SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

DO NOT RESUSCITATE & PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT
EMSAC JULY 2025

EFFECTIVE DATE: xx/xx/xx *POLICY REFERENCE NO: 4051* *SUPERSEDES: 1/30/17*

1. PURPOSE

1.1. To provide guidelines for valid Do Not Resuscitate (DNR) and Physician Orders for Life-Sustaining Treatment (POLST) orders. This is to help ensure that patient autonomy and treatment preferences are respected during a medical crisis or near the end of life.

2. POLICY

2.1. For all patients in cardiopulmonary arrest, resuscitation should be **withheld** or discontinued and the patient should be allowed a natural death, if any of the following forms of valid DNR medical order are present:

2.1.1. **Physician Orders for Life Sustaining Treatment (POLST) Form** (Appendix A) that indicates Do Not Attempt Resuscitation in Section A. Must be signed and dated by physician/nurse practitioner/physician assistant and the patient or the patient's legally recognized health care decisionmaker. Photocopies, faxes, digital versions, and photos are valid.

2.1.2. **Statewide Emergency Medical Services Authority (EMSA)/California Medical Association (CMA) Prehospital DNR Form** (Appendix B). Must be signed and dated by the patient's physician and the patient or the patient's legally recognized health care decisionmaker. Photocopies, faxes, digital versions, photos are valid.

2.1.3. **California EMS Authority-approved DNR/POLST medallion or bracelet** (Appendix C). The following Medallion providers for the State of California are approved:

2.1.3.1. Sticky J Medical ID (1-866-720-9199)

2.1.3.2. MedicAlert Foundation (1-800-432-5378)

2.1.3.3. Caring Advocates (1-800-647-3223)

2.1.3.4. Empower Hope, Inc. (1-833-300-0762)

2.1.4. Written DNR medical order signed by a physician in the patient's medical record. This only applies when responding to a **licensed health facility**. Document in the field PCR the presence of a physician-signed DNR from the facility records along with date of the order and the physician's name.

2.1.5. Verbal DNR order: In situations where resuscitation effort would be futile, inappropriate and inhumane, on scene EMS providers should withhold resuscitation efforts, if in their judgement the patients: (1) has obvious life-limiting or terminal

illness AND (2) reliable on-scene healthcare agent verbally indicates a preference to allow a natural death.

2.1.6. If there is any unclear documentation or circumstance, conflict between family on scene, CPR should be initiated and base hospital contacted.

2.2. For all patients who are not in cardiopulmonary arrest but have a valid POLST form that indicates **Selective Treatment.**

2.2.1. "Use medical treatment, IV antibiotics and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure" and all available and appropriate measures to maximize comfort.

2.2.2. If possible, discuss with patient or legally recognized decisionmaker treatment goals of care and preference for transport to the hospital.

2.2.3. If there is any unclear documentation or ambiguous goals of care, contact base hospital.

2.3. For all patients who are not in cardiopulmonary arrest but have a valid POLST form that indicates **Comfort-Focused Treatment.**

2.3.1. Provide palliative support: Relieve pain and suffering with medication by any route as needed; use oxygen, gentle suctioning, and manual adjustments of airway obstruction.

2.3.2. DO NOT USE: intubation, advanced airway intervention, mechanical ventilation, transcutaneous pacing, cardioversion or vasoactive medications (amiodarone, epinephrine), ~~medical treatment,~~ IV antibiotics and IV fluids, unless consistent with comfort goals.

2.3.3. If possible, discuss with patient or legally recognized decisionmaker treatment goals of care; transport to the hospital may be indicated if comfort needs cannot be met in current location.

2.3.4. If there is any unclear documentation or ambiguous goals of care, contact base hospital.

3. PROCEDURES

3.1. Until DNR medical order or POLST in 2.1 is verified, routine resuscitation should be initiated.

3.2. Identify that the patient is the person named in the DNR medical order through a reliable witness or the presence of a picture identification or band/tag.

3.3. If a patient with a valid DNR medical order dies while en route, continue transport of the body to the designated receiving facility where they can be pronounced deceased according to hospital policies.

3.4. If there are multiple documents that indicate conflicting goals of care, the medical orders on the most recently dated valid document should be adhered to.

3.5. If a patient with decisional capacity or their legally recognized healthcare decisionmaker chooses to verbally revoke any DNR medical order in section 2.1, indicate who made the revocation in the prehospital record (first name, last name and relationship to patient).

3.6. If a patient has a~~n~~ DNR medical order advance healthcare documentation that is not listed in 2.1 and seems reliable (e.g., "living will," POLST documentation from outside the state of California, etc.), resuscitative efforts can be deferred until base hospital contacted.

