

Region IX EMS Policy

POLST/DO NOT RESUSCITATE (DNR)/ DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Approved: 3/1/01

Revised
/Reviewed:
12/12/17

Effective date: 3/9/10

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Reference: Public Act 094-0865 that amends the EMS Act and others with respect to DNR orders; EMS Rules; Section 515.380 (Sept 18, 2008); Public Act 096-0765 The Health Care Surrogate Act (1/1/10); Illinois POLST form updated May 2016; Public Act 099-0328 The Illinois Power of Attorney Act (1/1/16).

Disclaimer: If Federal or State laws that impact Advance Directives and/or ILLINOIS POLST orders change prior to this policy being amended or they appear to be inconsistent or in conflict with any provisions of this policy, the statutory language or State Directives shall prevail.

POLST/DO NOT RESUSCITATE (DNR)

I. POLICY

- A. For purposes of this policy, a POLST/Do Not Resuscitate (DNR) order refers to the withholding of cardiopulmonary resuscitation (CPR), electrical therapy to include pacing, cardioversion and defibrillation, tracheal intubation and manually or mechanically assisted ventilation unless otherwise stated on the POLST/DNR order.
- B. This policy shall include, but not be limited to, cardiac arrest/DNR situations arising in long-term care facilities, with hospice and home care patients, and with patients who arrest during inter-hospital transfers or transportation to or from home.

II. PROCEDURE

- A. CPR may be withheld in situations where explicit signs of biological death are present including decapitation, rigor mortis without profound hypothermia, profound dependent lividity, incineration, mummification, putrefaction, decomposition, frozen state, severe trauma in which performance of CPR is not possible, or drowning with documented submersion time of greater than one hour. CPR shall be withheld if the patient has been declared dead by the coroner, medical examiner, or a licensed physician. Documentation shall include recording such information on the run sheet and requesting the physician or coroner to sign the run sheet (if applicable).
- B. For situations not covered by this policy or where circumstances or the order is unclear, resuscitative procedures shall be followed when indicated unless a valid POLST/DNR order is present or is issued by medical direction.
- C. The Illinois Department of Public Health approved "IDPH POLST Order" form which has not been revoked shall be the expected and accepted document for use in the prehospital setting. (Older versions of the DNR form are still valid)

In the absence of a completed IDPH approved form a valid POLST/DNR order shall consist of a written document, which has not been revoked, containing at least the following information:

- 1. Name of the patient;
- 2. Name and signature of Authorized Practitioner;
- 3. Effective date: The validity of an order will not expire unless modified or revoked at any time by the maker;
- 4. The words "Do Not Resuscitate" or "DNR" (pre-checked on form);
- 5. Evidence of consent - either:
 - a. signature of patient,
 - b. signature of legal guardian, or
 - c. signature of durable power of attorney for health care agent (see Durable Power of Attorney of Health care policy), or

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- d. signature of surrogate decision-maker (an individual previously named by a physician in accordance with the Illinois Health Care Surrogate Act to make decisions on behalf of the patient; and).
6. 1 witness signature.
- D. A living will by itself cannot be recognized by prehospital care providers, however, a living will or advanced directive attached to a POLST/DNR order may be considered evidence of patient consent.
- E. Revocation of a POLST/DNR order shall be made in one or more of the following ways:
 1. The order is physically destroyed or verbally rescinded by the physician who signed the order, or
 2. The order is physically destroyed or verbally rescinded by the person who gave consent to the order.
- F. EMS personnel shall make a reasonable attempt to verify the identity of the patient named in the POLST/DNR order (for example, identification by another person or an identifying bracelet).
- G. EMS personnel will act on POLST/DNR orders only after consultation with an appropriate System hospital. ECRNs may approve POLST/DNR orders unless the situation is unclear, at which time consultation with an ED physician is indicated for clarification.
- H. All levels of EMTs and prehospital RNs will be authorized to respond to a valid POLST/DNR order.
- I. If appropriate, the coroner or medical examiner will be notified in accordance with System policy.
- J. Continuing education will address implementation of POLST/DNR orders annually or as appropriate.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Reference: IL Rev. Stat, Ch 110½, Par. 801-1 et seq.

POLICY

- A. Durable Power of Attorney for Health Care is defined by Illinois law as the designation to an agent named in the document broad powers to make health care decisions, including power to require, consent to, or to withdraw any type of personal care or medical treatment for any physical or mental condition. The document must describe the scope of authority given to the agent with limitations defined by the patient in the document.
- B. When a Durable Power of Attorney for Health Care agent and document is physically present, consultation with medical direction is required to clarify any requests regarding the patient's treatment.
- C. The agent named in a Durable Power of Attorney for Health Care document may consent to or refuse any or all care, including resuscitation, on behalf of the patient when the patient is non-decisional. Any requests must be reported to medical direction and orders issued by an appropriate System hospital to comply with the agent's request. Follow all subsequent orders of the medical direction physician, even if such orders contradict the requests of the agent.
- D. The recommended IL Statutory Short Form Power of Attorney for Health Care may be

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used, although the law expressly permits the use of any different form.