

Subject: Administration – Patient Care
End of Life Care

Associated Policies:

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22
 - C. Guidelines for EMS Personnel Regarding Do Not Resuscitate (DNR) Directives
- II. Purpose:
 - A. A patient with decision-making capacity has the right to accept or refuse medical interventions. This includes the right to specify, in advance, patient preferences when the person is no longer able to communicate wishes.
 - B. To establish criteria for BLS or ALS personnel to determine the appropriateness of either withholding resuscitative measures or terminating resuscitative measures.
- III. End of Life Orders Honored by Prehospital Personnel:
 - A. End of Life Orders do not expire and photocopies are considered valid.
 - B. A patient or patient's Durable Power of Attorney for Health Care (DPAHC) may verbally rescind a DNR order at any time. Prehospital personnel shall honor the following types of DNR orders:
 1. A California Emergency Medical Services Authority (EMSA)/California Medical Association (CMA) Prehospital DNR form.
 2. A California EMSA POLST form where Section A – DNR has been chosen.
 3. A Final Attestation form for patients that have chosen to utilize the Aid-in-Dying drugs.
 4. An Advanced Health Care Directive (AHCD), living will or Durable Power of Attorney for Health Care (DPAHC) presented by an agent of the patient empowered to make health care decisions for the patient.
 5. An approved DNR medallion/bracelet. (e.g., Medi-Alert or Caring Advocates)
 6. A DNR order in the medical record of a licensed healthcare facility (e.g., acute care hospital, skilled nursing facilities, hospices, intermediate care facilities) signed by a physician. Electronic physician's orders are considered signed and shall be honored.
 7. A verbal DNR order given by the patient's physician.
- IV. Procedure for Complying with an Honored DNR Order:
 - A. If the pulseless and apneic patient does not meet the criteria of Policy # 2305 (Determination of Death) but is suspected to be a candidate for

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withholding resuscitation, BLS resuscitative measures shall be performed until one of the following occurs:

1. The EMS provider sees a written DNR/POLST order, which should be honored and resuscitation withheld or stopped.
2. The patient's physician is contacted and directs EMS providers to discontinue resuscitation.
3. The EMS provider sees a valid AHCD or DPAHC which yields decision making authority to a representative who is present, who the EMS Provider verifies the identify of and who verbally specifies the level of care they wish for the patient.
4. If a patient who is terminally ill appears to have ingested medication under the provisions of the California End of Life Act.

B. If presented with a DNR:

1. Verify the identity of the patient.
2. Confirm validity of the DNR/POLST.
3. If deemed valid, perform no life saving measures.
4. Provide supportive care to family members.

C. End of Life Act:

If a person who is terminally ill and appears to have ingested medication under the provisions of the California End of Life Option Act, EMS providers shall:

1. Provide comfort care as indicated. Comfort care can include opening and maintaining the airway using non-invasive means and suctioning as necessary.
2. Determine who called 911 and why.
3. Determine whether there are DNR orders or a Final Attestation form available.

D. Complying with a DNR/POLST form when the patient is not in cardiac arrest.

DNR orders only apply to patients in cardiac arrest. A patient with a DNR order who is not in cardiac arrest shall be provided as appropriate for their complaint unless a POLST is in place that directs care differently.

If a patient or representative presents EMS with POLST form, the prehospital provider shall:

1. Verify the identity of the patient.
2. Review "Section B" of the POLST form:
3. "Full Treatment" indicates the patient should be treated as appropriate pursuant to EMS protocols and no treatment should be withheld.

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4. “Limited Additional Measures” or “Selective Treatment” indicates a patient should not be intubated or have supraglottic airways placed. Other BLS airway adjuncts and positive pressure ventilation are permitted.
5. “Comfort Focused Treatment” or Comfort Measures Only” indicates a patient whose care should be followed as outline on this section of the form.
6. The additional orders section does not apply to the prehospital setting.
7. “Section C” of the POLST form does not apply in the prehospital setting.

VI. Special Considerations:

- A. In the event the patient expires enroute, the following should be considered:
 1. Unless specifically requested, the patient should not be returned to a private residence or skilled nursing facility.
 2. Continue to the destination hospital or return to the originating hospital if time is not excessive.
 3. If transport time would be excessive, divert to the closest hospital with a with an Emergency Room.
 4. In remote areas, transporting agencies should make advance agreements with the office of the Medical Examiner for mutually acceptable rendezvous locations where the patient may be taken.
- B. An approved DNR order is presented, but on-scene relatives object to the order or the validity of the order is in question:
 1. Provide all appropriate care/resuscitation measures for the patient. Although a patient’s instructions should remain paramount resuscitation should be done until the situation is clarified. Transport may be necessary.
- C. A patient presents with advanced or terminal disease and an incomplete approved DNR order (e.g., no signature) is presented or no order is presented and an immediate family member, agent or conservator at the scene requests no resuscitation:
 1. With complete agreement of family and providers on scene, resuscitative efforts may be withheld.
 2. Base Hospital contact is not necessary.
 3. Resuscitation should be initiated if there is any question of the circumstances or any disagreement of family or providers on scene.

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- D. If CPR is initiated prior to the presentation of an approved DNR order, CPR may be discontinued upon presentation of a valid DNR order without Base Hospital contact.
- E. If multiple forms are presented follow the order with the most current date.
- F. EMS personnel shall document all relevant information in the ePCR for all patients.