3.7. For patients who have chosen the End of Life Option Act (EOLOA), commonly referred to medical aid in dying, any DNR medical order is still in effect. The Act allows qualified terminally ill adult patients who are mentally competent, diagnosed with a terminal illness, and whose life expectancy is six (6) months or less to self-administer lethal doses of medication prescribed by their physician. This process requires two physicians to verify eligibility. The patient must make two (2) oral requests in person, A written request must be witnessed by two (2) people, neither of which can be the person's attending physician, consulting physician, or mental health specialist, and one cannot be related to the individual or their heir.

3.8. EMS personnel should document in the prehospital record:

3.8.1. Presence and type of valid DNR documentation.

3.8.2. Copies of the DNR/POLST medical order should be attached to the field PCR and, if the patient is transported, the original or a copy of the form should be taken with the patient to the receiving facility and given to the facility staff. ~~(The facility initiating the transport can retain a copy in their files.)~~

3.9. If there is any unclear documentation or ambiguous goals of care, contact base hospital.

4. AUTHORITY

4.1. California Health and Safety Code Section 1797.220 and 1798

4.2. California Probate Code Section 4780

5. REFERENCES

5.1. California EMS Authority Guidelines #111 - 5th Revision, "Do Not Resuscitate and Other Patient Designated Directives," January 2016.

5.2. Coalition for Compassionate Care of California. https://coalitionccc.org

5.3. POLST California. https://capolst.org

5.4. California Health and Safety Code, Division 1, Part 1.85, Section 443-443.22

APPENDIX A – EMSA / CMA APPROVED PREHOSPITAL DNR FORM

CMA PUBLICATIONS 1(800) 882-1262 WWW.CMANET.ORG

EMERGENCY MEDICAL SERVICES PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM

California Medical Association

PURPOSE

The Prehospital Do Not Resuscitate (DNR) Form has been developed by the California Emergency Medical Services Authority, in concert with the California Medical Association and emergency medical services (EMS) providers, for the purpose of instructing EMS personnel regarding a patient's decision to forego resuscitative measures in the event of cardiopulmonary arrest. Resuscitative measures to be withheld include chest compressions, assisted ventilation, endotracheal intubation, defibrillation, and cardiotonic drugs. This form does **not** affect the provision of life sustaining measures such as artificial nutrition or hydration or the provision of other emergency medical care, such as palliative treatment for pain, dyspnea, major hemorrhage, or other medical conditions.

APPLICABILITY

This form was designed for use in **prehospital settings** --i.e., in a patient's home, in a long-term care facility, during transport to or from a health care facility, and in other locations outside acute care hospitals. However, hospitals are encouraged to honor the form when a patient is transported to an emergency room. California law protects any health care provider (including emergency response personnel) who honors a properly completed request regarding resuscitative measures, including a Prehospital Do Not Resuscitate Form (or an approved wrist or neck medallion), from criminal prosecution, civil liability, discipline for unprofessional conduct, administrative sanction, or any other sanction, if the provider believes in good faith that the action or decision is consistent with the law and the provider has no knowledge that the action or decision would be inconsistent with a health care decision that the individual signing the request would have made on his or her own behalf under like circumstances. This form does not replace other DNR orders that may be required pursuant to a health care facility's own policies and procedures governing resuscitation attempts by facility personnel. Patients should be advised that their prehospital DNR instruction may not be honored in other states or jurisdictions.

INSTRUCTIONS

The Prehospital Do Not Resuscitate (DNR) Form **must** be signed by the patient or by the patient's legally recognized health care decisionmaker if the patient is unable to make or communicate informed health care decisions. The legally recognized health care decisionmaker should be the patient's legal representative, such as a health care agent as designated in a power of attorney for health care, a court-appointed conservator, or a spouse or other family member if one exists. The patient's physician **must** also sign the form, affirming that the patient/legally recognized health care decisionmaker has given informed consent to the DNR instruction.

The **white copy** of the form should be retained by the patient. *The completed form (or the approved wrist or neck medallion—see below) must be readily available to EMS personnel in order for the DNR instruction to be honored.* Resuscitation attempts may be initiated until the form (or medallion) is presented and the identity of the patient is confirmed.

The **goldenrod** copy of the form should be retained by the physician and made part of the patient's permanent medical record.

The **pink** copy of the form may be used by the patient to order an optional wrist or neck medallion inscribed with the words "DO NOT RESUSCITATE-EMS." The Medic Alert Foundation (1(888)755-1448, 2323 Colorado Avenue, Turlock, CA 95381) is an EMS Authority-approved supplier of the medallions, which will be issued only upon receipt of a properly completed Prehospital Do Not Resuscitate (DNR) Form (together with an enrollment form and the appropriate fee). Although optional, use of a wrist or neck medallion facilitates prompt identification of the patient, avoids the problem of lost or misplaced forms, and is strongly encouraged.

