



Program Document No: 6176.00	Document Title: Physician Do Not Resuscitate Order/Advanced Directives/Living Wills		Type: Policy
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1.0 Purpose

1.1 To provide appropriate care to patients with Advanced Directives or Physician Do Not Resuscitate (DNR) forms.

2.0 Guiding Philosophy

2.1 To ensure appropriate and optimal care to patient and next of kin.

3.0 Definitions

- Advanced Care or Treatment Directives: Outlines the degree of care or treatment, from full resuscitation to comfort care, to be provided to the patient. They may include a Do Not Resuscitate (DNR) form or directive. Advanced Directives may be on any piece of paper, and are not legal documents or on a medic alert bracelet.
- 3.2 Physician DNR Order: An order signed by a physician directing cardiopulmonary resuscitation (CPR) not be initiated. It must be based on a free and informed decision made by the individual or by someone authorized by a court or by operation of statute if the individual is incompetent (for example, the Medical Consent Act) after being advised of the nature and purpose of the DNR order, the probable risks and benefits and any reasonable attending form of treatment such as palliative care/comfort measures.

4.0 Policy

- 4.1 Paramedics must adhere to Advanced Directives that meet the following criteria. This applies to patients within and outside a Health Care Institution.
 - 4.1.1 Advanced Directives must be signed by <u>either</u> the patient or their duly authorized health care decision maker.
 - 4.1.2 They may take the form of a DNR form or directive (see Appendix A: Do Not Resuscitate (DNR) Form).
 - 4.1.3 The Advanced Directive must be dated and, in the absence of knowledge to the contrary, is presumed to be valid and unrevoked.
- 4.2 Paramedics must adhere to Advanced Directives on medic alert bracelets that include the patient's name.
- 4.3 In the absence of an Advanced Directive or Physician DNR Order, if requested by next of kin or duly authorized decision maker not to resuscitate, do not begin cardiopulmonary resuscitation (CPR) or any invasive procedure until you contact the On Line Medical Oversight Physician (OLMOP) or the patient's physician.
- 4.4 Paramedics must adhere to Physician DNR orders that meet the following criteria. This

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applies to patients within and outside a Health Care Institution.

- 4.4.1 These orders may be on a specific DNR form, on a physician's prescription form or a health care institutions order sheet.
- 4.4.2 The Physician DNR Order must be signed by a physician (see Appendix A: Physician DNR Order form).
- 4.4.3 The Physician DNR Order must be dated and, in the absence of knowledge to the contrary, is presumed to be valid and unrevoked.
- 4.5 If the next of kin or caregiver tells you of the existence of an Advanced Directive and/or Physician DNR Order refusing CPR (see Appendix A: Do Not Resuscitate (DNR) Form) but is unable to locate it/them, do not begin CPR or any invasive procedure until you contact OLMOP or the patient's physician.
- 4.6 The request of the duly authorized decision maker takes precedence over an Advanced Directive or a Physician DNR Order in the case of an incompetent individual. Therefore if there is an Advanced Directive or a Physician DNR Order and the duly authorized decision maker requests resuscitation, begin and contact OLMOP.
- 4.7 If there is any concern or confusion, contact OLMOP or the patient's personal physician.

5.0 Appendices

5.1 Do Not Resuscitate Form

6.0 Reports

None

7.0 References

None

8.0 Outcome Measurement

8.1 Annual sum total of cardiac arrests responded to by paramedics including those that have a written or verbal Advanced Directive and/or DNR.

9.0 Revisions

None

Appendix: A PDN	N: 6176.01 Las	ast Updated: July 3, 2003	Subject: Physician DNR Order Form	Page 1 of 1
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Physician DNR Order Form				
I hereby order DNR (Do Not Resuscitate) for	(Name of patient)			
who has requested this and is competent to make this decision.				
I hereby order DNR (Do Not Resuscitate) as requested by				
(Name and relationship to patient)	, acting for			
(Name of patient)	, who has been found			
incompetent.				
Physician's signature	Date			