



GENERAL

POST/DNR

IDAHO EMS GUIDELINE

Idaho Physician Orders for Scope of Treatment/Do Not Resuscitate

INDICATIONS:

- Patient is in respiratory or cardiac arrest

AND

- Patient has a **valid Idaho DNR order**.
 - Intact (original or photocopy) signed (by a physician **and** patient or surrogate), **Idaho POST/DNR order**, dated *after 1 July 2007*, or an **Idaho POST/DNR bracelet**.
 - Patient has an intact (original or photocopy) signed **Idaho Comfort ONE/DNR order**, dated *prior to 1 July 2007*.
 - Patient has a signed DNR order from another state.

OR

- Patient is wearing **DNR identification jewelry** (Idaho POST/DNR or Comfort ONE/DNR.)

CONTRAINDICATIONS:

- Severe Trauma
- Mass Casualty Incident
- Evidence of Homicide or Suicide
- The **DNR** order has been revoked by the patient.
- **DNR** order (photocopy or original, bracelet or necklace) is not physically present or has been defaced or destroyed.
- Verbal or Physical Threats from Bystanders

1. Perform routine patient assessment, resuscitation, or other medical interventions while an attempt is made to determine DNR status.
2. If a **valid DNR order or DNR identification jewelry** is found, obtain reasonable assurance that the patient is the person for whom the order was written. (See items 10 and 11 of this document for examples of DNR identification jewelry.)
3. If the patient is in respiratory or cardiac arrest and DNR status is confirmed:
EMS providers **WILL NOT**
 - Initiate CPR
 - Provide ventilatory assistance
 - Initiate cardiac monitoring (unless to confirm death)
 - Defibrillate
 - Administer resuscitative medicationsEMS providers **WILL**
 - Provide comfort care
 - Provide emotional support (to the patient and family)

The Idaho EMS Bureau has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the patient's clinical presentation and on authorized policies and guidelines.

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4. If the patient is not in respiratory or cardiac arrest, EMS providers will:
 - Attempt to determine if the patient has a POST form
 - Follow the patient's treatment choices listed in sections B and C of the Patient's POST form.
5. If resuscitative efforts have been started before learning of a **valid DNR order**, stop those resuscitative efforts. Contact medical control if questions exist.
6. If it is determined the patient does not have a **valid DNR order**, proceed with all resuscitative efforts within scope of practice. Contact medical control for any permission to discontinue.
7. Revoking a DNR order may only be done by the patient (regardless of mental status), legal surrogate, or attending physician, either verbally, or by removing the bracelet or necklace or destroying the original form and/or photocopy with patient. If revoked, perform full resuscitation.
8. The DNR order may be disregarded only if there is a good faith belief the order has been revoked, to avoid confrontation, or if ordered to do so by the attending physician. (An attending physician is a physician licensed in Idaho who is selected by, or assigned to, the patient and who has primary responsibility for the treatment and care of the patient. The attending physician can be an EMS on-line medical control physician.)
9. Complete the Idaho EMS Patient Care Report. State in the narrative how the patient was identified, events occurring during the EMS run, any verbal attending physician orders and patient outcome.

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10. Examples of Idaho POST/DNR orders and identification jewelry

Print Form			
IDAHO POST			
Idaho Physician Orders For Scope of Treatment (POST)			
THIS FORM MUST BE SIGNED BY A PHYSICIAN IN SECTION E TO BE VALID			
If any section is NOT COMPLETE, provide the most treatment included in that section			
EMS: If questions arise, contact on-line Medical Control			
Patient's Last Name: Lastname Patient's First Name: Firstname Date of Birth: 1/11/1911 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
Section A Select only one box	Cardiopulmonary Resuscitation: Patient does not have a pulse and/or is not breathing: <input type="checkbox"/> Resuscitate (Full Code) <input checked="" type="checkbox"/> Do Not Resuscitate (No Code): Allow Natural Death; Patient does not want any heroic or life-saving measures. If patient is not in cardiopulmonary arrest, please follow the orders found in B, and C.		
Section B	Medical Interventions: Patient has a pulse and/or is breathing: <input checked="" type="checkbox"/> Comfort Measures: Please treat patient with dignity and respect. Reasonable measures are to be made to offer food and fluids by mouth and attention must be paid to hygiene. Medication, positioning, wound care, and other measures shall be used to relieve pain and discomfort. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. These measures are to be used where patient lives, do not transfer to hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location. <input type="checkbox"/> Limited Additional Interventions: In addition to the care described above, you may include cardiac monitoring and oral/IV medications. Transfer to hospital if indicated but do not use intubation or advanced airway interventions. Do not admit to Intensive Care. <input type="checkbox"/> Aggressive Interventions: In addition to the care described above, you may include endotracheal intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. Receiving hospital may admit to Intensive Care if indicated. <input type="checkbox"/> Other Instructions: _____		
Section C	<table border="0"> <tr> <td> Artificial Fluids and Nutrition: <input type="checkbox"/> Feeding tube <input checked="" type="checkbox"/> No Feeding tube <input type="checkbox"/> IV fluid <input checked="" type="checkbox"/> No IV fluid <input type="checkbox"/> Other Instructions: _____ </td> <td> Antibiotics and Blood Products: <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> No Antibiotics <input type="checkbox"/> Blood Products <input checked="" type="checkbox"/> No Blood Products <input type="checkbox"/> Other Instructions: _____ </td> </tr> </table>	Artificial Fluids and Nutrition: <input type="checkbox"/> Feeding tube <input checked="" type="checkbox"/> No Feeding tube <input type="checkbox"/> IV fluid <input checked="" type="checkbox"/> No IV fluid <input type="checkbox"/> Other Instructions: _____	Antibiotics and Blood Products: <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> No Antibiotics <input type="checkbox"/> Blood Products <input checked="" type="checkbox"/> No Blood Products <input type="checkbox"/> Other Instructions: _____
Artificial Fluids and Nutrition: <input type="checkbox"/> Feeding tube <input checked="" type="checkbox"/> No Feeding tube <input type="checkbox"/> IV fluid <input checked="" type="checkbox"/> No IV fluid <input type="checkbox"/> Other Instructions: _____	Antibiotics and Blood Products: <input type="checkbox"/> Antibiotics <input checked="" type="checkbox"/> No Antibiotics <input type="checkbox"/> Blood Products <input checked="" type="checkbox"/> No Blood Products <input type="checkbox"/> Other Instructions: _____		
Section D	Advance Directives: The following documents also exist: <input checked="" type="checkbox"/> Living Will <input type="checkbox"/> DPA <input checked="" type="checkbox"/> DPAHC <input type="checkbox"/> _____		
Section E	Patient/Surrogate Signature: Firstname Lastname Patient Relationship Jul 3, 2007 Date Print Patient/Surrogate Name Physician Signature: First Last, MD M-123456 Jul 3, 2007 Date Print Physician's Name Idaho License Number Discussed with: <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Spouse <input type="checkbox"/> DPA <input type="checkbox"/> DPAHC <input type="checkbox"/> Other _____ The basis for these orders is: <input checked="" type="checkbox"/> Patient's request <input type="checkbox"/> Patient's known preference <input type="checkbox"/> _____		
FORM SHALL ACCOMPANY PATIENT WHENEVER TRANSFERRED OR DISCHARGED			
IDAHO POST			



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11. Examples of Comfort ONE/DNR order and identification jewelry



DNR
ORDER
10500



PATIENT INFORMATION

Patient Name (print): _____ DOB: _____

Signature: _____ Gender: M ___ F ___

Address: _____

Legal Surrogate Name (print): _____

Signature: _____

Address: _____

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