

**South Metro Fire Department**  
**Clinical Policies and Procedures**

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Title: Do Not Resuscitate (DNR) and Do Not Intubate (DNI) Patient Care  
Effective Date: December 15, 2015  
Authorized By: Keith Wesley, MD Medical Director  
Standard: Patient Care and Transport  
Policy: SMFD will provide care that is compassionate, respectful, conserves dignity and is appropriate with respect to honoring the patient's and the patient's family wishes and decisions regarding end-of-life care.

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**III. Purpose**

To establish guidelines for withholding specific medical procedures, including resuscitation attempts and/or transport, when presented with physician or other care provider orders such as a do not resuscitate (DNR), do not intubate (DNI), or a Physician Orders for Life Sustaining Treatment (POLST) document.

**II. Definitions**

- A. Advance Directives define a wide variety of written documents that provide specific instructions for the extent of care and treatment options to be considered for an individual patient faced with end-of-life health care decisions. This is sometimes called a "living will". The desires of the patient are outlined in layman's terms and provide clarity regarding their specific values.
- B. The Provider Orders for Life Sustaining Treatment (POLST), a legally recognized physician order, contains orders regarding DNR/DNI in Section A at the top of the form. Orders that are contained in a Provider Orders for Life Sustaining Treatment (POLST) should be used to determine the patient's resuscitation status, levels of care to provide, patient care goals, and specific interventions and treatments to provide or withhold. (See POLST form at end of policy)
- C. Do not resuscitate (DNR) is a legally recognized physician order that clearly affirms the patient's request not to have any attempt made to reverse the state of cardiac arrest. Chest compressions (CPR), defibrillation, and cardioversion are not to be performed.
- D. Do not intubate (DNI) is a legally recognized physician order that clearly affirms the patient's request not to be intubated or have artificial ventilations performed. CPAP and oral suctioning are acceptable.
- E. Power of Attorney for Healthcare: is a legally recognized individual who has the authority to make any and all decisions for the patient in the event the patient is unable to make decisions due to a lack of their capacity. It is NOT the same as a durable power of attorney which provides an individual authority to administer the financial affairs of the patient.

### III. Procedure

- A. HEMT/SMFD providers should honor physician signed do not resuscitate orders and other physician orders to limit the range of treatments provided when the any of following criteria are met:
- A valid DNR, DNI, or POLST is presented and lists the patient's name and is signed and dated by a physician.
  - On responses to medical facilities or on inter-facility transfers, a written do not resuscitate (DNR)/do not intubate (DNI) order, or Provider Order for Life Sustaining Treatment (POLST) is present. POLST can be honored if documented in the patient's medical record and signed by the physician. When the patient is transported, the crew should request and transport with the patient a copy of the record that contains the do not resuscitate (DNR)/do not intubate (DNI) order, or POLST.
- B. Only a patient with capacity or their power of attorney for healthcare, has the legal right to rescind a valid do not resuscitate (DNR)/do not intubate (DNI), or Physician Order for Life Sustaining Treatment (POLST) order. The wishes of family members or non-physician medical personnel, which are contrary to a valid order, do not take precedence over the instructions in the valid order. If there is reason to suspect an individual does not possess the appropriate legal authority, Medical Control should be contacted for advice.
- C. If presented with advance directives not discussed in this guideline, consultation with the patient's physician or Medical Control is advised before withholding resuscitation.
- D. If the validity of an advance directive, DNR, DNI, or POLST is uncertain or if the advance directive is presented when the patient's arrest is due to unusual, suspicious, or unnatural causes, or if there is disagreement among the patient's family about what care to provide or withhold according to the advance directive, continue basic life support including CPR and contact Medical Control for direction.
- E. **When Valid DNR Order is Present**
1. For patients in cardiopulmonary arrest, where a legal DNR, DNI, or POLST is presented, acute life sustaining procedures should NOT be initiated.
    - a. The following procedures are prohibited for the patient with a valid DNR order:
      - i. Placement of OP, NP, ET or non-visualized airway
      - ii. Chest compressions
      - iii. Application and use of an AED
      - iv. Defibrillation
      - v. Cardioversion
      - vi. Transcutaneous pacing
    - b. The following procedures are permitted for the patient with a valid DNR order:
      - i. Oral/nasal suctioning
      - ii. Assist spontaneous breaths with BVM

