

Advance Directives, DNR and POLST – 00.020

PURPOSE:

This EMS system believes in respect for patient autonomy. The patient with decision-making capacity has the right to accept or refuse medical intervention. This includes the right to specify, in advance, patient preferences when the person is no longer able to communicate wishes.

PROCEDURE:

The EMS system shall honor POLST forms, Advance Directives and other Do Not Resuscitate orders (DNAR) under the following circumstances:

- A. **Do Not Attempt Resuscitation:** In the pulseless and apneic patient who does not meet the criteria of the DEATH IN THE FIELD protocol, but is suspected to be a candidate for withholding resuscitation, BLS protocols will be followed until one of the following occurs:
 1. The EMS Provider sees a written DNAR order, which should be honored and resuscitation stopped.
 2. The patient's physician is contacted and directs EMS Provider to discontinue resuscitation.
 3. The EMS Provider sees a valid Advance Directive or Directive to Physician which directs them not to continue resuscitation.
 4. The patient's attorney-in-fact (PAHC or DPAHC) directs the EMS Provider not to resuscitate the patient.
 5. OLMC directs the EMS Provider not to continue resuscitation.
 6. If a person who is terminally ill appears to have ingested medication under the provisions of the Oregon Death with Dignity Act. (See Section F below)
- B. **Advance Directives:** DNAR (DNR) orders only apply if the patient is in cardiopulmonary arrest. If the patient's PAHC, DPAHC, or other Advance Directive is available to convey the patient's wishes, and the EMS Provider has seen a copy of the document, the EMS Provider must honor the treatment preferences as expressed.
- C. **Physician Orders for Life-Sustaining Treatment (POLST):** If a POLST form is available and it clearly expresses the patient's wishes and is signed by a physician, nurse practitioner or physician's assistant, EMS Providers shall honor the patient's treatment care preferences as documented in the EMS section of the POLST. [Cite: OAR 847-035-030 (7)] If an electronic registry is available and the POLST form is not immediately available, EMS Providers may also follow orders documented in the electronic POSLT registry.
- D. If there are questions regarding the validity or enforceability of the health care instruction, begin BLS treatment and contact OLMC.
- E. It is always appropriate to provide comfort measures as indicated.

- F. **Death with Dignity Act:** If a person who is terminally ill and appears to have ingested medication under the provisions of the Oregon Death with Dignity Act, the EMS Provider should:
1. Provide comfort care as indicated.
 2. Determine who called 9-1-1 and why (i.e. to control symptoms or because the person no longer wishes to end their life with medications).
 3. Establish the presence of DNAR orders and/or documentation that this was an action under the provisions of the Death with Dignity Act.
 4. Contact OLMC.
 5. Withhold resuscitation if:
 - a. DNAR orders are present, and
 - b. There is evidence that this is within the provisions of the Death with Dignity Act, and
 - c. OLMC agrees.

DEFINITIONS:

- A. **Do Not Attempt Resuscitation Order (DNAR):** An order written by a physician stating that in the event of cardiopulmonary arrest, cardiopulmonary resuscitation will not be administered. DNAR orders apply only if the patient is pulseless and apneic.
- B. **Health Care Instruction:** A document executed by a person to indicate the person's instructions regarding health care decisions.
- C. **Advance Directive:** A document that contains a health care instruction or a power of attorney for health care.
- D. **Living Will:** A document that may confirm an Advance Directive or Directive to Physician informing her/him that if the patient has a terminal illness and death is imminent, the patient would not wish to be placed on artificial life support that will only prolong the process of dying. In general, the traditional Living Will document alone is not helpful in the out-of-hospital setting because of its multiple restrictions and lack of clarity on when it should take effect.
- E. **Attorney in Fact:** An adult appointed to make health care decisions for a person.
- F. **Power of Attorney for Health Care (PAHC):** Power of attorney document that authorizes an attorney-in-fact to make health care decisions for a person when the person is incapable.
- G. **Physician Orders for Life-Sustaining Treatment (POLST):** The POLST is a voluntary form that was developed to document and communicate patient treatment preferences across treatment settings. It includes a section for documentation of DNAR orders and a section communicating patient preferences for EMS care. While these forms are most often used to limit care, they may also indicate that the patient wants everything medically appropriate done. **Read the form carefully!** When signed by a physician (MD or DO), nurse practitioner, or physician's assistant, the POLST is a medical order and the EMS Providers are directed to honor it in their Scope of Practice. If the POLST is not immediately available, a POLST form as documented in the **Electronic POLST registry (503-494-7333)** may also be honored.