



INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

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END OF LIFE CARE AND DECISIONS

I. PURPOSE

To establish criteria that recognizes and accommodates a patient's designated end of life directives to limit prehospital treatment by Emergency Medical Service (EMS) field personnel in the prehospital setting, long-term care facilities, during transport between facilities and/or in the patient's home.

II. POLICY

EMS field personnel shall make all attempts to honor a patient's end of life wishes. In doing so, all efforts should be made to obtain and verify applicable forms describing the patient's end-of-life instructions and provide any necessary supportive measures.

A Do Not Resuscitate (DNR) order only applies to resuscitative measures. An order not to resuscitate is not an order to withhold other necessary medical treatments, nutrition or supportive measures. The treatment given to a patient with a DNR agreement should, in all respects, be the same as that provided to a patient without such an agreement.

A patient with medical decision-making capacity can request alternative treatment or revoke a DNR or POLST by any means that indicates intent to revoke. A patient may withdraw or rescind their request for an aid-in-dying drug regardless of their mental state at any time.

Forms related to patient's end of life instructions that EMS field personnel may encounter include:

- Statewide EMSA/California Medical Association (CMA) Prehospital DNR form.
- POLST form.
- DNR medallion, bracelet or necklace.
- A Do Not Resuscitate Order in a patient's chart dated and signed by the physician.
- End of Life Options Act Directive and/or Final Attestation for An Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner form.

III. VALIDATION CRITERIA

EMS Prehospital DNR

- The EMS Prehospital DNR form should include the following to be considered valid:
 - Patient's name.
 - Signature of the patient or a legally recognized decision maker if the patient is unable to make or communicate informed healthcare decisions.
 - Signature of patients' physician, affirming that the patient/legal representative has given informed consent to the DNR instruction.
 - All signatures must be dated.

- Correct identification of the patient is crucial. If the patient is unable to be identified after a good faith attempt to identify the patient, a reliable witness may be used to identify the patient.
- In licensed healthcare facilities a DNR order written by a physician shall be honored.
 - The staff must have the patient's chart with the DNR order immediately available for EMS field personnel upon their arrival.
 - The order may contain the words Do Not Resuscitate, No CPR, or No Code and contain the patient's name and the date and signature of the physician.

DNR Medallion, Bracelet or Necklace

- The DNR medallion/bracelet/necklace is made of metal with a permanently imprinted medical insignia. For the medallion or bracelet/necklace to be valid the following applies:
 - Patient must be physically wearing the DNR medallion/bracelet/necklace.
 - Medallion/bracelet/necklace must be engraved with the words "Do Not Resuscitate EMS" or "California POLST EMS", along with a toll-free emergency information telephone number and a patient identification number.



Physician Order for Life Saving Treatment (POLST)

- The POLST does not replace the Advanced Directive and should be reviewed along with other documents when available. The POLST:
 - Must be signed and dated by a physician, nurse practitioner or physician assistant acting under the supervision of a physician and within the scope of practice authorized by law.
 - Must be signed by the patient or decision maker.
 - **Is not valid without signatures.** Verbal or telephone orders are acceptable with follow-up signature by the physician in accordance with facility/community policy. There should be a box checked indicating who the authorized healthcare provider discussed the POLST orders with. By signing the form, the healthcare provider acknowledges that these orders are consistent with the patient's medical condition and preferences.

End of Life Options Act Directive

- A terminally ill and competent patient may elect to obtain medications to hasten their imminent death at a time and place of their choosing. They must satisfy extensive and stringent requirements as required by California law to obtain an Aid-In-Dying Drug and complete a "Final Attestation For An Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner" within 48 hours prior self-administration.

- There are no standardized “Final Attestation For An Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner” forms but the law has required specific information that must be in the final attestation. If available, EMS field personnel should make a good faith effort to review and verify that the final attestation contains the following information:
 - The document is identified as a “Final Attestation For An Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner”.
 - Patient’s name, signature and dated.
 - EMS field personnel should review and verify that the “Final Attestation for An Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner” is present.
 - Correctly identifies the patient’s name, and is signed and dated by the patient or designated decision maker.
 - The Final Attestation for An Aid-In-Dying Drug must be completed within 48 hours prior to taking the medications.
 - Obtain a copy of the final attestation and attach it to the electronic patient care record (ePCR) whenever possible.
 - There is no mandate for the patient to maintain the final attestation in close proximity of the patient.
 - If a copy of the final attestation is available, EMS field personnel should confirm the patient is the person named in the final attestation. This will normally require either the presence of a form of identification or a witness who can reliably identify the patient.

