

APPENDIX: 26**TITLE: IN-FIELD DEATH/POST/DNR****REVISED: October 15, 2014**

I. OVERVIEW:

In the course of duty, EMS providers will encounter patients who are not candidates for resuscitation. For the purposes of this protocol, these candidates are broken into 4 categories. Patients who are not in one of these four categories should be resuscitated.

These categories are:

- Obvious death / Non-salvageable patients
- Interfacility transfer with a non-POST/DNR
- POST/DNR
- Patients who are refractory to field interventions

EMS providers should not endanger themselves to determine death of a patient.

Examples of unreasonable danger include, but are not limited to:

- Bystanders or family who are hostile
- Scenes where traffic is not reasonably controlled, or where a likelihood of an accident exists
- Situations with a potential for exposure to weapons, fire, explosives, radiological, biological or chemical hazard where the rescuer lacks the resources or training to deal with the situation
- Steep or vertical environments, "confined spaces", swift water or other technical rescue environments where the rescuer lacks the resources or training to deal with the situation

II. OBVIOUS DEATH / NON-SALVAGEABLE PATIENTS:

When a possible DOA is encountered, personnel should avoid disturbing the scene or the body as much as possible, unless it is necessary to care for and assist other victims. The determination that a patient is DOA rests with the EMS provider on scene. In the case of a MCI, this responsibility lies with the triage team or officer. The following may be used as a guideline to support the determination that the patient is DOA:

- Absence of respiratory effort (MCI only)
- Injury incompatible with life (i.e., decapitation, severe head trauma, evisceration of the heart or brain, or burned beyond recognition)
- The patient shows signs of decomposition, rigor mortis, or dependent lividity
- Whenever resuscitative measures (CPR) are instituted, they should be continued until arrival at a hospital, until directed by a physician to stop the resuscitation, or other circumstances dictate, unless the above criteria apply

III. INTERFACILITY NON-COMFORT ONE DNR/DNI:

Occasionally, during transports between hospitals or between a hospital and other facilities (i.e. HOSPICE or a nursing home), a patient may die and resuscitation may be undesired and inhumane. The following procedure will be followed:

- **When possible:** EMS personnel will secure and maintain possession of a physician order for a DNR status or DNR documentation from the patient's chart with a physician signature
- Traditional comfort care will be done regardless of the patient's DNR status

When a patient ceases to have signs of life **or** meets the requirement for aggressive airway management, **EMS personnel will then:**

- Contact the receiving physician (unless an order is secured in advance) for permission not to institute resuscitative measures. Document such interaction
- If there is a delay, contact medical control at receiving facility
- Unless an order is pre-established, begin resuscitative efforts until contact with medical control is established

Out of state / Foreign DNR's:

- **Out of state DNR orders:** Per Idaho Code 56-1033 a DNR order or DNR identification prepared from any other state, district or territory of the United States with a physician signature may be honored.
- **Foreign DNR Orders:** If EMS personnel receive a patient with a DNR from another country; contact will be made with the receiving physician or Medical Control.
 - If contact is delayed begin resuscitative efforts.
 - If the DNR is unreadable, begin resuscitative efforts.

IV. IDAHO COMFORT ONE PROGRAM:

Idaho Code (Idaho Code, Title 56-1020 to 56-1035) permits DNR (Do Not Resuscitate) orders to be written for terminally ill individuals in non-institutional situations and to be honored by EMS personnel. This enables "the physician of a terminally ill person, with authorization of the person or their legal representative, to be able to issue a directive, in advance, instructing emergency medical services personnel not to perform resuscitation if called to attend those persons." This law is the only law that applies to EMS personnel outside of the hospital setting.

A LIVING WILL HAS NO LEGAL STATUS IN THE **PREHOSPITAL ENVIRONMENT** AND CANNOT BE USED (BY ITSELF) BY EMS PERSONNEL TO WITHHOLD RESUSCITATION.

The State of Idaho's **POST/DNR** order is the only document that can be honored by EMS personnel, except during an interfacility transfer situation as noted above. The law has a grandfather clause whereby Comfort-One/DNR orders that are signed before July 1, 2007, may be honored regardless of their format. **Signed and dated copies of the original form can be honored.**

V. PATIENTS WHO ARE REFRACTORY TO FIELD INTERVENTIONS

At times, the paramedic may have begun ALS measures on a patient who does not meet the requirements for Obvious death / Non-salvageable. After extensive ALS interventions without improvement, the likelihood of survival is minimal or non-existent. Examples include:

- Patients who have been without any vital signs for at least 20 minutes (confirmed) with ongoing ALS interventions.
- OR**
- Patients who are in Asystole (confirmed in two leads) for at least 10 minutes and have received appropriate ALS intervention.
- OR**
- Any other unforeseen circumstances where the likelihood of survival is minimal or non-existent and aggressive ALS measures have been attempted.

In this case the paramedic should contact medical control for permission to stop resuscitation efforts. Document thoroughly.

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