

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **HONORING PREHOSPITAL DO NOT RESUSCITATE ORDERS AND PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT** (EMT/PARAMEDIC/MICN) REFERENCE NO. 815

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**PURPOSE:** To allow EMS personnel to honor valid Do Not Resuscitate (DNR) orders or Physician Orders for Life-Sustaining Treatment (POLST) and other patient designated end-of-life directives in the field and act in accordance with the patient's wishes when death appears imminent.

**AUTHORITY:** California Health and Safety Code, Division 1, Part 1.8, Section 442, California Health and Safety Code, Division 2.5, Section 1797.220 and 1798. California Probate Code, Division 4600-4779, Section 4780 (Health Care Decisions Law)

**DEFINITIONS:**

**Advance Health Care Directive (AHCD):** A written document that allows patients who are unable to speak for themselves to provide health care instructions and/or appoint a Power-of-Attorney for Health Care. There is no one standard format for an AHCD. Examples of AHCDs are:

- Durable power of attorney (DPAHC)
- Healthcare proxies
- Living wills (valid only if signed prior to 7-1-2000; advisory but not legally binding after that date).

**Basic Life Support (BLS) measures:** The provision of treatment designed to maintain adequate circulation and ventilation for a patient in cardiac arrest without the use of drugs or special equipment. Examples include:

- Assisted ventilation via a bag-valve-mask device
- Chest compressions
- Automated External Defibrillator (AED) – only if an EMT is on scene prior to the arrival of paramedics

**Do Not Resuscitate:** DNR is a request to withhold interventions intended to restore cardiac activity and respirations. For example:

- no chest compressions
- no defibrillation
- no endotracheal intubation
- no assisted ventilation
- no cardiotoxic drugs

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APPROVED: \_\_\_\_\_

Director

Medical Director

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**Physician Orders for Life Sustaining Treatment (POLST):** A signed, designated physician order form that addresses a patient's wishes about a specific set of medical issues related to end-of-life care.

**Resuscitation:** Interventions intended to restore cardiac activity and respirations, for example:

- cardiopulmonary resuscitation
- defibrillation
- drug therapy
- other life saving measures

**Standardized Patient-Designated Directives:** Forms or a medallion that recognize and accommodate a patient's wish to limit prehospital treatment at home, in long term care facilities or during transport between facilities. Examples include:

- Statewide Emergency Medical Services Authority (EMSA)/California Medical Association (CMA) Prehospital DNR Form, (Ref. No. 815.1)
- Physician Orders for Life-Sustaining Treatment (POLST, Ref. No.815.2)
- State EMS Authority-Approved DNR Medallion

**Supportive Measures:** Medical interventions used to provide and promote patient comfort, safety, and dignity. Supportive measures may include but are not limited to:

- Airway maneuvers, including removal of foreign body
- Suctioning
- Oxygen administration
- Hemorrhage control
- Hydration
- Glucose administration
- Pain control (i.e., morphine)

**Valid DNR Order for Patients in a Licensed Health Care Facility:**

- A written document in the medical record with the patient's name and the statement "Do Not Resuscitate", "No Code", or "No CPR" that is signed and dated by a physician, or
- A verbal order to withhold resuscitation given by the patient's physician who is physically present at the scene and immediately confirms the DNR order in writing in the patient's medical record, or
- A POLST with DNR checked
- AHCD when the instructions state resuscitation should be withheld/discontinued

**Valid DNR Order for Patients at a Location Other Than a Licensed Facility:**

- EMSA/CMA Prehospital Do Not Resuscitate Form, fully executed
- DNR medallion, or
- POLST with DNR checked
- AHCD when the instructions state resuscitation should be withheld/discontinued

PRINCIPLES:

1. The right of patients to refuse unwanted medical intervention is supported by California statute.

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2. Withhold or discontinue patient resuscitation if a valid AHCD or standardized patient-designated directive is provided.
  3. If the patient's personal physician will sign the death certificate, invasive equipment (i.e., intravenous line, endotracheal tube) used on the patient may be removed.
  4. Patients are encouraged to utilize one of the standardized patient-designated directives to ensure that end-of-life wishes are easily recognizable. If the patient is in a private home, the DNR or POLST should be readily accessible or clearly posted.
  5. Photocopies of all the patient-designated directives are acceptable.
  6. After a good faith attempt to identify the patient, EMS personnel should presume that the identity is correct.
  7. A competent person may revoke their patient-designated directive at any time.

