentation are unavailable, and the bystanders disagree on the patient's wishes, then proceed with resuscitation.

If family or bystanders request or demand resuscitation for a patient with an active DNRCC order, do not proceed with resuscitation. Provide comfort measures as outlined below and emotional support.

Full resuscitation measures should be initiated or continued whenever it may be unsafe to pronounce the patient on scene.

C. Make a reasonable effort to confirm patient identity:

- The patient or a family member, caregiver, or friend gives the patient's name
- The health care worker knows the patient personally or the institution's identification band is in place
- Driver's license, passport, or other photo ID

D. DNR does not mean “do not treat”:

Providers WILL:	Providers WILL NOT:
<ul style="list-style-type: none">• Suction the airway• Administer oxygen• Position for comfort• Splint or immobilize• Control bleeding• Provide pain medication• Provide emotional support• Contact other appropriate health care providers such as hospice, home health, attending physicians/CNP/CNS as indicated	<ul style="list-style-type: none">• Administer chest compressions• Insert artificial airways• Administer resuscitative drugs• Defibrillate or cardiovert• Provide respiratory assistance (other than listed above)• Initiate resuscitative IV• Initiate cardiac monitoring

If you have responded to an emergency situation by initiating any of the WILL NOT actions prior to activation of the DNRCC protocol, discontinue them when you activate the protocol. You may continue respiratory assistance, IV medications, etc., that have been part of the patient's ongoing course of treatment for an underlying disease.

E. Documentation shall include:

- The item that identified the patient as DNR
- Whether the patient was DNRCC or DNRCC-Arrest
- The method of identifying the patient's identity, if available
- The actions taken to implement the DNR protocol

The minimum data should be recorded in the run report

- Name, age, sex
- Attending/hospice physicians name
- Date, time, location
- Event, description, and history
- Assessment
- Treatment, if applicable
- Revocation, if applicable

The original DNR order (or copy) and patient ID should accompany the patient.