Central DuPage Emergency Medical Services System

Do Not Resuscitate (DNR) Clarification

INTRODUCTION AND	EMS MEDICAL DIRECTOR
APPROVAL: 1/98	_____
REVIEW & APPROVAL:	EMSS COORDINATOR
_____	_____
REVISION & APPROVAL: 2/09	

PURPOSE:

Facilitate , simplify and clarify the use of a Do Not Resuscitate (DNR) order for pre-hospital care providers, ECRN's and ED physicians.

POLICY/PROCEDURE:

All pre-hospital care providers, ECRN's and ED physicians are familiar with the following provisions when working with a DNR order in the field.

1. The Department will approve the EMS Region 8 Do Not Resuscitate (DNR) policy prior to use in the field.

2. The DNR Policy refers to all cardiac arrest situations; long term care facility, hospice, interfacility transports, etc. The ED Physician has final decision in any situation.

3. All information pertinent to the DNR order including but not limited to; any difficulty with friends/family, difficulty obtaining the written DNR, notification of Resource Hospital and disposition of the body will be documented on the Prehospital Care Report and in the radio report to Medical Control.

4. If the patient's physician or coroner has pronounced the patient on the scene and no resuscitative attempts are initiated per request of physician or coroner, make every attempt to have the Prehospital Care Report signed by the above.

5. A statement acknowledging a Living Will, by itself, is not the same as a valid DNR and may not be recognized as such by any pre-hospital care provider.

6. Revocation of a valid DNR order may be done in only one of the following ways: the DNR order is physically destroyed or verbally rescinded by the physician who signed the order or the person who gave written consent to the order (patient, legal guardian, durable power of attorney for Health Care Agent or the surrogate decision maker).

7. Prehospital personnel must make an effort to verify the identity of the patient named in the DNR. Methods which may be used but are not all inclusive include: Identification bracelet, verbal identification by another person or two photo ID's.

8. All cardiac arrest calls must be called into the Resource Hospital. This includes patients in which a Valid DNR is present, patients in which a DNR is not available, arrests with physician or coroner pronouncing the patient and Triple Zero patients. Simply put, any cardiac arrest no matter what the cause or decision to resuscitate or not must be called into medical control. Any case in which there are medical-legal concerns should be directed to the Emergency Department physician via telemetry or cell phone.

9. EMT-Basic and EMT-Paramedics are working under SOPs and policies which enable them to respond to a Valid DNR. All DNR calls must be called to the Resource Hospital for documentation and verification.

10. All pre-hospital calls involving a DNR order will be reviewed. The appropriateness of the decision to resuscitate or not will be examined. The role of Medical Control will be examined. Documentation on the Prehospital Care Report will be reviewed for clarity, accuracy and appropriate actions. The Central DuPage EMS System pre-hospital run report has an area to be filled in if the call involved a DNR order. The computer will separate all DNR calls when queried.

11. Please refer to:

    a) Do Not Resuscitate (DNR) Order and Withholding Treatment Policy in the SOPs.

    b) Obviously Dead Patients: "Triple Zero" in the SOP/Policy manual.

    c) Notification of Coroner policy in the SOP/Policy manual.

    d) Educating for SOP/Policy changes in the SOP/Policy manual.