



CENTRAL DUPAGE HOSPITAL
EMERGENCY MEDICAL SERVICES SYSTEM
POLICY & PROCEDURES

TITLE: DNR / POLST / POA / DOA

SECTION: FIELD OPERATIONS

POLICY NUMBER: B-6

APPROVED BY: DR. STEVE GRAHAM EMS MEDICAL DIRECTOR

EFFECTIVE DATE: 01 JULY 2018

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PURPOSE:

To establish guidelines for patients or families presenting with Do Not Resuscitate (DNR), Physician's Orders on Life Sustaining Treatment (POLST), Power of Attorney (POA), or patients who are beyond lifesaving interventions and dead on arrival (DOA) situations.

POLICY:

For any situation in which the patient or family states that a DNR, POLST, or POA form exists, crews shall begin Basic Life Support (BLS) interventions per the Region 8 SMOs per the appropriate SMOs, until the form is produced to EMS. The EMS provider shall inspect each form and ensure its validity and immediately contact Medical Control. Required information for a DNR or POLST form includes:

1. Name of patient
2. Name and signature of authorized practitioner
3. Effective Date
4. The phrase "Do Not Resuscitate" or "Practitioner Orders for Life-Sustaining Treatment" or both
5. Evidence of consent
 - a. Signature of patient
 - b. Signature of legal guardian
 - c. Signature of durable power of attorney for health care agency or signature of surrogate

EMS providers shall make a reasonable attempt to verify the identity of the patient when a DNR is present, examples include:

1. Patient able to state their name
2. State or Government ID
3. Hospital or medical facility ID / Name Band
4. Family identification

DNR:

1. Ensure that the DNR presented is for the patient being treated
2. Ensure that all required fields are present
3. Honor the interventions denied, or specified on the document per Medical Control
4. Relay the documents desires to Medical Control
5. Follow the direction of Medical Control regarding patient care
6. Complete a patient care report and attach a photo of the DNR to the electronic chart

POLST:

1. Ensure that the POLST presented is for the patient being treated
2. Ensure that all required fields are present
3. Honor the interventions denied, or specified on the document per Medical Control
4. Relay the documents desires to Medical Control
5. Follow the director of Medical Control regarding patient care
6. Complete a patient care report and attach a photo of the POLST to the electronic chart

POA:

1. Ensure that the POA specified in the document is on scene and that POA is for the patient being treated.
2. Ensure that the POA documents states power regarding "Medical Care." POA documents that only specify estate or monetary control do not regulate medical decisions.
3. Ensure that all required fields are present
4. Honor the interventions denied, or specified on the document per Medical Control
5. Relay the document's directions to Medical Control
6. Follow the direction of Medical Control regarding patient care
 - a. Should the patient have a GCS of 15 and no behavioral emergency exists, the patient may make their own medical decisions, unless otherwise specified by the POA documents. Medical Control Physician shall be consulted and give direction regarding these cases.
7. Complete a patient care report and attach a photo of the POA to the electronic chart

DOA / "000"

1. Obviously dead patients are those found to be non-breathing, pulseless, asystolic, and have one of more of the following long-term indications of death. No resuscitative efforts are to be initiated for the patients listed below:
 - a. Decapitation
 - b. Rigor Mortis without hypothermia
 - c. Profound dependent lividity
 - d. Decomposition
 - e. Mummification / putrefaction
 - f. Incineration
 - g. Frozen state

2. Medical control must be contacted for the above situations and explained the situation. Indicate that you have a “Triple Zero” and follow any orders received.
3. When Law Enforcement are present, ensure that examination of the patient is kept to a minimum as they may be treating the scene as a criminal investigation. If Law Enforcement is limiting EMS access to the patient, contact Medical Control for direction.
 - a. Should law enforcement prohibit EMS from making patient contact and/or performing an assessment, medical control should be immediately contacted.
 - i. Should Medical Control be unsuccessful in convincing EMS to be allowed to assess the patient, the ECRN / MD shall not give a time of death and inform law enforcement that the coroner will be the responsible party for pronouncement of death.
4. Document all appropriate findings, unless unsafe to do so. Capture an ECG showing asystole and attached to the patient care report. Include the time of death and Physician name given by Medical Control.

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