

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE:** DNR AND POLST ADVANCE DIRECTIVE**POLICY:** IDPH Code 515.380 (Rule revised September 20, 2018)

DNR (Do Not Resuscitate) refers to the withholding of CPR (cardiopulmonary resuscitation) and CCR (cardiocerebral resuscitation); electrical therapy to include pacing, cardioversion and defibrillation; invasive airway management and manually or mechanically assisted ventilations, unless otherwise stated on the IDPH Uniform POLST advance directive. POLST (Practitioner Orders for Life-Sustaining Treatment) refers to the recording of a person's desires for life-sustaining treatment and palliative care.

Situations not covered in this policy shall require that resuscitative procedures be followed unless a valid DNR or IDPH Uniform POLST advance directive is present.

- I. Prehospital care that should be performed *In Conjunction with a valid DNR or POLST advance directive*:
  - A. Provide comfort care and compassion for the patient.
  - B. Treat an acute airway obstruction as appropriate.
  - C. Treat problems NOT specifically listed (such as atropine for symptomatic bradycardia (with a pulse), 50% dextrose for hypoglycemia, etc.).
- II. A DNR/POLST decision will be considered applicable in the following circumstances:
  - A. Triple Zero

The term “**Triple Zero**” will be utilized for those situations where obvious signs of biological death are present (e.g. decapitation, rigor mortis without profound hypothermia, dependent lividity, decomposition or mummification, etc).

1. Confirmation of a Triple Zero will be done through contact with the Resource Hospital Emergency Department. Transmission of ECG data will be done at the discretion of the ED physician, authorized practitioner or ECRN.
2. Confirmation of a Triple Zero is not to be interpreted as a pronouncement of death, but only a determination that resuscitative measures are unnecessary and inappropriate.
3. Transport of this patient is not necessary, but proper notification to the coroner or funeral home is required.
4. Patient has been declared dead by coroner, physician, authorized practitioner, or medical examiner, and shall include appropriate signature.

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- III. DNR/POLST advance directive: is a course of action prescribed by an authorized practitioner to withhold resuscitative measures on a victim of witnesses or unwitnessed cardiac arrest.
- A. A valid DNR/POLST advance directive shall be written on a form provided by the Illinois Department of Public Health **OR** shall contain the following information:
1. Name of patient
  2. Name and signature of authorized practitioner
  3. Effective date - **Note: DNR/POLST directives do not have an expiration date.**
  4. The words “Do Not Resuscitate” or “Practitioner Orders for Life-Sustaining Treatment” or both
  5. Evidence of consent (any one of the following)
    - A. signature of patient, or
    - B. signature of legal guardian, or
    - C. signature of durable power of attorney for health care agent, or
    - D. Signature of surrogate decision-maker as defined by the IHC (Illinois Health Care) Surrogate Act
- B. A Living Will by itself cannot be recognized by pre-hospital care providers.
- C. Revocation of a written DNR or POLST advance directive shall be made **ONLY** in one or more of the following ways:
1. The advance directive is physically destroyed by the authorized practitioner who signed the advance directive or by the person who gave written consent to the advance directive; or
  2. The advance directive is verbally rescinded by the authorized practitioner who signed the advance directive or by the person who gave written consent to the advance directive, the word "VOID" is written in large letters across the front of the advance directive, and the advance directive is signed and dated by the authorized practitioner who signed the advance directive or by the person who gave written consent to the advance directive.
- C. Pre-hospital personnel must make a reasonable attempt to verify the identity of the patient named in a valid DNR/POLST advance directive.
- D. The Resource Hospital Emergency Department must be notified in all situations when a DNR/POLST advance directive is involved. Transmission of ECG data will be at the discretion of the physician, authorized practitioner or ECRN.
- E. All Region VII EMS personnel will be authorized to accept a DNR/POLST advance directive that meets the criteria for validity.
- F. The original DNR/POLST advance directive, or a copy, must be attached to the Ambulance Report Form.

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- G. Patients who are covered by a valid DNR/POLST advance directive and require transport to or from a health care facility will be afforded comfort care. If a patient's condition deteriorates during transport or if cardiac arrest occurs, the Resource Hospital Emergency Department must be contacted. Resuscitative measures will continue to be withheld, but transport to the closest hospital facility will be required.
  - H. After responding to a scene, reasonable efforts should be made by pre-hospital personnel to determine if a valid DNR/POLST advance directive exists for registered hospice or home care patients, patients of long-term care facilities, or other patients who are known to suffer from a terminal illness.
  - I. When patients who are covered by a valid DNR/POLST advance directive expire before transport, transportation to a hospital is not required. Proper notification of the coroner or funeral home of choice is indicated, however, for appropriate disposition. (See policy for Coroner/Medical Examiner Notification)
  - J. If a valid DNR/POLST advance directive is not present, and none of the conditions stipulated in Section II-A of this policy are met, then patient care must proceed in accordance with the EMS Region VII Standard Medical Orders.
- IV. System education of this policy will be accomplished in the following manner:
- A. Review of this policy is required in all EMR, EMT, A-EMT/EMT-I, Paramedic, PHRN, ECRN, and EMD education programs.
  - B. Continuing Education of this policy will be reviewed periodically utilizing the System's online CE platform and records maintained electronically therein.
- V. The EMS system will review DNR/POLST related incidents on annual basis. Issues connected with these incidents will be reviewed, and intervention will be handled on a case-by-case basis.
- VI. DNR and the IDPH Uniform POLST form shall be referenced/printed from the IDPH website: <http://www.dph.illinois.gov/sites/default/files/forms/formsoprpolst-2016-050616.pdf>  
Note all prior DNR and DNR/POLST forms should continue to be honored by the EMS community.

**EFFECTIVE DATE:** 08-15-89

**REVISED DATE:** 10-26-18