- iii. Relief of airway obstruction and choking including the use of laryngoscope for foreign body removal
  - iv. CPAP
  - v. Vascular Access (IO included) for the administration of fluid and/or medication
  - vi. Control of external hemorrhaging
2. If, during transport to a hospital, a patient with DNR/DNI order or POLST dies, the crew should do the following;
  - a. Contact HEMT Medical Control and provide report including time of death
  - b. Contact the receiving hospital and provide report including time of death.
  - b. Continue transport of the patient to the receiving hospital and depending on the request of the hospital, either;
    - i. Transfer the patient to a hospital bed or;
    - ii. Contact the Coroner's office of the county in which the body is currently located for advice regarding transfer of possession and processing of the deceased person.
3. HEMT providers will contact the Coroner's office of the county in which the patient's body is delivered as a result of the above listed steps. There is no legal requirement to stop transport at the time of death for the sole reason of contacting the Coroner's office in the County the patient physically died in. If in doubt, contact a Supervisor for advice.
4. To protect the privacy and dignity of the patient, the HEMT crew will avoid the transfer of the body from the ambulance to a Coroner vehicle in public, but will instead seek a private venue such as a hospital ambulance garage to complete the transfer.

#### IV. **Documentation**

- Provide details of any written advance directives, medical care provider orders for do not resuscitate or limited care plans, or patient and family expressed wishes utilized in patient care decisions.
- Whenever a decision is made to not attempt or to discontinue resuscitation, document the circumstances, criteria used and the rationale in the patient care report.
- If a do not resuscitate (DNR)/do not intubate (DNI) order or POLST exists for any patient, document the type of order in the patient care report.
- Record in the patient care report the disposition of a deceased patient's personal belongings handled or removed by the crew.
- Document the circumstances surrounding a patient's death, including the time any resuscitation attempts were discontinued.
- Document the name, title, and contact information (if practical) of all those contacted during the incident.

- Information on the PCR should be clear and concise and include all treatment provided by the crew.

Previous Versions:

# POLST: Provider Orders for Life Sustaining Treatment **POLST**

**HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY**

<b>PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)</b>	<hr/>
<p>FIRST follow these orders, THEN contact the patient's provider. This is a provider order sheet based on the patient's medical condition and wishes. POLST translates an advance directive into provider orders. Any section not completed implies the most aggressive treatment for that section. Patients should always be treated with dignity and respect.</p>	Last Name <hr/>
	First/Middle Initial <hr/>
	Date of Birth <hr/>
	Primary Care Provider/Phone <hr/>

**A CARDIOPULMONARY RESUSCITATION (CPR):**  
 Patient has no pulse and is not breathing.

Check One  CPR/ATTEMPT RESUSCITATION       DNR/DO NOT ATTEMPT RESUSCITATION (Allow Natural Death)

**When not in cardiopulmonary arrest, follow orders in B and C.** | An automatic external defibrillator (AED) should not be used for a patient who has chosen "Do Not Attempt Resuscitation."

**B GOALS OF TREATMENT:**  
 Patient has pulse and/or is breathing. See Section A regarding CPR if pulse is lost.

Check One Goal  **COMFORT CARE** — Do not intubate but use medication, oxygen, oral suction, and manual clearing of airways, etc. as needed for immediate comfort. **Additional Orders** (e.g. dialysis, etc.)

*Check all that apply:*

Avoid calling 911, call \_\_\_\_\_ instead

If possible, do not transport to ER (when patient can be made comfortable at residence)

If possible, do not admit to the hospital from the ER (e.g. when patient can be made comfortable at residence)

**LIMIT INTERVENTIONS AND TREAT REVERSIBLE CONDITIONS** — Provide interventions aimed at treatment of new or reversible illness / injury or non-life threatening chronic conditions. Duration of invasive or uncomfortable interventions should generally be limited. (Transport to ER presumed)

*Check one:*

Do not intubate

Trial of intubation (e.g. \_\_\_\_\_ days) or other instructions: \_\_\_\_\_

Intubate long-term if necessary

**PROVIDE LIFE SUSTAINING TREATMENT**  
 Intubate, cardiovert, and provide medically necessary care to sustain life. (Transport to ER presumed)

**C INTERVENTIONS AND TREATMENT**

Check All That Apply

**ANTIBIOTICS (check one):**

No Antibiotics (Use other methods to relieve symptoms whenever possible.)

