

**REGION I EMERGENCY MEDICAL SERVICES
POLICY
FR / FR-D / EMT-B / EMT-I / Paramedic / PHRN**

POLICY: Do Not Resuscitate (DNR) Advanced Directive Policy

Overview: IDPH EMS Region 1 Medical Directors have adopted the Illinois Department of Public Health (IDPH) "Uniform Do-Not-Resuscitate (DNR) Advanced Directive" as mandated by (210 ILCS 50/) Emergency Medical Services (EMS) Systems Act.

This policy is intended to honor a physicians order that reflects an individual's wishes about receiving cardiopulmonary resuscitation (CPR). It allows an individual, in consultation with their health-care professional, to make advance decisions about CPR, in the event the individual's breathing and / or heartbeat stops. When the patient has a valid IDPH approved DNR form, EMS personnel shall not institute "Cardiopulmonary Resuscitation". This has been defined by IDPH as various medical procedures, such as chest compressions, electrical shocks and insertion of a breathing tube, used in an attempt to restart the patient's heart and/or breathing.

The implementation of this policy references subsection (d) of Section 65 of the Health Care Surrogate Act, 755 ILCS 40/65, provides:

"A health care professional or health care provider may presume, in the absence of knowledge to the contrary, that a completed Department of Public Health Uniform DNR Order or a copy of that form is a valid DNR Order. A health care professional or health care provider, or an employee of a health care professional or health care provider, who in good faith complies with a do-not-resuscitate order made in accordance with this Act is not, as a result of that compliance, subject to any criminal or civil liability, except for willful and wanton misconduct, and may not be found to have committed an act of unprofessional conduct."

"DNR" or Do not resuscitate does not allow for the withholding routine treatment from a patient who has a pulse and respiration.

INFORMATION NEEDED

- Completed patient assessment
- A completed IDPH or Medical Control approved DNR / Advanced Directive form

OBJECTIVE FINDINGS:

- Patient assessment to determine if the patient is presenting with:
 - Full Cardiopulmonary Arrest:
 - *cessation of heartbeat and respirations
 - Pre-arrest Emergency
 - *breathing is labored or stopped
 - *heartbeat is still present
- Completed IDPH approved DNR / Advanced Directive form

Components of a Valid Do Not Resuscitate Order:

- ___ IDPH EMS Region 1 emergency medical service personnel will honor the Illinois Department of Public Health – “Uniform Do-Not-Resuscitate (DNR) Advanced Directive” only. This is in compliance with (210 ILCS 50/5.57) of the Emergency Medical Services (EMS) Act.
- ___ The front page of the IDPH “Uniform Do-Not-Resuscitate (DNR) Advanced Directive” must be complete. If the back page is NOT complete, the “Uniform Do-Not-Resuscitate (DNR) Advanced Directive” is to be considered valid and MUST be honored.
- ___ The “Uniform Do-Not-Resuscitate (DNR) Advanced Directive” is valid until revoked by the patient, legal guardian, and / or physician.
- ___ Photocopies of a completed “Uniform Do-Not-Resuscitate (DNR) Advanced Directive” are valid.

Uniform DNR Advanced Directive – “Pre-Arrest Emergency”:

- ___ In the event that an Uniform DNR Advanced Directive has the “Pre-Arrest Emergency “ section filled in:

If the option - “ ***Do Attempt Resuscitation***,” is checked, cardiopulmonary resuscitation should be attempted when breathing is labored or stopped.

If the option - “ ***Do Not Attempt Resuscitation***” is checked, cardiopulmonary resuscitation should not be attempted if breathing has become labored or stopped, but their heart is still beating. The care provided in this category is intended to keep the patient comfortable and promote their dignity during the emergency, rather than to prolong their life.

Special Considerations:

- ___ A patients wishes regarding applicability of a DNR order during surgery or in the event of a unforeseen accident (such as a car crash or choking on food) may be placed on the “Uniform Do-Not-Resuscitate (DNR) Advanced Directive” in the space designated for “Other Instructions”.
- ___ An emancipated minor who does not wish to have cardiopulmonary resuscitation attempted when their heart and/or breathing stop may have a DNR order. The parent or legal guardian of a minor may also request a DNR order for the minor.

Reciprocity for Other DNR Orders:

- ___ IDPH EMS Region 1 is not unique in developing a mechanism for the identification of DNR orders outside of medical facilities. Therefore, if a DNR identification on another form or from another state is presented to an IDPH EMS Region 1 provider with a request to honor it, and if there is no reason to believe that it is not valid, EMS personnel should make every effort to contact Medical Control before honoring the DNR.

2/07

Reviewed: 05/09

Revised: 03/10 a

IDPH EMS Region 1 Policies

Procedure:

- ___ Emergency medical service personnel must make a reasonable attempt to verify the identity of the patient named in a valid DNR order.

- ___ If the patient is in cardiac and/or respiratory arrest with a valid “Uniform Do-Not-Resuscitate (DNR) Advanced Directive” order, the EMS personnel should:
 1. Assess the patient for the absence of breathing and/or heartbeat.
 2. Follow “Notification of Coroner” policy or Hospice.