IV. PROCEDURE

DNR, Medallion/Bracelet/Neckless or POLST

In addition to the validation criteria, the following guidelines are provided for EMS field personnel when responding to a patient with Standardized Patient-Designated Directives.

- EMS field personnel shall validate the DNR request, medallion/bracelet/necklace, or POLST form. Patient may withdraw any directive at any time.
- The POLST may be used for both adults and pediatric patients.
- BLS field personnel shall continue resuscitative measures if a DNR or POLST cannot be validated.
- LALS and ALS field personnel shall contact a base hospital for direction if a DNR or POLST cannot be validated or for conflicting requests by family members. While ALS field personnel are contacting the base hospital for direction, BLS treatment must be initiated and continued. If contact cannot be made, resuscitative efforts shall continue.
- If a patient states that they wish resuscitative measures, the request shall be honored.
- If a family member requests resuscitative measures despite a valid DNR or POLST, continue resuscitative measures until base hospital contact is made.

- If patient is not in cardiac arrest and has a valid POLST form, EMS field personnel may provide comfort measures as described in Section B of the form.
- The patient shall be transported to the hospital if comfort measures are started by EMS field personnel.
- Direct any questions or conflicts in transporting the patient to the base hospital.
- EMS field personnel shall attach a copy of the approved DNR form or POLST form to the patient care report, along with any other appropriate written documentation. The DNR form should accompany the patient to the hospital so that it may be incorporated into the medical record at the receiving facility.
- When DNR orders are noted in medical records in licensed facilities, that fact should be recorded by the EMS provider, along with the date of the order and the physician's name. It should be noted on the ePCR that a written DNR order was present including the name of the physician, date signed and other appropriate information.
- All circumstances surrounding the incident must be documented on the EMS patient care report. If EMS field personnel are unable to copy the DNR or POLST form, the following shall be documented on the patient care report:
 - Presence of DNR or POLST form.
 - Date of order.
 - Name of physician who signed form.
- If a patient dies at home, and the patient is not under the care of Hospice, law enforcement must be notified. In all cases, the coroner must be notified. Refer to ICEMA Reference #14250 - Determination of Death On Scene.
- If a patient expires in a licensed healthcare facility, the facility has the responsibility to make the appropriate notification.

End of Life Options Act

In addition to the validation criteria, the following guidelines are provided for EMS personnel when responding to a patient who has self-administered an aid-in-dying drug.

- The law offers protections and exemptions for healthcare providers but is not explicit about EMS response for End-of-Life Option Act patients.
- Provide supportive measures whenever possible.
- Withhold resuscitative measures if patient is in cardiopulmonary arrest.
- The patient may withdraw or rescind their request for an aid-in-dying drug regardless of the patient's mental state at any time. EMS field personnel are encouraged to consult with their base hospital whenever necessary.
- Family members may be at the scene of a patient who has self-administered an aid-in-dying drug. If conflict arises as to resuscitation efforts, inform the family that only

supportive measures will be provided according to the patient's wishes and consider base hospital contact to attempt resolution.

- All circumstances surrounding the incident must be documented on the EMS patient care report. If EMS field personnel are unable to obtain a copy of the End-of-Life Options Act Final Attestation form, the following shall be documented on the patient care report:
 - Presence of the End-of-Life Options Act Attestation form.
 - Date of order.
 - Name of physician who signed form.
- If a patient dies at home and the patient is not under the care of Hospice, law enforcement must be notified. In all cases, the coroner must be notified. Refer to ICEMA Reference #14250 - Determination of Death On Scene.
- If a patient expires in a licensed healthcare facility, the facility has the responsibility to make the appropriate notification.

V. SUPPORTIVE MEASURES

- Medical interventions and/or treatment that may provide for the comfort, safety and dignity of the patient should be utilized.
- The patient should receive palliative treatment for pain, dyspnea, major hemorrhage or other medical conditions.
- Allow any family members/significant others to express their concerns and begin their grieving process.
- Unless a patient is actively dying, medical treatment for other conditions should not be withheld.

VI. REFERENCE

<u>Number</u>	<u>Name</u>
14250	Determination of Death On Scene