Oral Antibiotics Only (No IV/IM)

Use IV/IM Antibiotic Treatment

**NUTRITION/HYDRATION (check all that apply):** **Additional Orders:**

Offer food and liquids by mouth (Oral fluids and nutrition must always be offered if medically feasible)

Tube feeding through mouth or nose

Tube feeding directly into GI tract

IV fluid administration

Other: \_\_\_\_\_

Provider Name (MD/DO/NP/PA when delegated, are acceptable) \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

FAXED COPIES AND PHOTOCOPIES OF THIS FORM ARE VALID.  
 TO VOID THIS FORM, DRAW A LINE ACROSS SECTIONS A - D AND WRITE "VOID" IN LARGE LETTERS.



**POLST**

**D**  
Check  
All That  
Apply

**SUMMARY OF GOALS**

DISCUSSED WITH:

- PATIENT
- PARENT(S) OF MINOR
- HEALTH CARE AGENT: \_\_\_\_\_
- COURT-APPOINTED GUARDIAN
- NONE     OTHER: \_\_\_\_\_

THE BASIS FOR THESE ORDERS IS PATIENT'S (check *all* that apply):

- REQUEST
- BEST INTEREST
- KNOWN PREFERENCE
- OTHER: \_\_\_\_\_
- HEALTH CARE DIRECTIVE/  
LIVING WILL

Name of Health Care Professional Preparing Form      Preparer Title      Phone Number      Date Prepared

**E**

**SIGNATURE OF PATIENT OR HEALTH CARE AGENT / GUARDIAN / SURROGATE**  
THESE ORDERS REFLECT THE PATIENT'S TREATMENT WISHES

Name \_\_\_\_\_ Date \_\_\_\_\_  
Relationship to Patient \_\_\_\_\_ Phone Number \_\_\_\_\_  
Signature\* \_\_\_\_\_

**DIRECTIONS FOR HEALTH CARE PROFESSIONALS**

**COMPLETING POLST**

- Must be completed by a health care professional based on patient preferences and medical indications.
  - If the goal is to support quality of life in last phases of life, then DNR must be selected in Section A.
  - If the goal is to maintain function and quality of life, then either CPR or DNR may be selected in Section A.
  - If the goal is to live as long as possible, then CPR must be designated in Section A.
- POLST must be signed by a physician, nurse practitioner, Doctor of Osteopathy, or Physician Assistant (when delegated). \* The signature of the patient or health care agent / guardian/ surrogate is strongly encouraged.

**USING POLST**

- Any section of POLST not completed implies most aggressive treatment for that section.
- An automatic external defibrillator (AED) should not be used for a patient who has chosen "Do Not Attempt Resuscitation."
- Oral fluids and nutrition must always be offered if medically feasible.
- When comfort cannot be achieved in the current setting, the patient, including someone with "Comfort Measures Only," should be transferred to a setting able to provide comfort.
- An IV medication to enhance comfort may be appropriate for a patient who has chosen "Comfort Measures Only".
- Artificially-administered hydration is a measure which may prolong life or create complications. Careful consideration should be made when considering this treatment option.

- A patient with capacity or the surrogate (if patient lacks capacity) can revoke the POLST at any time and request alternative treatment.
- **Comfort care only:** At this level, provide only palliative measures to enhance comfort, minimize pain, relieve distress, avoid invasive and perhaps futile medical procedures, all while preserving the patients' dignity and wishes during their last moments of life. This patient must be designated DNAR status in section A for this choice to be applicable in section B.
- **Limit Interventions and Treat Reversible Conditions:** The goal at this level is to provide limited additional interventions aimed at the treatment of new and reversible illness or injury or management of non life-threatening chronic conditions. Treatments may be tried and discontinued if not effective.
- **Provide Life-Sustaining Care:** The goal at this level is to preserve life by providing all available medical care and advanced life support measures when reasonable and indicated. For patient's designated DNR status in section A above, medical care should be discontinued at the point of cardio and respiratory arrest.

**REVIEWING POLST**

This POLST should be reviewed periodically and a new POLST completed if necessary when:

1. The patient is transferred from one care setting or level to another, **or**
2. There is a substantial change in the patient's health status.
3. A new POLST should be completed when the patient's treatment preferences change.

Minnesota POLST — October, 2011



MINNESOTA  
MEDICAL  
ASSOCIATION

**POLST**

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Previous Reviews/Revisions:

04/00, 11/04, 01/06, 12/09, 08/13