I. GENERAL PROCEDURES FOR EMS PERSONNEL

- A. Confirm that the patient is the person named in the patient-designated directive. This will normally require either the presence of a form of identification or a witness who can reliably identify the patient.
- B. Initiate BLS measures immediately on patients in cardiopulmonary arrest pending verification of a valid patient-designated directive.
- C. Begin resuscitation immediately and contact the base hospital for further direction if family members/caretakers disagree or object to withholding resuscitation or if EMS personnel have any reservations regarding the validity of the DNR directive
- D. Transport to the facility designated by the physician or family members if the patient's condition deteriorates during transport and they have a valid DNR. This includes 9-1-1 and non-9-1-1 transports.
- E. Documentation of a DNR incident shall include, but is not limited to, the following:
  1. Check the "DNR" box on the EMS Report Form.
  2. Describe the care given. Print the base hospital physician's name, if consulted, and the date of the DNR directive.
  3. Note the removal of any invasive equipment.
  4. Document DNR orders written in the medical record of a licensed facility in the "Comments" section of the EMS Report Form, including the date signed and other appropriate information, or attach a copy of the DNR to the EMS Report Form.
  5. Transport the AHCD and/or other patient-designated directive with the

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patient. Attach a copy to the receiving hospital copy of the EMS Report Form.

II. DIRECTIVE-SPECIFIC PROCEDURES

A. AHCD

1. A valid AHCD must be:
  - a. Completed by a competent person age 18 or older
  - b. Signed, dated, and include the patient's name
  - c. Signed by two witnesses or a notary public
  - d. Signed by a patient advocate or ombudsman if the patient is in a skilled nursing facility
2. If the situation allows, EMS personnel should make a good faith effort to review the AHCD and/or consult with the patient advocate.
3. Base contact is required for any AHCD instructions other than withholding resuscitation.
4. If the agent or attorney-in-fact is present, they should accompany the patient to the receiving facility.

B. State EMS Authority-Approved DNR Medallion

1. A medallion or bracelet attached to the patient is considered the most accurate form of identification for anyone not in a licensed facility.
2. Medallions are issued only after a copy of the DNR or POLST is received from an applicant. Contact information:

Medic Alert Foundation  
2323 Colorado Avenue  
Turlock, CA 95382  
Phone: 24-hour Toll Free Number (888) 7551448  
FAX: (209) 669-2450  
[www.medicalert.org](http://www.medicalert.org)



3. If the medallion is engraved "DNR", treat in accordance with Ref. No. 815.1, Prehospital Do Not Resuscitate Form.
4. If the medallion is engraved "DNR/POLST" and the POLST is available, treat as indicated on the POLST.
5. If the medallion is engraved "DNR/POLST" and the POLST is **not available**, treat in accordance with the DNR until the valid POLST is produced.

- C. Physician Orders for Life Sustaining Treatment (POLST)
1. The POLST must be signed and dated by the physician, and the patient or the legally recognized decisionmaker. No witness to the signatures is necessary.
  2. The POLST is designed to supplement, not replace, an existing AHCD. If the POLST conflicts with the patient's other health care instructions or advance directive, then the most recent order or instruction governs.
  3. In general, EMS personnel should see the written POLST unless the patient's physician is present and issues a DNR order.
  4. There are different levels of care in Sections A and B of the POLST. Medical interventions should be initiated, consistent with the provider scope of practice, based on the POLST instructions excluding cardiotoxic medications.
    - a. Section A applies only to **patients who do not have a pulse and are not breathing** on arrival of EMS personnel.
      - (1) If "Attempt Resuscitation/CPR" is checked, treat the patient to the fullest extent possible regardless of what may be checked in Section B. For this person, this form as filled out does **not** constitute a DNR.
      - (2) If "Do Not Attempt Resuscitation/DNR" is checked, EMS personnel should not attempt to resuscitate the patient and should follow Ref. No. 814, Determination/Pronouncement of Death in the Field.
    - b. Section B applies to patients who have a pulse or are breathing upon arrival of EMS personnel.
      - (1) If "Comfort Measures Only" is checked:
        - (a) Treat the patient for pain, dyspnea, major hemorrhage, or other medical conditions (includes medication by any route).
        - (b) Do not transfer to hospital for medical interventions. Transfer only if comfort needs cannot be met in current location.
      - (2) If "Limited Additional Interventions" is checked, in addition to the comfort measures above, provide:
        - (a) IV fluids.
        - (b) Non-invasive positive airway pressure to include

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continuous positive airway pressure (CPAP) and bag-valve-mask (BVM) assisted respirations. **No** advanced airway interventions.

- c. If "Full Treatment" is checked, treat to the fullest extent possible, including but not limited to, advanced airway interventions, mechanical ventilation and defibrillation or cardioversion.
- d. Contact the base hospital for direction in the event of any unusual circumstance.

CROSS REFERENCE:

Prehospital Care Policy Manual

Reference No. 502, **Patient Destination**

Reference No. 606, **Documentation of Prehospital Care**

Reference No. 808, **Base Hospital Contact and Transport Criteria**

Reference No. 814, **Determination/Pronouncement of Death in the Field**

Reference No. 815.1, **State of California, Emergency Medical Services Prehospital Do Not Resuscitate (DNR) Form**

Reference No. 815.2 **Physician Orders for Life-Sustaining Treatment (POLST) Form**

Emergency Medical Services Authority: Recommended Guidelines for EMS Personnel Regarding Do Not Resuscitate (DNR) and Other Patient-Designated Directives Limiting Prehospital Care – 2009 Third Edition