REVOCATION

In the absence of knowledge to the contrary, a health care provider may presume that a request regarding resuscitative measures is valid and unrevoked. Thus, if a decision is made to revoke the DNR instruction, the patient's physician should be notified immediately and all copies of the form should be destroyed, including any copies on file with the Medic Alert Foundation or other EMS Authority-approved supplier. Medallions and associated wallet cards should also be destroyed or returned to the supplier.

Questions about implementation of the Prehospital Do Not Resuscitate (DNR) Form should be directed to the local EMS agency.

CMA PUBLICATIONS 1(800) 882-1262 WWW.CMANET.ORG

EMERGENCY MEDICAL SERVICES PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM

An Advance Request to Limit the Scope of Emergency Medical Care

California Medical Association

I, _____, request limited emergency care as herein described.
(print patient's name)

I understand DNR means that if my heart stops beating or if I stop breathing, no medical procedure to restart breathing or heart functioning will be instituted.

I understand this decision will **not** prevent me from obtaining other emergency medical care by prehospital emergency medical care personnel and/or medical care directed by a physician prior to my death.

I understand I may revoke this directive at any time by destroying this form and removing any "DNR" medallions.

I give permission for this information to be given to the prehospital emergency care personnel, doctors, nurses or other health personnel as necessary to implement this directive.

I hereby agree to the "Do Not Resuscitate" (DNR) order.

_____ _____
Patient/Legally Recognized Health Care Decisionmaker Signature Date

_____
Legally Recognized Health Care Decisionmaker's Relationship to Patient

By signing this form, the legally recognized health care decisionmaker acknowledges that this request to forego resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

I affirm that this patient/legally recognized health care decisionmaker is making an informed decision and that this directive is the expressed wish of the patient/legally recognized health care decisionmaker. A copy of this form is in the patient's permanent medical record.

In the event of cardiac or respiratory arrest, no chest compressions, assisted ventilations, intubation, defibrillation, or cardiotonic medications are to be initiated.

