DO NOT RESUSCITATE/ ADVANCED DIRECTIVES/ Clinician Orders for Life Sustaining Treatment (COLST)

I. General Considerations

A. Vermont's Advanced Directive statute, which includes provisions for Do Not Resuscitate (DNR) orders, is found in 18 V.S.A. Part 10, Chapter 231 effective September 1, 2005. The Department has also adopted specific Advanced Directives rules that in part describe expectations for EMS management of patients with DNR orders.

B. DNR orders are one component of a comprehensive package of advanced directives for health care. Other portions of an advanced directives document express a patient's desires for health care during periods of incapacity, at the end of life (COLST), or for disposition of remains after death. For EMS encounters, the portion of the advanced directive that is typically most relevant is the DNR order.

C. This protocol is intended to cover all patients encountered by EMS within the State of Vermont who have a valid do-not-resuscitate (DNR) order, other advanced directives or clinician orders for life sustaining treatment (COLST). This can include patients both in and out of health care facilities or programs. There is no requirement that the patient have a pre-existing terminal illness or other health care history to obtain a DNR Order, Advanced Directive or COLST.

D. In cases where the patient is conscious and competent, EMS personnel should follow the patient's expressed desire for resuscitation or no resuscitation attempts.

E. Emergency medical services care must be provided to all persons regardless of resuscitation status, so that terminally ill patients have access to emergency palliative care and patients who decline CPR and resuscitation efforts have access to palliative care or other life-sustaining treatments.

F. DNR simply means do not initiate CPR (ventilations or compressions), defibrillation, advanced airway techniques (e.g., ET or Combitube), resuscitation drugs or other resuscitation measures. It does not affect other EMS care. Comfort care measures may include positioning, temperature/environmental control, oral or nasal airways, suctioning, splinting, oxygen, IVs by on-line medical direction, assisted medications, and other treatments intended to reduce discomfort.

G. DNR Orders must be signed by the patient's clinician, who can be an MD, DO, Nurse Practitioner or Physician's Assistant. While a standard COLST form that includes a DNR order does exist (see attached), clinicians may use alternate forms for issuing DNR and COLST orders. The essential elements of a valid DNR order include: name and date of birth for the patient, indication of informed consent for the DNR order from the patient/agent/guardian or a determination by two clinicians that resuscitation efforts would not prevent the imminent death of the patient, and a dated signature of the clinician. Once issued, there is no expiration date for DNR orders.

H. Physician-signed DNR orders issued prior to September 1, 2005 may continue to be recognized as valid for EMS encounters.

I. Patients may obtain DNR identifications (bracelets, necklaces, wallet cards) after a clinician's DNR order has been issued. EMS personnel may act upon the identification as a valid DNR order.

J. If a patient who lives out of state presents in Vermont with a DNR order or DNR identification (bracelet, necklace, wallet card, etc.) that appears substantially equivalent to the Vermont DNR order or identification, EMS personnel should honor the out-of-state order or identification per the procedure described in this protocol.

II. Procedure

A. Patients should be assessed per routine procedures and if resuscitation is or may be needed, EMS personnel should make reasonable efforts to check the patient for a DNR identification (bracelet, necklace, wallet card, etc.) or inquire if there is a written DNR order available. Attempt to determine the identity of the patient (specifically, name and date of birth).

B. If a written DNR order form (DNR/COLST form) or DNR identification (bracelet, necklace, wallet card, etc.) is present for the identified patient and does not appear to be altered

(through an attempt to remove or destroy), do not initiate CPR or other resuscitation measures. EMS personnel should attempt to verify that the Vermont DNR Order form has been signed by a clinician (MD, DO, NP, or PA).

C. EMS care other than resuscitation measures should be initiated for patients with known DNR orders according to the applicable VT EMS protocol(s). Other available advanced directive documents or a COLST form, if available, should also be used as guidance on the patient's preferences regarding specific treatments and transport to a hospital or other care.

D. EMS personnel who encounter a patient with a Vermont (or similar out of state) DNR Order form or other DNR identification should attempt to verify with competent patients that the DNR order represents their current wishes. If a competent patient indicates the desire for resuscitation, this preference should take precedence over the written DNR order form or the DNR identification.

E. If the patient is not conscious or competent, EMS personnel should attempt to verify with the patient's agent or guardian that the DNR order or DNR identification is still in effect (i.e., has not been revoked). If the patient's agent is not immediately available, follow the written DNR order or identification.

F. If the patient's DNR identification was issued by the Medic Alert Foundation, EMS personnel may call the phone number on the bracelet to verify the most current status of a DNR order.

G. Seek on-line medical direction for circumstances not specifically covered by this protocol. This may include situations such as:

H. A person other than the patient's guardian or agent indicates that a DNR Order exists but there is no DNR order or DNR identification available at the scene.

I. The DNR order indicates that a DNR identification has been issued but none is found on the patient.

J. Family or bystanders threaten EMS personnel if no resuscitation is initiated even though there is a valid DNR order or DNR identification at the scene.

K. Some unusual form of DNR identification other than a standard DNR identification (bracelet, necklace, or wallet card) is found on the patient and there is no DNR order available at the scene.

L. Document on the standard EMS patient care report any actions taken or not taken based on a DNR order, COLST, or other advanced directive. If possible, retain copies of the DNR order form or other advanced directive documents with the EMS incident report form.

M. If the patient with a DNR order, COLST, or other advanced directive documents is to be transported (or transferred between health care facilities), copies of the DNR Order, COLST, or advanced directive should be taken and delivered to the receiving facility.