- ___ If the patient with a valid “Uniform Do-Not-Resuscitate (DNR) Advanced Directive” order is NOT in cardiopulmonary arrest, the EMS personnel should:
 1. Assess the patient.
 2. Provide all appropriate treatment.
 3. Provide transportation to the hospital if appropriate.
 4. Honor the valid “Uniform Do-Not-Resuscitate (DNR) Advanced Directive” order if cardiac and/or respiratory arrest occurs during transport.
 5. Provide a copy of the valid “Uniform Do-Not-Resuscitate (DNR) Advanced Directive” order to the receiving hospital if available.

Declination of the Uniform DNR Advanced Directive:

- ___ If the patient or legal representative of the patient changes their mind at any time about having a “Uniform Do-Not-Resuscitate (DNR) Advanced Directive” order, it may be revoked by one of the following methods:
 - * By having the patient or legal representative writing “VOID” in large letters across the front of the form followed by a signature and date next to the written word “VOID”.
 - * The order is verbally or physically rescinded by the patient, legal guardian, physician

- ** If the emergency medical services personnel encounter distraught family members who request life sustaining care, resuscitation should be initiated and communicated to Medical Control as soon as possible for further guidance.

Documentation of adherence to protocol:

- ___ Documentation of the patient assessment and condition
- ___ Documentation of valid DNR
- ___ Document any issues or concerns with the call
- ___ Document any contact with medical control
- ___ Document whom the patient / deceased has been transferred to

Medical Control Contact Criteria

Contact Medical Control if any question exists as to the validity of the DNR or if any controversy exists as to the treatment of the patient.

PRECAUTIONS AND COMMENTS

- All levels of EMS providers are to provide standard care to patients with a valid DNR form except for cardiopulmonary resuscitation measures.

FRONT PAGE

DO-NOT-RESUSCITATE • DNR • DO-NOT-RESUSCITATE • DNR • DO-NOT-RESUSCITATE • DNR

Illinois Department of Public Health
UNIFORM DO-NOT-RESUSCITATE (DNR) ORDER FORM

(Page 1 of 2)

Patient Directive

I, _____, born on _____, hereby direct the following in the event of:

(print full name) (birth date)

1. FULL CARDIOPULMONARY ARREST (When both breathing and heartbeat stop):

Do Not Attempt Cardiopulmonary Resuscitation (CPR)
(Measures to promote patient comfort and dignity will be provided.)

2. PRE-ARREST EMERGENCY (When breathing is labored or stopped, and heart is still beating):

SELECT ONE

Do Attempt Cardiopulmonary Resuscitation (CPR) -OR-

Do Not Attempt Cardiopulmonary Resuscitation (CPR)
(Measures to promote patient comfort and dignity will be provided.)

Other Instructions _____

Patient Directive Authorization and Consent to DNR Order (Required to be a valid DNR Order)

I understand and authorize the above Patient Directive, and consent to a physician DNR Order implementing this Patient Directive.

Printed name of individual _____ Signature of individual _____ Date _____
-OR-

Printed name of (circle appropriate title) _____ Signature of legal representative _____ Date _____
legal guardian
OR agent under health care power of attorney
OR healthcare surrogate decision maker

Witness to Consent (Required to have two witnesses to be a valid DNR Order)

I am 18 years of age or older and have witnessed the giving of consent by the above person.

Printed name of witness _____ Signature of witness _____ Date _____
Printed name of witness _____ Signature of witness _____ Date _____

Physician Signature (Required to be a valid DNR Order)

I hereby execute this DNR Order on _____
Today's date

Signature of attending physician _____ Printed Name of attending physician _____ Physician's telephone number _____

◆ Send this form or a copy of both sides with the individual upon transfer or discharge. ◆

DO-NOT-RESUSCITATE • DNR • DO-NOT-RESUSCITATE • DNR • DO-NOT-RESUSCITATE • DNR

BACK PAGE

DO-NOT-RESUSCITATE • DNR • DO-NOT-RESUSCITATE • DNR • DO-NOT-RESUSCITATE • DNR

Illinois Department of Public Health
UNIFORM DO-NOT-RESUSCITATE (DNR) ORDER FORM

(Page 2 of 2)

Patient's name _____

Summarize medical condition:

When This Form Should Be Reviewed

This DNR order, in effect until revoked, should be reviewed periodically, particularly if –

- The patient/resident is transferred from one care setting or care level to another, or
- There is a substantial change in patient/resident health status, or
- The patient/resident treatment preferences change.

How to Complete the Form Review

1. Review the other side of this form.
2. Complete the following section.
If this form is to be voided, write "VOID" in large letters on the other side of the form.
After voiding the form, a new form may be completed.

Date	Reviewer	Location of review	Outcome of Review
			<input type="checkbox"/> No change <input type="checkbox"/> FORM VOIDED; new form completed <input type="checkbox"/> FORM VOIDED; no new form completed
			<input type="checkbox"/> No change <input type="checkbox"/> FORM VOIDED; new form completed <input type="checkbox"/> FORM VOIDED; no new form completed
			<input type="checkbox"/> No change <input type="checkbox"/> FORM VOIDED; new form completed <input type="checkbox"/> FORM VOIDED; no new form completed

Advance Directives

I also have the following advance directives: _____ Contact person (name and phone number) _____

Health Care Power of Attorney _____

Living Will _____

Mental Health Treatment Preference Declaration _____

◆ Send this form or a copy of both sides with the individual upon transfer or discharge. ◆

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