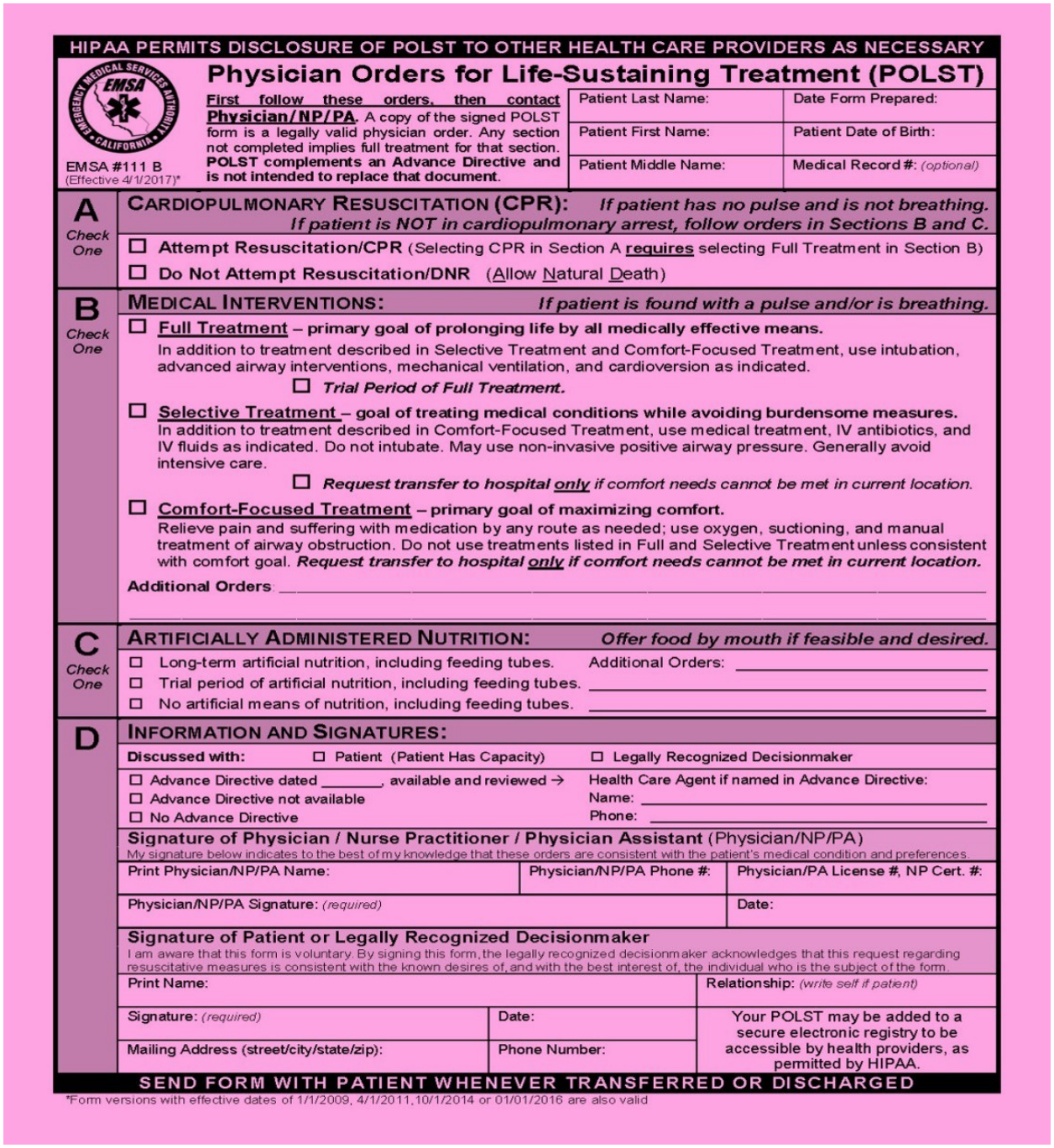
_____ _____
Physician Signature Date

_____ _____
Print Name Telephone

THIS FORM WILL NOT BE ACCEPTED IF IT HAS BEEN AMENDED OR ALTERED IN ANY WAY

PREHOSPITAL DNR REQUEST FORM

APPENDIX B – EMSA APPROVED POLST FORM



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

Physician Orders for Life-Sustaining Treatment (POLST)

EMSA #111 B
(Effective 4/1/2017)*

First follow these orders, then contact Physician/NP/PA. A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. **POLST complements an Advance Directive and is not intended to replace that document.**

Patient Last Name:	Date Form Prepared:
Patient First Name:	Patient Date of Birth:
Patient Middle Name:	Medical Record #: *(optional)*

A *Check One*

CARDIOPULMONARY RESUSCITATION (CPR): *If patient has no pulse and is not breathing. If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.*

☐ **Attempt Resuscitation/CPR** (Selecting CPR in Section A **requires** selecting Full Treatment in Section B)

☐ **Do Not Attempt Resuscitation/DNR** (Allow Natural Death)

B *Check One*

MEDICAL INTERVENTIONS: *If patient is found with a pulse and/or is breathing.*

☐ **Full Treatment – primary goal of prolonging life by all medically effective means.**
In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.

☐ ***Trial Period of Full Treatment.***

☐ **Selective Treatment – goal of treating medical conditions while avoiding burdensome measures.**
In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.

☐ ***Request transfer to hospital only if comfort needs cannot be met in current location.***

☐ **Comfort-Focused Treatment – primary goal of maximizing comfort.**
Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. ***Request transfer to hospital only if comfort needs cannot be met in current location.***

Additional Orders: _____

C *Check One*

ARTIFICIALLY ADMINISTERED NUTRITION: *Offer food by mouth if feasible and desired.*

☐ Long-term artificial nutrition, including feeding tubes.
☐ Trial period of artificial nutrition, including feeding tubes.
☐ No artificial means of nutrition, including feeding tubes.

Additional Orders: _____

D

INFORMATION AND SIGNATURES:

Discussed with: ☐ Patient (Patient Has Capacity) ☐ Legally Recognized Decisionmaker

☐ Advance Directive dated _____, available and reviewed →
☐ Advance Directive not available
☐ No Advance Directive

Health Care Agent if named in Advance Directive:
Name: _____
Phone: _____

Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/NP/PA)
My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical condition and preferences.

Print Physician/NP/PA Name:	Physician/NP/PA Phone #:	Physician/PA License #, NP Cert. #:
Physician/NP/PA Signature: *(required)*		Date:

Signature of Patient or Legally Recognized Decisionmaker
I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Print Name:		Relationship: *(write self if patient)*
Signature: *(required)*	Date:	Your POLST may be added to a secure electronic registry to be accessible by health providers, as permitted by HIPAA.
Mailing Address (street/city/state/zip):	Phone Number:	

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

*Form versions with effective dates of 1/1/2009, 4/1/2011,10/1/2014 or 01/01/2016 are also valid

APPENDIX C – EMSA APPROVED DNR MEDALLIONS